



**GENERAL TERMS AND CONDITIONS
GROUPLIFE INSURANCE PZU NA ŻYCIE PLUS**

Group of Companies ASSA ABLOY



**INSURANCE PRODUCT INFORMATION DOCUMENT
AND GENERAL TERMS AND CONDITIONS
OF GROUP INSURANCE PZU NA ŻYCIE PLUS**



GROUP LIFE INSURANCE PZU NA ŻYCIE PLUS

Condition code: TWGP55

Version dated: 20.11.2021

This is the key information material. Full details of the insurance can be found in other documents, in particular in the general conditions of the General Terms and Conditions of Group Insurance PZU Na Życie Plus, conditions code: TWGP55 (GTC). Please read the GTCs before deciding to conclude the agreement. The definitions used in the GTCs can have meanings that deviate from their common meanings, so please make sure to pay particular attention to them. The conclusion of the agreement is voluntary.

PRODUCT INFORMATION

- is an information material,
- is not part of the insurance agreement (agreement),
- does not constitute a trade offer within the meaning of article 66 of the Civil Code,
- should not be the sole grounds for taking the decision on executing the agreement.

THE SCOPE AND OBJECT OF INSURANCE – WHAT IS INSURED?

We insure the life of the insured.

Coverage includes the death of the insured during the period of our cover.

PRODUCT CHARACTERISTICS – WHAT ARE THE MAIN FEATURES OF OUR INSURANCE?

In the event of the death of the insured, we pay a benefit to the beneficiary equal to a percentage of the sum insured current at the date of death. If the insured has named several beneficiaries and some of them die before the insured's death or lose their right to the benefit, then their share of the benefit will be distributed proportionally among the remaining beneficiaries. If the insured has not named a beneficiary or if all beneficiaries have died before the death of the insured or have forfeited their right to the benefit, then the benefit is due to the following family members of the insured in order of priority:

- spouse in full,
- children in equal parts,
- parents in equal parts,
- all legal successors to the insured in equal parts.

This is a primary insurance agreement. It is possible to extend the coverage to additional accident and sickness risks by concluding appropriate ancillary contracts.

WHO CAN CONCLUDE AN AGREEMENT WITH US, WHO DO WE INSURE?

The insurance agreement is concluded by the policyholder who pays the insurance premiums.

The Policyholder is allowed to enter into an agreement with us including several variants of insurance. The agreement defines who can joint the particular variants of the insurance.

You can join the insurance according to the insurance options in force in the contract if, on the date you sign the declaration of joining:

- you have a legal relationship with the policyholder and you are over 16 and under 69 years of age, or
- you are the spouse of the primary insured and you are over 16 years of age and under 69 years of age, or you are the life partner of the primary insured and you are over 18 years of age and under 69 years of age, or
- you are the adult child of the primary insured and are under 69 years of age and
- you declare that you are not on sick leave, in hospital, in a hospice, in an institution for the chronically ill, on rehabilitation benefits and that you are not a person declared unfit for work or unfit for uniformed service on the basis of a decision of a competent authority according to social insurance or social security regulations.

You can join the insurance if, on the date on which you sign the declaration of accession, you are a person deemed unfit to perform work in accordance with your qualifications or unfit for uniformed service on the basis of a certificate from a competent authority and:

- you have a legal relationship with the policyholder and are admitted to work by an occupational physician, or
- you are a natural person who carries out a business activity.

As a close insured who immediately prior to joining the insurance:

- has not been covered by another of our group life insurance policies, or
- has been covered by our other group life insurance policies for less than 12 months without any continuity of cover, or
- has been covered by out group life insurance for at least 12 months, however without maintaining the continuity of the insurance coverage,

You can join the insurance, if on the day of signing the declaration of membership; you file in the additionally required declaration of your health status.

Before joining the insurance you submit to the policyholder a signed declaration of membership. If the contract includes several insurance variants, you can only join one insurance variant.

WHAT IS THE DURATION OF THE INSURANCE?

The contract is concluded between PZU Życie SA and the policyholder for a fixed period. We confirm the duration of the additional insurance in the policy. The contract renews for the next policy year automatically – under the same conditions. In this case, as an insured, you do not have to re-submit the declaration of membership.

WHAT LOCATION DOES THE INSURANCE COVER?

The insurance cover operates worldwide, 24 hours a day.

HOW AND WHEN SHOULD THE CONTRIBUTIONS BE PAID?

The Policyholder pays for the premiums for all the insured at a monthly basis. The deadline for payment of the premium is specified in the contract application and the policy.

WHEN DOES THE INSURANCE COVERAGE BEGIN AND END?

Provided that you meet the conditions for taking out insurance as set out in the GTC, our cover in respect of you starts from the first day of the month following the month in which:

- we have received your signed declaration of adherence in which you agree to be covered in accordance with the terms and conditions agreement, including the amount of the sum insured,
- we received from the policyholder a list of insured who signed the declarations of membership and you are included in the list, however, no earlier than the date on which we conclude the contract with the policyholder. The date of commencement of cover is indicated on the individual confirmation of insurance.

If you are the primary insured, our insurance protection against you ceases:

- from the date on which we receive the policyholder's declaration that he or she is withdrawing from the agreement,
- upon your death,
- at the end of the month in which the legal relationship you had with the policyholder ceased (e.g. your employment contract ended); if we receive a premium for a subsequent month, our cover ends at the end of that subsequent month,
- upon the end of the month preceding the policy anniversary in the calendar year in which you turn 70,
- on the last day of the month in which you resign from our insurance protection,
- at the end of the month of the applicability of the insurance contract on the current terms and conditions, if they have not given the required consent to change the insurance;
- the expiry of the term of the supplementary insurance agreement in the event of non-renewal,
- on the date on which the period of notice specified in the GTC expires,
- at the end of the first month for which all premiums have not been received – if the policyholder fails to remit the outstanding premium on time in the situation referred to in the GTC,
- in the existing insurance option – upon the beginning of your coverage in another insurance variant.

If you are the close insured, our insurance protection against you ceases:

- on the date of termination of our cover in respect of the primary policyholder of whom you are the spouse or life partner or the adult child,
- from the date on which we receive the policyholder's declaration that he or she is withdrawing from the agreement,
- upon your death,
- on the date of death of the primary insured, of whom you are the spouse or life partner or an adult child,
- at the end of the month in which the legal relationship between the primary insured and the policyholder ceased; if we receive a premium for a subsequent month, our coverage ends at the end of that subsequent month;
- upon the end of the month preceding the policy anniversary in the calendar year in which you turn 70,
- on the last day of the month in which you resign from our insurance protection,
- at the end of the month of the applicability of the insurance contract on the current terms and conditions, if they have not given the required consent to change the insurance,

- the expiry of the term of the supplementary insurance agreement in the event of non-renewal,
- on the date on which the period of notice specified in the GTC expires,
- at the end of the first month for which all premiums have not been received – if the policyholder fails to remit the outstanding premium on time in the situation referred to in the GTC,
- in your current variant of insurance – on the day of commencement of cover in respect of you under another variant of the insurance,
- on the last day of the month in which we received notification of the dissolution of the marriage to the primary insured,
- on the last day of the month in which the primary insured person designated a new life partner or resigned from identifying you as a life partner.

MAIN EXCLUSION AND PROTECTION LIMITS– WHAT IS EXCLUDED FROM THE INSURANCE?

We are not responsible for the consequences of circumstances that you have not made known to us. If you have not deliberately made known to us all the circumstances known to you which we have asked about in your declaration of enrolment or other letter, prior to your enrolment, then in case of doubt, the event covered and its consequences shall be assumed to be the result of these circumstances. If an event covered by us occurred more than three years after you joined the insurance, we cannot claim that you provided false information when you joined the insurance.

We will not pay the benefit in the event of:

- failure to provide documents necessary to determine the validity of the claim as far as we are unable to establish our liability or the amount of the benefit on the basis of other evidence,
- the death of the insured person if it is caused by the suicide of the insured person – committed within 2 years from the beginning of the period of protection.

In addition, we are not liable if a situation is not covered, it does not meet the definition set out in the agreement or our liability has ended (e.g. due to non-payment of premiums as well as in other cases indicated in the GTC).

HOW TO TERMINATE THE AGREEMENT?

The policyholder may withdraw from the insurance contract within 30 days of the conclusion of the contract, or, if the policyholder is a trader, within seven days of the conclusion of the contract. After this period, the policyholder has the right to terminate the agreement by a written notice. The Policyholder may choose not to renew the contract by giving us written notice of non-renewal at least 30 days before the end of the contract.

REMUNERATION FOR THE DISTRIBUTOR OF THE INSURANCE

The distributor shall receive a commission in connection with the proposed agreement.

COMPLAINTS, OBJECTIONS AND GRIEVANCES

1. A claim, complaint or grievance shall be submitted to any of our units where we serve our customers.
2. A complaint, grievance or complaint can be submitted:
 - 1) in writing – in person or by mail, within the meaning of the Postal Law Act, for example by writing to the following address:
PZU Życie SA 18A Postępu St., 02-676 Warsaw (address for correspondence only);
 - 2) in writing – sent to the address for electronic delivery of PZU Życie SA, within the meaning of the Electronic Delivery Act, from the date of entering that address into the database of electronic addresses,
 - 3) verbally – by phone, for instance by calling the telephone helpline on 801 102 102, or in person, confirmed by means of a protocol during a visit to our unit;
 - 4) electronically – by sending an e-mail to reklamacje@pzu.pl or by filling in the form at www.pzu.pl.
3. We respond to complaints, grievances and complaints as soon as possible, however no later than 30 days after the day on which we receive them. If we are unable to respond in particularly complex cases within 30 days, we will inform you:
 - 1) why the response is delayed;
 - 2) what circumstances we still need to establish in order to process the case;
 - 3) what is the new time limit for our response – it may not exceed 60 days from the date on which we received the complaint, claim or grievance.
4. We respond to complaints, claims and grievances to the person who made them:
 - 1) in cases where the customer is a natural person – in writing, except that the response may be delivered by e-mail only at the customer's request;
 - 2) where the customer is an entity other than those referred to in item 1 – in writing or using another durable medium.
5. If, after the complaint has been investigated:
 - 1) we have not honoured the claims made or

- 2) we have accepted the claim, but within the time limit specified in the reply to that claim we have not carried out the acts we obliged to take
- the individual who has made a complaint has the right to write to the Financial Ombudsman to request this.
6. We deal with complaints, grievances and complaints in our units, which have jurisdiction over the subject matter.
 7. Additional information on complaints are provided in the Act on Complaints Handling by Financial Market Entities and Financial Ombudsman and in the Act on Insurance Distribution.
 8. PZU provides for the possibility of resolving conflicts out of court.
 9. The entity authorized within the meaning of the Act on out-of-court handling of consumer disputes, competent for PZU Życie SA to handle disputes out of court is the Financial Ombudsman. The website address: rf.gov.pl.
 10. In the event that the insured or the policyholder, beneficiary and the rights holder are consumers, they can turn to the Municipal and District Consumer Ombudsmen for assistance.
 11. PZU communicates with its consumers in Polish.
 12. PZU is supervised by the Financial Supervision Authority.



**GENERAL TERMS
OF GROUP INSURANCE PZU NA ŻYCIE PLUS**

In the table below, we set out the provisions of the general terms and conditions of PZU Na Życie Plus group insurance, terms and conditions code TWGP55 (GTC), which govern the exclusion and limitation of the insurance company's liability. These provisions constitute a part of the GTC, and their indications are a result of the legal regulations (Article 17, section 1 of the Insurance and Reinsurance Act).

No.	Type of information	Record number
1.	Conditions for benefit payment	item 1 items 3–4 items 13–15 items 62–65 items 66–71
2.	Restrictions and exemptions of an insurer's liability granting the right to refuse or reduce the payment of benefits	item 1 items 5–10 items 11–12 item 26 items 28–29 item 37 items 38–39 item 63

Information about the insurance are available from:

 at pzu.pl



at the phone number 801 102 102
(charged according to the operator's tariff)

GENERAL CONDITIONS OF PZU GROUP INSURANCE NA ŻYCIE PLUS

GTC code: TWGP55



The Board of Directors of PZU Życie SA established the general terms and conditions of group insurance PZU Na Życie Plus by Resolution No. UZ/202/2021 of 9 November 2021 (hereinafter referred to as GTC).

These General Terms and Conditions shall enter into force on 01 December 2021 and shall apply to insurance agreements concluded from 1 January 2022.

The policyholder shall read the GTC carefully before concluding the contract and communicate the GTC to anyone who wishes to take out insurance.

Please read the GTC you have received from your policyholder carefully before you take out insurance.

GLOSSARY

– i.e. what do the terms in the GTC actually mean

1. the GTC uses the following terminology:

- 1) **continuity of protection** – no break between the period for which the last premium was paid for the insured in the hitherto group life insurance in PZU Życie and the period for which the first premium for that insured was paid for that agreement, and in the case of change of insurance variant – no break between the period for which the last premium for the insured in the hitherto insurance variant was paid and the period for which the first premium for that insured was paid in the new insurance variant. Lack of interruption means that in the existing group life insurance in PZU Życie or insurance variant, the coverage for the insured ends on the last day of the month and from the first day of the following month, the coverage in this agreement or in the new insurance variant begins;
- 2) **external factor** – any factor which comes from outside the body of the person involved in the accident and which, under the given conditions, is likely to produce harmful effects on that person;
- 3) **declaration** – a paper form or an online form from the myPZU website, in which you declare that you want to:
 - a) join the insurance (declaration of accession) or,
 - b) change the insurance option or change the data previously provided to PZU Życie (declaration of change);
- 4) **medical records** – records that contain a description of a medical condition or of the health services provided, made by healthcare providers, health professionals and other persons involved in the provision of health services;
- 5) **the day you join the insurance** – the day on which our cover begins in respect of you (subject to the grace provisions);
- 6) **individual insurance confirmation** – a document that confirms the terms of your insurance;
- 7) **grace period** – the period during which we are not liable for an insured event;
- 8) **us/PZU Życie SA/policyholder** – Powszechny Zakład Ubezpieczeń na Życie Spółka Akcyjna;
- 9) **personal accident** – an even, which:
 - a) happens quickly and unexpectedly and
 - b) is caused by an external factor, and
 - c) it is the sole and direct cause of the event covered by the insurance, and
 - d) does not depend on the will or state of health of the person who has suffered the accident;
- 10) **insurance protection period** – the period of time during which our liability to you continues (subject to the provisions on grace periods);
- 11) **life partner** – a person who is cohabiting with the insured; and:
 - a) is not a relative of the insured,
 - b) is not married and
 - c) the insured indicated it in his declaration.

A life partner who is named in the declaration of the primary insured or the insured adult child and does not submit his or her own declaration of adherence – is not an insured.

A life partner who is named in the declaration of the primary insured and makes a separate declaration of adherence – is an insured relative.

The designation of a life partner is effective from the first day of the month following the month in which the insured person designated a life partner. The insured can only designate a life partner if he or she is not married himself or herself. The insured may change the life partner named in the declaration once in each policy year.
- 12) **adult child** – child:
 - a) the primary insured,

- b) the spouse or a life partner of the primary insured,
– who is at least 18 years old;
- 13) **an establishment for the chronically ill** – an entity providing round-the-clock, in-patient long-term care and nursing services: a nursing home, residential care home or 24-hour care facility established under the relevant legislation;
- 14) **signing the declaration** – the application of a handwritten signature to the content of the declaration, or the application of a declaration of intent to the content of the declaration in another form, to which the parties agree, by a person authorised to do so;
- 15) **policy** – a document which confirms the conclusion of the agreement and its terms;
- 16) **performance** – the payment of a cash benefit to the insured or beneficiary or the provision of a service to the insured in the event of an event covered by our protection;
- 17) **policy anniversary** – each anniversary of the date on which the agreement was concluded;
- 18) **policy year** – any period of 12 consecutive months of the agreement beginning on the date of the agreement or on each policy anniversary and ending on the last day of the twelfth month following the date of the agreement or the policy anniversary;
- 19) **Service mojePZU** – an online service available via the moje.pzu website or mobile application, which enables access to insurance information, contact with PZU Życie and use of the services listed in the Terms and Conditions for the provision of electronic services of the mojePZU Website;
- 20) **legal relationship** – employment agreement, agreement of mandate, agreement of work, agency agreement, agreement, appointment, or any other legal relationship between the policyholder and the primary insured that we accept;
- 21) **party to the agreement** – PZU Życie, the policyholder;
- 22) **You/insured** – a natural person who joined the insurance and::
 - a) it has a legal relationship with the policyholder (primary insured),
 - b) is the spouse or life partner or the adult child of the primary insured (relative insured);
- 23) **policyholder** – an entity which entered into an agreement with PZU Życie;
- 24) **basic insurance** – PZU Na Życie Plus group insurance agreement, to which the policyholder has the right to take out additional insurance;
- 25) **supplementary insurance** – an insurance agreement by which the primary insurance may be extended;
- 26) **agreement** – an agreement of group insurance concluded by the contracting parties at the request of the policyholder, consisting of either primary insurance or primary and supplementary insurance;
- 27) **beneficiary** – the natural person or other legal entity designated by the insured person as entitled to receive a benefit in the event of the death of that insured person;
- 28) **beneficiary** – the person who, in certain situations, may claim payment of the cash benefit, i.e. the beneficiary, the heir of the insured, the person mentioned in point 65 of the GTC, the heirs of these persons;
- 29) **insurance option(s)** – the coverage chosen by the policyholder, as confirmed by the policy.

OBJECT OF INSURANCE

– what do we insure

- 2. We insure your life.

SCOPE OF INSURANCE AND THE BENEFIT AMOUNT

– which events do we pay for and what amounts

- 3. Coverage includes the death of the insured during the period of cover.
- 4. If the insured dies during the period of cover, we will pay a benefit equal to a percentage of the sum insured current at the date of death, which is specified in the policy and in the individual confirmation of insurance

GRACE PERIOD

– i.e. for what period after your enrolment in the insurance we have no or limited liability

- 5. In the cases described in points 6–9 of the GTC, a grace period applies during the first 6 months counted from the date you join the insurance. However, we are liable if the death occurred as a result of an accident during the grace period.
- 6. If you are the primary insured, a grace period applies to you if the date you join the supplementary insurance is more than 4 months after the date:
 - 1) the conclusion of the agreement – provided that you had a legal relationship with the policyholder on the date of conclusion of the contract;
 - 2) the creation of the legal relationship with the policyholder – as far as it commenced after the date of conclusion of the contract.
- 7. If you are the spouse of the primary insured (insured relative), the grace period applies to you when the date you join the supplementary insurance is more than 4 months after the date:
 - 1) the conclusion of the agreement – as far as the primary insured had a legal relationship with the policyholder on the date of conclusion of the agreement;

- 2) the commencement of the legal relationship of the primary insured with the policyholder – as far as it commenced after the day of executing the agreement;
- 3) marrying the primary insured after concluding the supplementary insurance.
8. If you are the life partner of the primary insured (insured relative), the grace period applies to you if the date you join the supplementary insurance exceeds 4 months after the date:
 - 1) the conclusion of the agreement – as far as the primary insured had a legal relationship with the policyholder on the date of conclusion of the agreement;
 - 2) the commencement of the legal relationship of the primary insured with the policyholder – as far as it commenced after the day of executing the agreement;
9. If you are the adult child of the primary insured (insured relative), the grace period applies to you when the date you join the supplementary insurance is more than 4 months after the date:
 - 1) the conclusion of the agreement – as far as the primary insured had a legal relationship with the policyholder on the date of conclusion of the agreement;
 - 2) the commencement of the legal relationship of the primary insured with the policyholder – as far as it commenced after the day of executing the agreement;
 - 3) your reaching the age of 18, if this took place after the conclusion of the contract.
10. In the case of a change of insurance option with the same policyholder, with continuity of coverage, the grace period applies to the amount of the difference between the current and previous benefit amount and to the difference in coverage. The grace period is specified in the basic insurance (section 5 of the GTC) and the additional insurances. The grace period does not apply if the incident was caused by an accident.

EXCLUSIONS OF PROTECTION

– cases in which we are not going to pay out the benefit

11. We use the following terms for the purpose of defining exclusions to our protection:
 - 1) acts of terror – are individual or group acts against the population or property in order to achieve economic, political or social effects by creating chaos, intimidating the population, disorganising public life, the functioning of public transport, service or production facilities;
 - 2) war operations – actions of armed forces aimed at breaking down enemy forces on land, in the air or at sea;
 - 3) mass social unrest – these are speeches by a social group against the structures that exercise power under the law, caused by dissatisfaction with the political, economic or social situation; mass social unrest is usually accompanied by acts of physical violence.
12. We are not liable for the death of the insured if it occurs:
 - 1) during war operations;
 - 2) as a result of an active participation in acts of terror or mass social unrest;
 - 3) as a result of the commission or attempted commission by the insured of an act which fulfils the requirements of an intentional crime;
 - 4) as a result of the insured's suicide – committed within 2 years of the start of the cover period;
 - 5) as a result of a traffic accident – if the Insured drove the vehicle while intoxicated within the meaning of the provisions on upbringing in sobriety and counteracting alcoholism or after using: drugs, narcotics, psychotropic substances or substitute substances within the meaning of the provisions on counteracting drug addiction – provided that any of these circumstances had an impact on the traffic accident.

SUM INSURED

– what is it, and where is it indicated

13. The sum insured is the amount which we use as the basis for determining the benefit due.
14. The amount of the sum insured can be included in the policy and in the individual confirmation of insurance.
15. The sum insured does not change throughout the duration of the agreement. The sum insured is fixed, but may be changed by mutual agreement;

PREMIUM

– what it depends on, when to pay it and the consequences of not paying it

16. Amount of the premium per the insured:
 - 1) we specify in the agreement application and confirm in the policy;
 - 2) takes into account the grace periods that apply in supplementary insurance;
 - 3) it is fixed, but may be changed by mutual agreement;
 - 4) it depends on:
 - a) the sum insured,
 - b) insurance coverage,
 - c) benefit amount
 - d) the number, age structure and gender of those who take out insurance, as well as the type of work they do.

17. The Policyholder pays for the premiums for all the insured at a monthly basis. The deadline for payment of the premium is specified in the contract application and the policy.
18. We consider the contribution to have been paid when it is received in the bank account we have indicated.
19. If you are in arrears with your contribution, we will allocate any payment to cover these arrears in the first instance.
20. If the premium is not paid on time:
 - 1) we will call on the policyholder to pay it within 7 days of receiving the call. The notice will inform the policyholder of the effect of failure to pay the premium on time, i.e. the suspension of cover in respect of all policyholders and the maximum period of suspension. We can suspend protection for a maximum period of two months calculated:
 - a) from the first day of the month following the month in which the agreement was concluded, in the event of overdue payment of the first contribution, or
 - b) from the first day of the month following the month for which no further contribution has been received – if no further contribution has been paid;
 - 2) after the expiry of the deadline for payment of the premium indicated in the summons referred to in subsection 1 to no avail, we will again summon the policyholder to pay the premium within 7 days of the receipt of our summons by the policyholder. In the summons, we will inform the policyholder of the effect of non-payment of the premium by the due date, i.e. the agreement will be deemed terminated by the policyholder with effect from the date of expiry of the second month of non-payment of the outstanding premium, but no later than the end of the agreement period.
The effect of the agreement being deemed to have been terminated by the policyholder will not take place if the policyholder has paid the entire outstanding premium before its due date.

CONCLUSION OF THE AGREEMENT

– what is required for that purpose

21. The policyholder will receive the GTC and the necessary forms from us before entering into a agreement with us.
22. To conclude a agreement with us, the policyholder submits:
 - 1) application to conclude a agreement;
 - 2) accession declarations signed by those who wish to take out insurance;
 - 3) a list of persons who have signed a declaration of accession;
 - 4) other documents, as far as they are necessary for the conclusion of the agreement under the law.
23. We have the right to refuse to conclude a agreement.
24. We confirm the conclusion of the contract with a policy.
25. The Policyholder is allowed to enter into an agreement with us including several variants of insurance. The agreement defines who can join the particular variants of the insurance.

JOINING THE INSURANCE

– who we insure and how do we insure

26. You can join the insurance according to the insurance options in force in the contract if, on the date you sign the declaration of joining:
 - 1) you have a legal relationship with the policyholder and you are over 16 and under 69 years of age, or
 - 2) you are the spouse of the primary insured and you are over 16 years of age and under 69 years of age, or you are the life partner of the primary insured and you are over 18 years of age and under 69 years of age, or
 - 3) you are the adult child of the primary insured and are under 69 years of age and
 - 4) you declare that you are not on sick leave, in hospital, in a hospice, in an institution for the chronically ill, on rehabilitation benefits and that you are not a person declared unfit for work or unfit for uniformed service on the basis of a decision of a competent authority according to social insurance or social security regulations – subject to items 27–31 of the GTC.
27. You can join the insurance if, on the date on which you sign the declaration of accession, you are a person deemed unfit to perform work in accordance with your qualifications or unfit for uniformed service on the basis of a certificate from a competent authority and:
 - 1) you have a legal relationship with the policyholder and are admitted to work by an occupational physician, or
 - 2) you are a natural person who carries out a business activity.
28. As a close insured who immediately prior to joining the insurance:
 - 1) has not been covered by another of our group life insurance policies, or
 - 2) has been covered by our other group life insurance policies for less than 12 months without any continuity of cover, or;
 - 3) has been covered by out group life insurance for at least 12 months, however without maintaining the continuity of the insurance coverage,

You can join the insurance, if on the day of signing the declaration of membership; you file in the additionally required declaration of your health status.
29. Before joining the insurance you submit to the policyholder a signed declaration of membership. If the contract includes several insurance variants, you can only join one insurance variant.
30. If you do not meet the conditions for taking out insurance as indicated in the GTC – you will not be covered.
31. Regardless of meeting the conditions for taking out insurance as set out in the GTC – we may refuse to cover you. We communicate the refusal to the policyholder.
32. If we receive an amount towards the premium for a person who has not fulfilled the conditions for taking out insurance as set out in the GTC or for a person who is refused coverage, we are obliged to return it to the policyholder.

33. You are obliged to make known to us all circumstances known to you which we ask about in the declaration of accession or in any other letter before you join the insurance.
34. We shall not be liable for the consequences of circumstances which, in violation of clause 33 of the GTC, you have not made known to us. If you have not deliberately made known to us all the circumstances known to you which we have asked about in your declaration of enrolment or other letter, prior to your enrolment, then in case of doubt, the event covered and its consequences shall be assumed to be the result of these circumstances. If an event covered by us occurred more than three years after you joined the insurance, we cannot claim that you provided false information when you joined the insurance.
35. If the agreement covers several insurance variants, you may give us a declaration of intent to change the insurance variant at any time during the term of the agreement (with the proviso that coverage under the new insurance variant will commence with respect to the You from the first day of the month following the month in which we received your declaration concerning the change of insurance option), unless otherwise stated in the general terms and conditions of supplementary insurance.
36. PZU Życie, in order to enable the Insured to perform the activities related to the insurance agreement remotely, provides the myPZU Service. Upon joining the (agreement of) group insurance, the insured will receive a one-time password and login to myPZU. Using myPZU is possible after logging in and accepting the Regulations of myPZU by the insured person. The one-time password expires 3 days after receipt. Once the one-time password has expired, setting up an account on the myPZU is possible under the conditions described at <https://moje.pzu.pl>. The use of myPZU is voluntary and free of charge.

THE BEGINNING OF OUR PROTECTION

– i.e. when our insurance protection starts

37. Subject to points 5 to 10 of the GTC and provided that you meet the conditions for taking out insurance as set out in the GTC, our cover in respect of you shall commence on the first day of the month following the month in which:
 - 1) we have received your signed declaration of adherence in which you agree to be covered in accordance with the terms of the agreement, including the sum insured;
 - 2) we received from the policyholder a list of insured who signed the declarations of membership and you are included in the list,however, no earlier than the date on which we conclude the contract with the policyholder. The date of commencement of cover is indicated on the individual confirmation of insurance.

THE CESSATION OF OUR PROTECTION

– when the supplementary insurance ends

38. If you are the primary insured, our insurance protection against you ceases:
 - 1) from the date on which we receive the policyholder's declaration that he or she is withdrawing from the agreement;
 - 2) upon your death;
 - 3) at the end of the month in which the legal relationship you had with the policyholder ceased (e.g. your employment contract ended); if we receive a premium for a subsequent month, our cover ends at the end of that subsequent month;
 - 4) upon the end of the month preceding the policy anniversary in the calendar year in which you turn 70;
 - 5) on the last day of the month in which you resign from our insurance protection;
 - 6) by the end of the month of applicability of the agreement on the current rules, if the insured did not consent to amend the agreement, in the case specified in item 41 of the GTC;
 - 7) the expiry of the term of the supplementary insurance agreement in the event of non-renewal;
 - 8) on the date on which the period of notice specified in clause 55 of the GTC expires;
 - 9) at the end of the first month for which all premiums have not been received – if the policyholder fails to remit the outstanding premium on time in the situation referred to in item 57 in conjunction with item 20(2) of the GTC;
 - 10) in the existing insurance option – upon the beginning of your coverage in another insurance variant.
39. If you are the close insured, our insurance protection against you ceases:
 - 1) on the date of termination of our cover in respect of the primary policyholder of whom you are the spouse or life partner or the adult child;
 - 2) from the date on which we receive the policyholder's declaration that he or she is withdrawing from the agreement;
 - 3) upon your death;
 - 4) on the date of death of the primary insured, of whom you are the spouse or life partner or an adult child,
 - 5) at the end of the month in which the legal relationship between the primary insured and the policyholder ceased; if we receive a premium for a subsequent month, our coverage ends at the end of that subsequent month;
 - 6) upon the end of the month preceding the policy anniversary in the calendar year in which you turn 70;
 - 7) on the last day of the month in which you resign from our insurance protection;
 - 8) by the end of the month of applicability of the agreement on the current rules, if the insured did not consent to amend the agreement, in the case specified in item 41 of the GTC;
 - 9) the expiry of the term of the supplementary insurance agreement in the event of non-renewal;
 - 10) on the date on which the period of notice specified in clause 55 of the GTC expires;
 - 11) at the end of the first month for which all premiums have not been received – if the policyholder fails to remit the outstanding premium on time in the situation referred to in item 57 in conjunction with item 20(2) of the GTC;
 - 12) in the existing insurance option – upon the beginning of your coverage in another insurance variant.
 - 13) on the last day of the month in which we received notification of the dissolution of the marriage to the primary insured,

- 14) on the last day of the month in which the primary insured named a new life partner or resigned from naming you as a life partner.

AMENDMENTS TO THE AGREEMENT

– how they can be introduced

40. All amendments to the Agreement shall be made in writing under pain of nullity.
41. Your consent is needed to change the agreement to your or the holder's disadvantage. A statement including your consent shall be submitted to the policyholder.

SUSPENSION OF THE AGREEMENT AT THE POLICYHOLDER'S REQUEST

– when it occurs and what it means

42. At the request of the policyholder, we may suspend the agreement for a specific period during which we are not liable. The agreement suspension period always covers full calendar months.
43. Suspension of the agreement is possible if, at the date of application, the policyholder has paid all premiums due under the agreement.
44. The policyholder shall be released from the obligation to pay agreement premiums for the period of suspension of the agreement. When the suspension of the agreement ends, the policyholder shall pay the premiums as they fall due.
45. The policyholder must inform the insured persons of the intention to suspend the agreement and obtain their consent to the suspension of the agreement.
46. We are not liable for incidents covered by the agreement which occur during the period of suspension of the agreement.
47. During the period of suspension of the agreement, the grace periods applicable to policyholders under the agreement shall not be suspended.
48. The agreement shall be resumed on the first calendar day following the end of the agreement suspension period, without the application of additional (new) grace periods, subject to the need for the insured to serve grace periods that did not end during the agreement suspension.

DURATION OF THE AGREEMENT

– which period we take out the supplementary insurance for

49. The policyholder enters into a fixed-term agreement with us. We confirm the duration of the additional insurance in the policy.

RENEWAL OF THE AGREEMENT

– what are the rules for extending the duration of the agreement

50. Unless otherwise agreed by either party to the contract, the contract will renew for the next policy year automatically – under the same terms and conditions. In this case, as an insured, you do not have to re-submit the declaration of membership.
51. Either party may opt out of the renewal of a given agreement, of which it should notify the other party in writing. This must be done at least 30 days before the end of the contract.

WITHDRAWAL FROM THE AGREEMENT

– i.e. under which conditions a policyholder may withdraw from the agreement

52. The policyholder may withdraw from the agreement when they state this to us in writing:
 - 1) within 7 days after the conclusion of the agreement – if the policyholder is a business owner.
 - 2) within 30 days after the conclusion of the agreement – if the policyholder is not a business owner. In the event that the Policyholder, at the latest at the time of conclusion of the agreement, did not inform the Policyholder who is a consumer of his or her right to withdraw from the insurance agreement, the 30-day period starts from the day on which the Policyholder who is a consumer became aware of that right.
53. Withdrawal from the agreement does not relieve the policyholder from the obligation to pay the premium for the period during which the insurer has provided cover.
54. If the policyholder cancels the agreement after the premium has been paid, we will refund the premium reduced by the amount of the premium for the insurance protection period provided.

TERMINATION OF THE AGREEMENT

– i.e. the manner in which the policyholder can cancel the supplementary insurance

55. The Policyholder may terminate the agreement at any time without giving any reason, subject to three months' notice. The notice of termination should be given in writing.

56. In the case referred to in item 55, the agreement shall terminate at the end of the calendar month in which the three-month notice period expires.



EXAMPLE

If notice of termination is received on 25 August, the agreement terminates on 30 November. During the notice period, the policyholder is obliged to pay the premium.

57. The agreement shall be deemed to have been terminated by the policyholder in the case described in point 20(2) of the GTC.

YOUR RIGHTS AND OBLIGATIONS

– what the insured should remember about

58. You can cancel your insurance at any time if you submit your cancellation in writing to the policyholder.
59. You have a duty to notify the policyholder or us of changes to your and your beneficiaries' personal and contact details that you provided in the declaration.

OBLIGATIONS OF THE POLICYHOLDER

– i.e. what obligations shall the policyholder assume

60. The policyholder must:
- 1) serve the terms of the agreement, including the GTC, on persons taking out insurance. The Policyholder may deliver the terms and conditions of the agreement, including the GTC, in writing or on another durable medium if the person taking out insurance agrees to this. He or she should do this before the persons sign the declarations of accession;
 - 2) provide us with signed declarations of adherence on time;
 - 3) inform us immediately of any change in personal and contact details: of the policyholder, as well as of the insured, of the beneficiaries – if the insured has not previously notified us of these changes;
 - 4) inform us without delay of the occurrence in respect of the insured person of a premise which causes the termination of cover in accordance with the GTC;
 - 5) pay us the premiums for the insurance protection period provided by the date specified in the agreement application and confirmed in the policy;
 - 6) provide us with a statement of premiums by the end of the month to which the statement relates and a list of insured persons by the deadline indicated in clause 37 of the GTC;
 - 7) communicate to insured persons any change in the terms of the agreement or in the law applicable to the agreement about the impact of these changes on the value of the benefit. It shall provide this information in the form prescribed by the "Insurance and Reinsurance Business Act." The policyholder must provide the insured with this information before agreeing to such changes;
 - 8) provide us with a list of persons who have agreed to a change of agreement with respect to him in the situation referred to in clause 41 of the GTC and, at our request, provide us with the declarations referred to in clause 41 sentence 2 of the GTCs;
 - 9) at our request, provide the insured with other documents or information that are necessary for the proper execution of the agreement, including information on the refusal of coverage, the suspension of coverage, in the situation referred to in point 20 of the GTC, and information on the suspension of the agreement;
 - 10) appoint a person to be responsible for his performance of the agreement and inform the insured and us that he has appointed such a person.

OUR RESPONSIBILITIES

– i.e., responsibilities assumed by PZU Życie

61. We must:
- 1) meet our contractual obligations in a timely manner;
 - 2) communicate to the policy holder any change in the conditions of the agreement or in the law applicable to the agreement about the impact of these changes on the value of the benefit. We provide this information in the form prescribed by the "Insurance and Reinsurance Business Act." Before we and the policyholder agree to make such changes, the policyholder must provide the policyholders with this information;
 - 3) provide you, at your request, with the information referred to in point 61(2) of the GTC;
 - 4) inform you or the policyholder that events covered by our cover have occurred if we have been notified of the event by another person; this information will be provided within 7 days of receipt of the notification;
 - 5) inform the claimant, if necessary, of the documents we require in order to establish a right to benefits. We may do this in writing or by any other means to which the person has consented;
 - 6) inform in writing the person who is claiming the benefit and you, if you are not that person, of this:
 - a) why we are unable to deliver this service in whole or in part within the stipulated timeframe. We will then only realise that part of the benefit which is undisputed,

- b) if the health service is not due in total or in part. We then indicate the reasons and legal basis that justify our decision and inform you that you can pursue your claim in court;
- 7) provide information and documents which have influenced our decision on the determination of the right to a benefit or the amount thereof:
 - a) To you or
 - b) the policyholder, or
 - c) the entitled, or
 - d) another person who requests the provision of the benefit.
 We provide information and documents to these persons in electronic form upon request;
- 8) provide – on your request – information on your rights and obligations under the agreement;
- 9) make them available at the request of the policyholder or yourself:
 - a) information about the declarations made by the policyholder when he concluded the agreement,
 - b) information about the statements you made when you joined the insurance,
 - c) copies of the documents that were produced at the time.

PERSONS ENTITLED TO OBTAIN THE BENEFIT

– the person to whom the payment is due

- 62. Benefit payments are available to the beneficiaries. You are free to nominate, change or cancel them.
- 63. A benefit is not going to be paid to a person who intentionally contributed to your death.
- 64. If you name several beneficiaries and some of them die before you or lose their right to a benefit payment, then we will distribute the benefit due to them proportionally to the remaining beneficiaries.
- 65. If you do not name a beneficiary or if all beneficiaries die before you or lose their right to payment, your family members are entitled to the benefit, in order of priority:
 - 1) spouse – in full;
 - 2) children – in equal shares;
 - 3) parents – in equal shares;
 - 4) your other heirs – in equal shares.

PROVISION OF THE HEALTH BENEFIT

– when we pay the benefit

- 66. After your death, the person claiming the benefit must provide us with:
 - 1) a request for payment of a benefit,
 - 2) a death certificate;
 - 3) The certificate of death or, in cases where it is not possible to obtain, medical documentation documenting the cause of death if it was caused by an accident or occurred within the two years of our protection.
- 67. We may ask for other required documents in case those which had already been provided do not suffice to consider that a benefit payment is due.
- 68. If the documents we have requested are in a language other than Polish, the person making the request must provide us with a translation into Polish. This translation must be carried out by a sworn translator.
- 69. We decide on the payment of the benefit based on the documentation stated above.
- 70. We will pay the benefit in a single payment, no later than 30 days from the date of receipt of notice of the insured event.
- 71. If it proves impossible to clarify the circumstances necessary to establish our liability or the amount of the benefit within the aforementioned period, the benefit shall be provided by us within 14 days from the day on which it became possible to clarify those circumstances with due diligence. However, we will pay the undisputed portion of the benefit within the time limit set out in clause 70 of the GTC.

COMPLAINTS, OBJECTIONS AND GRIEVANCES

– who, where and how to submit them

- 72. A claim, complaint or grievance shall be submitted to any of our units where we serve our customers.
- 73. A complaint, grievance or complaint can be submitted:
 - 1) in writing – in person or by mail, within the meaning of the Postal Law Act, for example by writing to the following address: PZU Życie SA 18A Postępu St., 02-676 Warsaw (address for correspondence only);
 - 2) in writing – sent to the address for electronic delivery of PZU Życie SA, within the meaning of the Electronic Delivery Act, from the date of entering that address into the database of electronic addresses;
 - 3) verbally – by phone, for instance by calling the telephone helpline on 801 102 102, or in person, confirmed by means of a protocol during a visit to our unit;
 - 4) electronically – by sending an e-mail to reklamacje@pzu.pl or by filling in the form at www.pzu.pl.
- 74. We respond to complaints, grievances and complaints as soon as possible, however no later than 30 days after the day on which we receive them. If we are unable to respond in particularly complex cases within 30 days, we will inform you:
 - 1) why the response is delayed;

- 2) what circumstances we still need to establish in order to process the case;
- 3) what is the new time limit for our response – it may not exceed 60 days from the date on which we received the complaint, claim or grievance.
- 75. We respond to complaints, claims and grievances to the person who made them:
 - 1) in cases where the customer is a natural person – in writing, except that the response may be delivered by e-mail only at the customer's request;
 - 2) where the customer is an entity other than those referred to in item 1 – in writing or using another durable medium.
- 76. If, after the complaint has been investigated:
 - 1) we have not honoured the claims made or
 - 2) we have accepted the claim, but within the time limit specified in the reply to that claim we have not carried out the acts we obliged to take
 – the individual who has made a complaint has the right to write to the Financial Ombudsman to request this.
- 77. We deal with complaints, grievances and complaints in our units, which have jurisdiction over the subject matter.
- 78. Additional information on complaints are provided in the Act on Complaints Handling by Financial Market Entities and Financial Ombudsman and in the Act on Insurance Distribution.
- 79. PZU provides for the possibility of resolving conflicts out of court.
- 80. The entity authorized within the meaning of the Act on out-of-court handling of consumer disputes, competent for PZU SA to handle disputes out of court is the Financial Ombudsman. The website address: rf.gov.pl.
- 81. In the event that the insured or the policyholder, beneficiary and the rights holder are consumers, they can turn to the Municipal and District Consumer Ombudsmen for assistance.
- 82. PZU communicates with its consumers in Polish.
- 83. PZU is supervised by the Financial Supervision Authority.

FINAL PROVISIONS

– what other matters are important

- 84. The taxation rules for amounts received under an insurance agreement are governed by the “Personal Income Tax Act” and the “Corporate Income Tax Act.”
- 85. If we legally have to deduct any amounts from the benefit payment, especially income tax, the benefit payment will be reduced by these amounts.
- 86. The relationships under this agreement are governed by Polish law.
- 87. The law applicable to this agreement is Polish law.
In matters not regulated by this agreement, the following shall apply: the provisions of the Civil Code, the “Insurance and Reinsurance Business Act” and other legal provisions.
- 88. We will give all our notifications, requests and declarations that relate to the agreement in writing or in any other form that we have agreed with the policyholder. They have legal effect from the day we serve them.
- 89. All notifications, requests and declarations that relate to the agreement – except complaints, claims and grievances – must be made in writing or in another form that the policyholder has agreed with us. They have legal effect from the date on which they are served on us.
- 90. The Insured, the Policyholder and PZU Życie are obliged to inform each other of any change of address.
- 91. A suit in respect of matters arising from this agreement may be brought in accordance with the rules of general jurisdiction in accordance with the Code of Civil Procedure or:
 - 1) to the court having jurisdiction over the registered office of the policyholder or the place of residence of the insured person, or
 - 2) to the court having jurisdiction over the place of residence of the insured's heir.
- 92. We do not use a technical rate in the agreement.
- 93. We publish solvency and financial condition reports on pzu.pl in the investor relations section.



**GENERAL TERMS
OF GROUP INSURANCE PZU NA ŻYCIE
PLUS IN THE EVENT OF DEATH OF THE
INSURED DUE TO A PERSONAL ACCIDENT**



ADDITIONAL GROUP INSURANCE IN THE EVENT OF DEATH OF THE INSURED DUE TO A PERSONAL ACCIDENT

Condition code: NWGP55

Version dated: 20.11.2021

This is the key information material. Full details of the insurance can be found in other documents, in particular in the general terms and conditions of supplementary group insurance for the death of the insured caused by a personal accident, conditions code: NWGP55 (GTC). Please read the GTCs before deciding to conclude the agreement. The definitions used in the GTCs can have meanings that deviate from their common meanings, so please make sure to pay particular attention to them. The conclusion of the agreement is voluntary.

PRODUCT INFORMATION

- is presented for information purposes,
- is not part of the insurance agreement (agreement),
- does not constitute a trade offer within the meaning of article 66 of the Civil Code,
- should not be the sole basis for a decision on insurance.

THE SCOPE AND OBJECT OF INSURANCE – WHAT IS INSURED?

We insure the life of the insured.

Supplementary insurance covers the death of the insured due to a personal accident. Both the death and the accident that causes it must occur during the insurance protection period.

PRODUCT CHARACTERISTICS – WHAT ARE THE MAIN FEATURES OF OUR INSURANCE?

In the event of the death of the insured due to a personal accident, we pay the beneficiary 100% of the sum insured at the date of death. In relation to the beneficiary, including within its scope the procedure and manner of its designation, amendment and withdrawal, the rules adopted for basic insurance – PZU Na Życie Plus – shall apply.

The right to receive the benefit after the death of the insured due to a personal accident shall apply subject to the conditions that there is a medical causal relationship between the personal accident and the death of the insured.

Supplementary insurance may be taken out either with or during the conclusion of the basic insurance.

WHO CAN CONCLUDE AN AGREEMENT WITH US, WHO DO WE INSURE?

The additional insurance is concluded by the policyholder who pays the insurance premiums.

The additional insurance may be joined by insured persons who joined the basic insurance.

WHAT IS THE DURATION OF THE INSURANCE?

The policyholder may take out supplementary insurance with us for a limited period. We confirm the duration of the additional insurance in the policy. If the additional insurance is taken out between policy anniversaries, our cover continues until the next policy anniversary.

WHAT LOCATION DOES THE INSURANCE COVER?

The insurance cover operates worldwide, 24 hours a day.

HOW AND WHEN SHOULD THE CONTRIBUTIONS BE PAID?

The premium is transferred by the policyholder together with the premium for the basic insurance.

WHEN DOES THE INSURANCE COVERAGE BEGIN AND END?

Coverage under the supplementary insurance commences as described in the basic insurance. Cover under the additional insurance shall only commence if the cover under the basic insurance is in force.

The cover under the supplementary insurance ceases:

- from the date of termination of cover under the primary insurance;
- from the date on which we receive the policyholder's declaration that he or she is withdrawing from the additional insurance;
- on the date of termination of cover under the supplementary insurance – if not renewed;
- on the last day of the month in which you cancel the supplementary insurance;
- at the end of the month of the supplementary insurance on the current terms and conditions, if they have not given the required consent to change the supplementary insurance;
- as from the date of expiry of the notice period of the supplementary insurance;
- as from the date on which the supplementary insurance is terminated.

MAIN EXCLUSIONS AND LIMITATIONS OF THE INSURANCE COVERAGE – WHAT IS NOT COVERED BY THE INSURANCE?

We will not pay the benefit in the event of:

- when the Insured was intoxicated within the meaning of regulations on upbringing in sobriety and counteracting alcoholism or after using: drugs, narcotics, psychotropic substances or substitutes within the meaning of regulations on counteracting drug addiction - if any of these circumstances influenced the accident;
- failure to provide documents necessary to determine the validity of the claim insofar as we are unable to establish our liability or the amount of the liability or the amount of the benefit on the basis of other evidence.

In addition, we are not liable if a situation is not covered, it does not meet the definition set out in the agreement or our liability has ended (e.g. due to non-payment of premiums as well as in other cases indicated in the GTC).

HOW TO TERMINATE THE AGREEMENT?

The policyholder has the right to cancel the supplementary insurance agreement within 30 days after its conclusion or, if the policyholder is an entrepreneur, within 7 days from the conclusion of the agreement. After this period, the policyholder has the right to terminate the agreement by a written notice. The policyholder has right to cancel the extension of the additional insurance by sending us a written notice of non-renewal no later than 30 days prior to its termination.

REMUNERATION FOR THE DISTRIBUTOR OF THE INSURANCE

The distributor shall receive a commission in connection with the proposed agreement.

COMPLAINTS, OBJECTIONS AND GRIEVANCES

1. A claim, complaint or grievance shall be submitted to any of our units where we serve our customers.
2. A complaint, grievance or complaint can be submitted:
 - 1) in writing – in person or by mail, within the meaning of the Postal Law Act, for example by writing to the following address: PZU Życie SA ul. 18A Postępu St., 02-676 Warsaw (address for correspondence only);
 - 2) in writing – sent to the address for electronic delivery of PZU Życie SA, within the meaning of the Electronic Delivery Act, from the date of entering that address into the database of electronic addresses;
 - 3) verbally – by phone, for instance by calling the telephone helpline on 801 102 102, or in person, confirmed by means of a protocol during a visit to our unit;
 - 4) electronically – by sending an e-mail to reklamacje@pzu.pl or by filling in the form at www.pzu.pl.
3. We respond to complaints, grievances and complaints as soon as possible, however no later than 30 days after the day on which we receive them. If we are unable to respond in particularly complex cases within 30 days, we will inform you:
 - 1) why the response is delayed;
 - 2) what circumstances we still need to establish in order to process the case;
 - 3) what is the new time limit for our response – it may not exceed 60 days from the date on which we received the complaint, claim or grievance.
4. We respond to complaints, claims and grievances to the person who made them:
 - 1) in cases where the customer is a natural person – in writing, except that the response may be delivered by e-mail only at the customer's request;
 - 2) where the customer is an entity other than those referred to in item 1 – in writing or using another durable medium.
5. If, after the complaint has been investigated:
 - 1) we have not honoured the claims made or

- 2) we have accepted the claim, but within the time limit specified in the reply to that claim we have not carried out the acts we obliged to take
- the individual who has made a complaint has the right to write to the Financial Ombudsman to request this.
6. We deal with complaints, grievances and complaints in our units, which have jurisdiction over the subject matter.
 7. Additional information on complaints are provided in the Act on Complaints Handling by Financial Market Entities and Financial Ombudsman and in the Act on Insurance Distribution.
 8. PZU provides for the possibility of resolving conflicts out of court.
 9. The entity authorized within the meaning of the Act on out-of-court handling of consumer disputes, competent for PZU Życie SA to handle disputes out of court is the Financial Ombudsman. The website address: rf.gov.pl.
 10. In the event that the insured or the policyholder, beneficiary and the rights holder are consumers, they can turn to the Municipal and District Consumer Ombudsmen for assistance.
 11. PZU communicates with its consumers in Polish.
 12. PZU is supervised by the Financial Supervision Authority.



**GENERAL TERMS
OF ADDITIONAL GROUP INSURANCE IN THE EVENT
OF DEATH OF THE INSURED DUE TO A PERSONAL
ACCIDENT**

The table below contains the general terms and conditions of supplementary group insurance for death of the insured caused by a personal accident, terms and conditions code NWGP55 (GTC) which govern the rules for exclusions and limitations of the insurance company's liability. These provisions constitute a part of the GTC, and their indications are a result of the legal regulations (Article 17, section 1 of the Insurance and Reinsurance Act).

No.	Type of information	Record number
1.	Conditions for benefit payment	items 1-2 items 4-7 items 9-11 items 29-30 items 31-35 items 36
2.	Restrictions and exemptions of an insurer's liability granting the right to refuse to pay out the benefits or to reduce them	items 1-2 items 6-7 items 8 items 26-27 items 28 items 31 items 36

Information about the insurance are available from:

 at pzu.pl



at the phone number 801 102 102
(charged according to the operator's tariff)



GENERAL TERMS AND CONDITIONS OF ADDITIONAL GROUP INSURANCE IN THE EVENT OF DEATH OF THE INSURED DUE TO A PERSONAL ACCIDENT

GTC code: NWGP55

The Board of Directors of PZU Życie SA established the general terms and conditions of additional group insurance in the event of death caused by a personal accident by resolution no. UZ/202/2021 of 9 November 2021 (hereinafter referred to as the GTC).

These General Terms and Conditions shall enter into force on 01 December 2021 and shall apply to insurance agreements concluded from 1 January 2022.

The policyholder shall read the GTC carefully before concluding the contract and communicate the GTC to anyone who wishes to take out insurance.

Please read the GTC you have received from your policyholder carefully before you take out insurance.

GLOSSARY

– what do the terms actually mean

1. the GTC uses the following terminology:
 - 1) **insurance protection period** – the period of time during which our liability to the insured under the supplementary insurance continues;
 - 2) **supplementary insurance** – the insurance agreement to which these GTC apply;
 - 3) **basic insurance** – PZU Na Życie Plus group insurance agreement, to which the policyholder has the right to take out additional insurance;
2. The other terms used in these GTC are defined in the general terms and conditions of the basic insurance – the same terms

OBJECT OF INSURANCE

– what do we insure

3. We insure your life.

SCOPE OF INSURANCE AND THE BENEFIT AMOUNT

– which events do we pay for and what amounts

4. Supplementary insurance covers the death of the insured due to a personal accident.
5. In the event of the death of the insured due to a personal accident we issue a benefit equal to a percentage of the sum insured applicable at the date of death, as listed in the policy and in the individual confirmation of insurance.
6. Both the death and the accident that causes it must occur during the insurance protection period.
7. The benefit shall be awarded after the death of the insured due to an accident under the condition that there is a normal medical causal link between the personal accident and his or her death.

EXCLUSIONS OF PROTECTION

– cases in which we are not going to pay out the benefit

8. Our liability does not cover the death of the insured or a life partner due to a personal accident if the accident has occurred:
 - 1) occurring in war operations;
 - 2) as a result of active participation of the insured in the acts of terror or mass social unrest;
 - 3) as a result of the commission or attempted commission by the child of an act which fulfils the requirements of an intentional crime;
 - 4) as a result of a traffic accident while the insured was driving a vehicle:
 - a) without holding the authority to drive as defined by the law
 - b) being under the influence of alcohol or in a state of intoxication as defined by the regulations on education in sobriety and counteracting alcoholism or after using: drugs, narcotics, psychotropic substances or substitutes within the meaning of the provisions on counteracting drug addiction,
- insofar as any of these circumstances played a role in the traffic accident;

- 5) when the Insured was intoxicated within the meaning of regulations on upbringing in sobriety and counteracting alcoholism or after using: drugs, narcotics, psychotropic substances or substitutes within the meaning of regulations on counteracting drug addiction - if any of these circumstances influenced the accident;
- 6) as a result of the insured's self-harm or attempted suicide or a suicide of the insured;
- 7) directly as a result of intoxication by alcohol, drugs, narcotics, psycho-tropic substances or substitutes – within the meaning of the regulations on counteracting drug addiction;
- 8) as a result of the use of medicinal products by the insured not in accordance with the doctor's recommendation or not in accordance with the information in the leaflet accompanying the medicinal product;
- 9) in result of bodily injuries caused by medical treatment and therapeutic or diagnostic procedures, regardless of who they were performed by – unless it was to treat the direct consequences of an accident.

SUM INSURED

– what is it, and where is it indicated

9. The sum insured is the amount which we use as the basis for determining the benefit due.
10. The amount of the sum insured can be included in the policy and in the individual confirmation of insurance.
11. The sum insured does not change throughout the duration of the agreement. The sum insured is fixed, but may be changed by mutual agreement;

PREMIUM

– what does it depend on and when to pay it

12. Amount of the premium per the insured:
 - 1) it is fixed, but may be changed by mutual agreement;
 - 2) it depends on:
 - a) the sum insured,
 - b) benefit amount
 - c) the number, age structure and gender of those who take out insurance, as well as the type of work they do.
13. The amount of the premium applicable to the additional insurance agreement is specified in the application for conclusion of the agreement as well as in the policy.
14. The policyholder pays us the premiums for the supplementary insurance on a monthly basis, together with the premium for the primary insurance.

TAKING OUT AND JOINING SUPPLEMENTARY INSURANCE

– i.e., How do we insure you

15. Supplementary insurance may be taken out either with or during the conclusion of the basic insurance.
16. The additional insurance may be joined by insured persons who joined the basic insurance.

DURATION OF SUPPLEMENTARY INSURANCE

– i.e., which period we take out the supplementary insurance for

17. The policyholder may take out supplementary insurance with us for a limited period. We confirm the duration of the additional insurance in the policy. If the additional insurance is taken out between policy anniversaries, our cover continues until the next policy anniversary.

EXTENSION OF SUPPLEMENTARY INSURANCE

– what are the rules for extending supplementary insurance

18. Unless otherwise agreed by either party to the contract and provided that the primary insurance is in force, the supplementary insurance shall be automatically extended for the next policy year – under the same conditions. In this case, as an insured, you do not have to re-submit the declaration of membership.
19. Either party has the right to cancel the extension of the supplementary insurance, of which it shall notify the other party in writing. This must be done at the latest 30 days before the termination of this insurance.

WITHDRAWAL FROM SUPPLEMENTARY INSURANCE

– i.e. the conditions under which a policyholder may withdraw from the supplementary insurance

20. The cancellation of the additional insurance is carried out in accordance with the rules laid down in the basic insurance.
21. If the policyholder cancels the primary insurance, this results in cancellation of the secondary insurance.

22. If the policyholder withdraws from the additional insurance, this does not result in withdrawal from the primary insurance.

TERMINATION OF SUPPLEMENTARY INSURANCE

- i.e. the manner in which the policyholder can cancel the supplementary insurance

23. The termination of the supplementary insurance is carried out in accordance with the rules outlined in the basic insurance.
24. In the event the policyholder terminates the primary insurance, this results in the termination of the secondary insurance.
25. If the policyholder terminates the additional insurance, this does not result in termination of the primary insurance.

THE BEGINNING OF OUR PROTECTION

- When our insurance protection starts

26. Coverage under the supplementary insurance commences as described in the basic insurance.
27. Cover under the additional insurance shall only commence if the cover under the basic insurance is in force.

THE CESSATION OF OUR PROTECTION

- i.e. when the supplementary insurance ends

28. The cover under the supplementary insurance ceases:
- 1) from the date of termination of cover under the primary insurance;
 - 2) from the date on which we receive the policyholder's declaration that he or she is withdrawing from the additional insurance;
 - 3) on the date of termination of cover under the supplementary insurance – if not renewed;
 - 4) on the last day of the month in which you cancel the supplementary insurance;
 - 5) at the end of the month of the supplementary insurance on the current terms and conditions, if they have not given the required consent to change the supplementary insurance;
 - 6) as from the date of expiry of the notice period of the supplementary insurance;
 - 7) as from the date on which the supplementary insurance is terminated.

PERSONS ENTITLED TO OBTAIN THE BENEFIT

- the person to whom the payment is due

29. The benefit is due to the beneficiary.
30. You can appoint, change or revoke a beneficiary in the same manner as in the case of basic insurance.

PROVISION OF THE HEALTH BENEFIT

- when we pay the benefit

31. A benefit is not going to be paid to a person who intentionally contributed to your death.
32. After your death, the person claiming the benefit must provide us with:
- 1) a request for payment of a benefit,
 - 2) a death certificate;
 - 3) The certificate of death or, in cases where it is not possible to obtain, medical documentation documenting the cause of death;
 - 4) a document which confirms the circumstances of the accident.
33. We may ask for other required documents in case those which had already been provided do not suffice to consider that a benefit payment is due.
34. If the documents we have requested are in a language other than Polish, the person making the request must provide us with a translation into Polish. This translation must be carried out by a sworn translator.
35. We decide on the payment of the benefit based on the documentation stated above.

FINAL PROVISIONS

- what other matters are important

36. Any matters not regulated by the supplementary insurance shall be subject to the general terms and conditions of basic insurance, the provisions of the Civil Code, the Act on Insurance and Reinsurance Activity and any other applicable laws.



**GENERAL TERMS
OF GROUP INSURANCE PZU NA ŻYCIE
PLUS IN THE EVENT OF DEATH OF THE
INSURED DUE TO A TRAFFIC ACCIDENT**



ADDITIONAL GROUP INSURANCE IN THE EVENT OF DEATH OF THE INSURED DUE TO A TRAFFIC ACCIDENT

Condition code: WKGP55

Version dated: 20.11.2021

This is the key information material. Full details of the insurance can be found in other documents, in particular the General Terms and Conditions of the group insurance in the case of the death of the insured caused by a traffic accident, conditions code: WKGP55 (GTC). Please read the GTCs before deciding to conclude the agreement. The definitions used in the GTCs can have meanings that deviate from their common meanings, so please make sure to pay particular attention to them.

The conclusion of the agreement is voluntary.

PRODUCT INFORMATION

- is presented for information purposes,
- is not part of the insurance agreement (agreement),
- does not constitute a trade offer within the meaning of article 66 of the Civil Code,
- should not be the sole basis for a decision on insurance.

THE SCOPE AND OBJECT OF INSURANCE – WHAT IS INSURED?

We insure the life of the insured.

Supplementary insurance covers the death of the insured due to a traffic accident. Both the death and the traffic accident that causes it must occur during the insurance protection period.

PRODUCT CHARACTERISTICS – WHAT ARE THE MAIN FEATURES OF OUR INSURANCE?

In the event of the death of the insured due to a communication accident, we pay the beneficiary the benefit equal to the percentage of the insurance sum applicable at the date of death. In relation to the beneficiary, including within its scope the procedure and manner of its designation, amendment and withdrawal, the rules adopted for basic Group insurance PZU Na Życie Plus shall apply.

The benefit shall be awarded after the death of the insured due to the traffic accident shall apply under the condition that there is a normal medical causal link between the traffic accident and his or her death.

Supplementary insurance may be taken out either with or during the conclusion of the basic insurance.

WHO CAN CONCLUDE AN AGREEMENT WITH US, WHO DO WE INSURE?

The additional insurance is concluded by the policyholder who pays the insurance premiums.

The additional insurance may be joined by insured persons who joined the basic insurance.

WHAT IS THE DURATION OF THE INSURANCE?

The policyholder may take out supplementary insurance with us for a limited period. We confirm the duration of the additional insurance in the policy. If the additional insurance is taken out between policy anniversaries, our cover continues until the next policy anniversary.

WHAT LOCATION DOES THE INSURANCE COVER?

The insurance cover operates worldwide, 24 hours a day.

HOW AND WHEN SHOULD THE CONTRIBUTIONS BE PAID?

The premium is transferred by the policyholder together with the premium for the basic insurance.

WHEN DOES THE INSURANCE COVERAGE BEGIN AND END?

Coverage under the supplementary insurance commences as described in the basic insurance. Cover under the additional insurance shall only commence if the cover under the basic insurance is in force.

The cover under the supplementary insurance ceases:

- from the date of termination of cover under the primary insurance;
- from the date on which we receive the policyholder's declaration that he or she is withdrawing from the additional insurance;
- on the date of termination of cover under the supplementary insurance – if not renewed;
- on the last day of the month in which you cancel the supplementary insurance;
- at the end of the month of the supplementary insurance on the current terms and conditions, if they have not given the required consent to change the supplementary insurance;
- as from the date of expiry of the notice period of the supplementary insurance;
- as from the date on which the supplementary insurance is terminated.

MAIN EXCLUSION AND PROTECTION LIMITS– WHAT IS EXCLUDED FROM THE INSURANCE?

We will not pay the benefit in the event of:

- when the Insured was driving a vehicle while intoxicated within the meaning of regulations on upbringing in sobriety and counteracting alcoholism or after using: drugs, narcotics, psychotropic substances or substitutes within the meaning of regulations on counteracting drug addiction – if any of these circumstances influenced the occurrence of the traffic accident;
- if the insured person was driving the vehicle without the authorisations to do so as defined in the legal provisions.

In addition, we are not liable if a situation is not covered, it does not meet the definition set out in the agreement or our liability has ended (e.g. due to non-payment of premiums as well as in other cases indicated in the GTC).

HOW TO TERMINATE THE AGREEMENT?

The policyholder has the right to cancel the supplementary insurance agreement within 30 days after its conclusion or, if the policyholder is an entrepreneur, within 7 days from the conclusion of the agreement. After this period, the policyholder has the right to terminate the agreement by a written notice. The Policyholder has the right to cancel the extension of the additional insurance by sending us a written notice of non-renewal no later than 30 days prior to its termination.

REMUNERATION FOR THE DISTRIBUTOR OF THE INSURANCE

The distributor shall receive a commission in connection with the proposed agreement.

COMPLAINTS, OBJECTIONS AND GRIEVANCES

1. A claim, complaint or grievance shall be submitted to any of our units where we serve our customers.
2. A complaint, grievance or complaint can be submitted:
 - 1) in writing – in person or by mail, within the meaning of the Postal Law Act, for example by writing to the following address:
PZU Życie SA ul. 18A Postępu St., 02-676 Warsaw (address for correspondence only);
 - 2) in writing – sent to the address for electronic delivery of PZU Życie SA, within the meaning of the Electronic Delivery Act, from the date of entering that address into the database of electronic addresses;
 - 3) verbally – by phone, for instance by calling the telephone helpline on 801 102 102, or in person, confirmed by means of a protocol during a visit to our unit;
 - 4) electronically – by sending an e-mail to reklamacje@pzu.pl or by filling in the form at www.pzu.pl.
3. We respond to complaints, grievances and complaints as soon as possible, however no later than 30 days after the day on which we receive them. If we are unable to respond in particularly complex cases within 30 days, we will inform you:
 - 1) why the response is delayed;
 - 2) what circumstances we still need to establish in order to process the case;
 - 3) what is the new time limit for our response – it may not exceed 60 days from the date on which we received the complaint, claim or grievance.
4. We respond to complaints, claims and grievances to the person who made them:

- 1) in cases where the customer is a natural person – in writing, except that the response may be delivered by e-mail only at the customer's request;
 - 2) where the customer is an entity other than those referred to in item 1 – in writing or using another durable medium.
5. If, after the complaint has been investigated:
- 1) we have not honoured the claims made or
 - 2) we have accepted the claim, but within the time limit specified in the reply to that claim we have not carried out the acts we obliged to take
- the individual who has made a complaint has the right to write to the Financial Ombudsman to request this.
6. We deal with complaints, grievances and complaints in our units, which have jurisdiction over the subject matter.
7. Additional information on complaints are provided in the Act on Complaints Handling by Financial Market Entities and Financial Ombudsman and in the Act on Insurance Distribution.
8. PZU provides for the possibility of resolving conflicts out of court.
9. An entitled entity within the meaning of the Act on out-of-court settlement for PZU Życie to handle disputes out of court, is the Financial Ombudsman. The website address: rf.gov.pl.
10. In the event that the insured or the policyholder, beneficiary and the rights holder are consumers, they can turn to the Municipal and District Consumer Ombudsmen for assistance.
11. PZU communicates with its consumers in Polish.
12. PZU is supervised by the Financial Supervision Authority.



**GENERAL TERMS
OF ADDITIONAL GROUP INSURANCE
IN THE EVENT OF DEATH OF THE INSURED
DUE TO A TRAFFIC ACCIDENT**

The table below presents the provisions of the general terms and conditions of additional group insurance in the case of the death of the insured caused by a traffic accident, terms and conditions code WKGP55 (GTCs), which regulate the exclusion and limitations of the insurance company's liability. These provisions constitute a part of the GTC, and their indications are a result of the legal regulations (Article 17, section 1 of the Insurance and Reinsurance Act).

No.	Type of information	Record number
1.	Conditions for benefit payment	items 1-2 items 4-7 items 9-11 items 29-30 items 31-35 item 36
2.	Restrictions and exemptions of an insurer's liability granting the right to refuse or reduce the payment of benefits	items 1-2 items 6-7 item 8 items 26-27 item 28 item 31 item 36

Information about the insurance are available from:

 pzu.pl



at the phone number 801 102 102
(charged according to the operator's tariff)



GENERAL TERMS AND CONDITIONS OF ADDITIONAL GROUP INSURANCE IN THE EVENT OF DEATH OF THE SPOUSE OF THE INSURED DUE TO A TRAFFIC ACCIDENT

GTC code: WKGPS5

The Board of Directors of PZU Życie SA established the general terms and conditions of additional group insurance in the event of death caused by a traffic accident by resolution no. UZ/202/2021 of 9 November 2021 (hereinafter referred to as the GTC).

These General Terms and Conditions shall enter into force on 01 December 2021 and shall apply to insurance agreements concluded from 1 January 2022.

The policyholder shall read the GTC carefully before concluding the contract and communicate the GTC to anyone who wishes to take out insurance.

Please read the GTC you have received from your policyholder carefully before you take out insurance.

GLOSSARY

– i.e. what do the terms actually mean

1. the GTC uses the following terminology:
 - 1) **insurance protection period** – the period of time during which our liability to the insured under the supplementary insurance continues;
 - 2) **ship** – a passenger ship or a sea-going cargo ship or an inland waterway vessel that is motorised or sailing – warships are not considered ships;
 - 3) **supplementary insurance** – the insurance agreement to which these GTC apply;
 - 4) **basic insurance** – PZU Na Życie Plus group insurance agreement, to which the policyholder has the right to take out additional insurance;
 - 5) **traffic accident** – only such a traffic accident caused by:
 - a) the movement of a vehicle on the road (a tram is also a vehicle) – if you took part in it as a participant in traffic (as defined in the Road Traffic Law),
 - b) the movement of a railway vehicle hauled by a traction vehicle (self-propelled vehicle) and the movement of an underground vehicle – if you were a passenger or crew member on such vehicle. A transport accident is not an accident that involves intra-company rail transport and rope and cable transport,
 - c) the movement of a passenger aircraft of a licensed airline – if you were a crew member or passenger while the aircraft:
 - was damaged or destroyed or
 - lost or in a place where it cannot be accessed,
 - d) the movement of the ship – if you were a crew member or a passenger at the time when the ship:
 - has sunk or been damaged, or
 - lost or in a place where it cannot be accessed,
2. The other terms used in these GTC are defined in the general terms and conditions of the basic insurance – the same terms retain the same meaning.

OBJECT OF INSURANCE

– what do we insure

3. We insure your life.

SCOPE OF INSURANCE AND THE BENEFIT AMOUNT

– which events do we pay for and what amounts

4. Supplementary insurance covers the death of the insured due to a traffic accident.
5. In the event of the death of the insured, we issue a benefit equal to a percentage of the sum insured applicable at the date of death, as listed in the policy and in the individual confirmation of insurance.
6. Both the death and the traffic accident that causes it must occur during the insurance protection period.
7. The right to receive the benefit after the death of the insured due to a traffic accident shall apply subject to the conditions that there is a medical causal relationship between the traffic accident and the death of the insured.

EXCLUSIONS OF PROTECTION

– cases in which we are not going to pay out the benefit

8. Our liability does not cover the death of the insured due to a traffic accident if a traffic accident has occurred:
 - 1) occurring in war operations;
 - 2) as a result of active participation of the insured in the acts of terror or mass social unrest;
 - 3) as a result of the commission or attempted commission by the insured of an act which fulfils the requirements of an intentional crime;
 - 4) if the insured person was driving the vehicle:
 - a) without holding the authority to drive as defined by the law
 - b) without a current roadworthiness test or other documents which are required for the vehicle to be put into service, or
 - c) being under the influence of alcohol or in a state of intoxication as defined by the regulations on education in sobriety and counteracting alcoholism or after using: drugs, narcotics, psychotropic substances or substitutes within the meaning of the provisions on counteracting drug addiction,
 - insofar as any of these circumstances played a role in the traffic accident;
 - 5) when the Insured was intoxicated within the meaning of regulations on upbringing in sobriety and counteracting alcoholism or after using: drugs, narcotics, psychotropic substances or substitutes within the meaning of regulations on counteracting drug addiction - if any of these circumstances influenced the accident;
 - 6) in a result of the insured's self-harm or attempted suicide or a suicide of the insured;

SUM INSURED

– what is it, and where is it indicated

9. The sum insured is the amount which we use as the basis for determining the benefit due.
10. The amount of the sum insured can be included in the policy and in the individual confirmation of insurance.
11. The sum insured does not change throughout the duration of the agreement. The sum insured is fixed, but may be changed by mutual agreement;

PREMIUM

– what does it depend on and when to pay it

12. Amount of the premium per the insured:
 - 1) it is fixed, but may be changed by mutual agreement;
 - 2) it depends on:
 - a) the sum insured,
 - b) benefit amount
 - c) the number, age structure and gender of those who take out insurance, as well as the type of work they do.
13. The amount of the premium applicable to the additional insurance agreement is specified in the application for conclusion of the agreement as well as in the policy.
14. The policyholder pays us the premiums for the supplementary insurance on a monthly basis, together with the premium for the primary insurance.

TAKING OUT AND JOINING SUPPLEMENTARY INSURANCE

– i.e., How do we insure you

15. Supplementary insurance may be taken out either with or during the conclusion of the basic insurance.
16. The additional insurance may be joined by insured persons who joined the basic insurance.

DURATION OF SUPPLEMENTARY INSURANCE

– i.e., which period we take out the supplementary insurance for

17. The policyholder may take out supplementary insurance with us for a limited period. We confirm the duration of the additional insurance in the policy. If the additional insurance is taken out between policy anniversaries, our cover continues until the next policy anniversary.

EXTENSION OF SUPPLEMENTARY INSURANCE

– what are the rules for extending supplementary insurance

18. Unless otherwise agreed by either party to the contract and provided that the primary insurance is in force, the supplementary insurance shall be automatically extended for the next policy year – under the same conditions. In this case, as an insured, you do not have to re-submit the declaration of membership.

19. Either party has the right to cancel the extension of the supplementary insurance, of which it shall notify the other party in writing. This must be done at the latest 30 days before the termination of this insurance.

WITHDRAWAL FROM SUPPLEMENTARY INSURANCE

- i.e. the conditions under which a policyholder may withdraw from the supplementary insurance

20. The cancellation of the additional insurance is carried out in accordance with the rules laid down in the basic insurance.
21. If the policyholder cancels the primary insurance, this results in cancellation of the secondary insurance.
22. If the policyholder withdraws from the additional insurance, this does not result in withdrawal from the primary insurance.

TERMINATION OF SUPPLEMENTARY INSURANCE

- i.e. the manner in which the policyholder can cancel the supplementary insurance

23. The termination of the supplementary insurance is carried out in accordance with the rules outlined in the basic insurance.
24. In the event the policyholder terminates the primary insurance, this results in the termination of the secondary insurance.
25. If the policyholder terminates the additional insurance, this does not result in termination of the primary insurance.

THE BEGINNING OF OUR PROTECTION

- When our insurance protection starts

26. Coverage under the supplementary insurance commences as described in the basic insurance.
27. Cover under the additional insurance shall only commence if the cover under the basic insurance is in force.

THE CESSATION OF OUR PROTECTION

- i.e. when the supplementary insurance ends

28. The cover under the supplementary insurance ceases:
- 1) from the date of termination of cover under the primary insurance;
 - 2) from the date on which we receive the policyholder's declaration that he or she is withdrawing from the additional insurance;
 - 3) on the date of termination of cover under the supplementary insurance – if not renewed;
 - 4) on the last day of the month in which you cancel the supplementary insurance;
 - 5) at the end of the month of the supplementary insurance on the current terms and conditions, if you have not given the required consent to change the supplementary insurance;
 - 6) as from the date of expiry of the notice period of the supplementary insurance;
 - 7) as from the date on which the supplementary insurance is terminated.

PERSONS ENTITLED TO OBTAIN THE BENEFIT

- the person to whom the payment is due

29. The benefit is due to the beneficiary.
30. You can appoint, change or revoke a beneficiary in the same manner as in the case of basic insurance.

PROVISION OF THE HEALTH BENEFIT

- when we pay the benefit

31. A benefit is not going to be paid to a person who intentionally contributed to your death.
32. After your death, the person claiming the benefit must provide us with:
- 1) a request for payment of a benefit,
 - 2) a death certificate;
 - 3) The certificate of death or, in cases where it is not possible to obtain, medical documentation documenting the cause of death;
 - 4) a document which confirms the circumstances of the traffic accident.
33. We may ask for other required documents in case those which had already been provided do not suffice to consider that a benefit payment is due.
34. If the documents we have requested are in a language other than Polish, the person making the request must provide us with a translation into Polish. This translation must be carried out by a sworn translator.
35. We decide on the payment of the benefit based on the documentation stated above.

FINAL PROVISIONS

– what other matters are important

- 36.** Any matters not regulated by the supplementary insurance shall be subject to the general terms and conditions of basic insurance, the provisions of the Civil Code, the Act on Insurance and Reinsurance Activity and any other applicable laws.



**GENERAL TERMS
OF GROUP INSURANCE PZU NA ŻYCIE PLUS I
IN CASE OF DEATH OF THE INSURED PARTY
CAUSED BY ACCIDENT AT WORK**



SUPPLEMENTARY GROUP INSURANCE IN CASE OF DEATH OF THE INSURED PARTY CAUSED BY ACCIDENT AT WORK

Terms and conditions code: WPGP55

Version of: 20/11/2021

This is the material containing the key information. Full details of the insurance can be found in other documents, in particular in the general terms and conditions of the supplementary group insurance for death of the insured party caused by an accident at work, terms and conditions code: WPGP55 (GTC). Please read the GTC before you decide to conclude a contract. The definitions used in the GTC may have a meaning that differs from the commonly accepted concept, so pay particular attention to them. The conclusion of a contract is voluntary.

INFORMATION ON THE PRODUCT

- is presented for information purposes,
- is not part of the insurance contract (contract),
- does not constitute an offer within the meaning of the Art. 66 of the Civil Code,
- should not constitute the exclusive basis for taking a decision regarding the insurance.

SUBJECT MATTER AND SCOPE OF THE INSURANCE – WHAT DO WE INSURE?

We insure the life of the insured party.

The subject matter of the supplementary insurance covers the death of the insured party due to an accident at work. Both the death and the accident at work causing it must occur during the period of cover.

PRODUCT CHARACTERISTICS – WHAT ARE THE MAIN FEATURES OF OUR INSURANCE?

In case of the death of the insured party due to an accident at work, we pay a benefit to the beneficiary equal to a percentage of the sum insured current as of the date of death. The terms and conditions adopted in the basic insurance – PZU Na Życie Plus (PZU For Life Plus) Group Insurance – apply to the beneficiary, including the mode and manner of its designation, change and cancellation.

The right to payment of benefit after the death of the insured party due to an accident at work is granted, provided that from the medical point of view there is a cause and effect relationship between the accident at work and the death of the insured party.

Supplementary insurance may be taken out with the conclusion of the basic insurance or during its duration.

WHO CAN CONCLUDE A CONTRACT WITH US, WHO DO WE INSURE?

The supplementary insurance is taken out by the policyholder who pays the premiums for the insurance. The supplementary insurance can be taken out by policyholders who have taken out the basic insurance.

HOW LONG DOES THE CONTRACT LAST?

The policyholder can take out supplementary insurance with us for a fixed period. We confirm the duration of the supplementary insurance in the policy. If the supplementary insurance is taken out between policy anniversaries, our cover lasts until the next policy anniversary.

WHERE DOES THE INSURANCE COVER APPLY?

The insurance cover operates 24 hours a day throughout the world.

HOW AND WHEN IS THE PREMIUM PAID?

The premium is transferred by the policyholder along with the premium for the basic insurance.

WHEN DOES THE INSURANCE COVER BEGIN AND END?

The cover in the supplementary insurance starts according to the terms described in the basic insurance. The cover in the supplementary insurance shall only start if the cover in the basic insurance is in force.

The cover in the supplementary insurance ends:

- on the date the cover in the basic insurance ends,
- on the date on which we receive a declaration from the policyholder that the latter is withdrawing from the supplementary insurance,
- on the date of termination of the cover in the supplementary insurance – if it is not extended,
- on the last day of the month in which you cancel the supplementary insurance,
- at the end of the month of the supplementary insurance on the existing terms and conditions, if you have not given the required consent to change the supplementary insurance,
- on the date on which the termination period of the supplementary insurance expires,
- on the date on which the supplementary insurance is terminated.

MAIN EXCLUSIONS AND LIMITATIONS OF THE INSURANCE COVER – WHAT IS EXCLUDED FROM THE INSURANCE COVERAGE?

We shall not pay out a benefit in case:

- where the insured party was in a state of intoxication within the meaning of the provisions on upbringing in sobriety and counteracting alcoholism or after using: drugs, intoxicants, psychoactive substances or substitute substances within the meaning of the applicable provisions on counteracting drug addiction, insofar as any of these circumstances has influenced the occurrence of an accident at work,
- a failure to provide documents necessary to establish the legitimacy of the claim insofar as we are unable to establish our liability or the amount of the benefit on the basis of other evidence.

Furthermore, we shall not be liable if the situation in question is not included in the insurance coverage, does not meet the definition laid down in the contract or our liability has ended (e.g. due to a non-payment of premium and in other cases as specified in the GTCI).

HOW TO TERMINATE THE CONTRACT?

The policyholder may terminate the supplementary insurance contract within 30 days of the conclusion of the contract or, where the policyholder is an entrepreneur, within seven days of the conclusion of the contract. Once this period has elapsed, the policyholder may terminate the contract by giving a written notice.

The policyholder may cancel the extension of the supplementary insurance by giving us a written notice of its non-extension at the latest 30 days before its termination.

REMUNERATION OF THE INSURANCE DISTRIBUTOR

In relation to the proposed contract, the distributor receives a commission-based remuneration.

COMPLAINTS, GRIEVANCES AND PLAINTS

1. A complaint, grievance or plaint can be lodged at any of our units where we handle clients.
2. A complaint, grievance or plaint can be lodged:
 - 1) in writing – in person or sent by post within the meaning of the „Postal Law”, for example by writing to: PZU Życie SA ul. Postępu 18A, 02-676 Warszawa, Poland (address for correspondence only);
 - 2) in writing – sent to the electronic address for service of PZU Życie SA within the meaning of the Act on the Electronic Delivery, from the date of entry of that address into the electronic address database;
 - 3) in oral form – by telephone, for example by calling the hotline at 801 102 102, or in person, which we confirm by means of a report during a visit to our unit;
 - 4) in electronic form – by sending an e-mail to: reklamacje@pzu.pl or by filling in a form on www.pzu.pl.
3. We shall reply to a complaint, grievance and plaint as soon as possible and at the latest within 30 days of its receipt. In particularly complex cases, if we cannot reply within 30 days, we shall inform you of:
 - 1) why the response is delayed;
 - 2) what circumstances we still need to establish in order to handle the case;

- 3) what is the new time limit for our response – this time limit must not be longer than 60 days from the date on which we received the complaint, grievance or plaint.
4. We shall respond to a complaint, grievance and plaint to the person who lodged it:
 - 1) where the client is a natural person – in writing, except that we shall only provide a response by electronic means at the request of the client;
 - 2) where the client is an entity other than those referred to in the subsection 1, in writing or by means of another durable medium.
5. If, upon handling a complaint:
 - 1) we have not allowed the claims made, or
 - 2) we have allowed the claims, but within the time limit specified in our response to that complaint we have not carried out the actions we undertook to do,
 - 3) a natural person who has lodged a complaint may write a request to the Financial Ombudsman on the matter.
6. We handle complaints, grievances and plaints at our units that have jurisdiction over the subject of the case.
7. You can find out more about complaints in the „Act on Complaints Handling by Financial Market Operators and the Financial Ombudsman” and the „Act on Insurance Distribution”.
8. We provide for the possibility of out-of-court dispute resolution.
9. The authorised entity within the meaning of the „Act on Out-of-Court Handling of Consumer Disputes”, competent for PZU Życie to handle disputes out of court, is the Financial Ombudsman. Its website address is: rf.gov.pl. If the insured party or the policyholder, the beneficiary and the entitled are consumers, they may seek assistance from the Municipal and District Consumer Ombudsmen.
10. The language used in our relations with consumers is Polish.
11. Polish Financial Supervision Authority (UKNF).



**GENERAL TERMS AND CONDITIONS
OF THE SUPPLEMENTARY GROUP INSURANCE
IN CASE OF DEATH OF THE INSURED PARTY
CAUSED BY ACCIDENT AT WORK**

In the table below, we have laid down the provisions of the general terms and conditions of the supplementary group insurance for death of the insured party caused by an accident at work, the terms and conditions code WPGP55 (GTCI), which govern the exclusions and limitations of the liability of the insurance company.

The provisions below are a part of the GTCI and their reference is based on the provisions of the law (Art. 17(1) of the Act on Insurance and Reinsurance Activity).

No.	Type of information	Number of record
1.	Grounds for benefit payment	items 1-2 items 4-7 items 10-12 items 30-31 items 32-36 item 37
2.	Limitations and exclusions of liability of the insurance company entitling it to refuse or reduce benefits	items 1-2 items 6-7 items 8-9 items 27-28 item 29 item 32 item 37

Information on insurance can be obtained

 on pzu.pl



by calling the following telephone number 801 102 102
(charge according to the operator's tariff)



GENERAL TERMS AND CONDITIONS OF THE SUPPLEMENTARY GROUP INSURANCE IN CASE OF DEATH OF THE INSURED PARTY CAUSED BY ACCIDENT AT WORK

GTCI CODE: WPGP55

The Management Board of PZU Życie SA established the general terms and conditions of supplementary group insurance against the death of the insured party caused by an accident at work by THE Resolution No. UZ/202/2021 of 9 November 2021 (hereinafter referred to as the GTCI).

The GTCI enter into force on 1 December 2021 and apply to the insurance contracts concluded from 1 January 2022.

The policyholder should thoroughly familiarise himself/herself with the GTCI before entering into the contract and should give the GTCI to anyone who wishes to take out the insurance.

Before you take out the insurance, thoroughly familiarise yourself with the GTCI received from the policyholder.

GLOSSARY

– i.e. what is the meaning of the terms used

1. In the GTCI we use the following terms:
 - 1) **Period of cover** – the time during which our liability towards the insured party under the supplementary insurance continues;
 - 2) **legal relationship** – a contract of employment or other civil law relationship in respect of which, as of the date of the accident at work, there is a legal obligation to pay accident insurance premiums within the meaning of the provisions on the social insurance system;
 - 3) **supplementary insurance** – a contract of insurance to which these GTCI apply;
 - 4) **basic insurance** – a contract of group insurance PZU Na Życie Plus (PZU For Life Plus), to which the insured party may conclude a supplementary insurance;
 - 5) **accident at work** – only such an accident which is an accident and occurred during or in connection with the performance by you of:
 - a) your day-to-day activities, or
 - b) instructions of your supervisors– as a part of the legal relationship you were in at the time when the accident at work occurred. An accident at work is not an accident on the way to or from work.
2. We have defined the other terms we use in these GTCI in the general terms and conditions of the basic insurance – we use these terms with the same meaning.

SUBJECT OF INSURANCE

– i.e. what we insure

3. We insure your life.

INSURANCE COVERAGE AND THE AMOUNT OF THE BENEFIT PAYMENT

– i.e. which event we shall pay for and how much

4. The coverage of the supplementary insurance includes the death of the insured party caused by an accident at work.
5. In case of a death of the insured party caused by an accident at work, we shall pay a benefit equal to a percentage of the sum insured current at the date of death, which is specified in the policy and in the individual confirmation of insurance.
6. Both the death and the accident at work causing it must occur within the period of cover.
7. The right to the payment of a benefit following the death of the insured party caused by an accident at work shall apply if, from a medical point of view, there is a cause and effect relationship between the accident at work and the death of the insured party.

EXCLUSIONS OF COVER

– in other words in what situations we shall not pay the benefit

8. Our liability does not cover any death of the insured party caused by an accident at work if the accident at work has occurred:
 - 1) as a result of acts of war;

- 2) as a result of the insured party's active participation in acts of terror or mass social unrest;
- 3) as a result of the insured party attempting to commit or committing an act that fulfils the statutory elements of an intentional crime;
- 4) if the insured party has driven a vehicle:
 - a) not having the licences to drive the vehicle as defined by the provisions of the law, or
 - b) without an up-to-date technical inspection or other documents which are required for the vehicle to be entered into service; or
 - c) while being under the influence of alcohol or in a state of intoxication within the meaning of the provisions on upbringing in sobriety and counteracting alcoholism or after using: drugs, intoxicants, psychoactive substances or substitute substances; insofar as any of these circumstances has influenced an occurrence of the accident at work;
- 5) when the insured party has been in a state of intoxication within the meaning of the provisions on upbringing in sobriety and counteracting alcoholism or after the use of: drugs, intoxicants, psychotropic substances or substitute substances within the meaning of the provisions on counteracting drug addiction – if this has influenced the occurrence of an accident at work;
- 6) as a result of the insured party's self-mutilation or attempted suicide or of the insured party committing suicide;
- 7) as a result of carrying out ordinary activities or instructions from superiors when the insured party has not had the required qualifications or authorisations/licences.
9. Our liability does not cover the death of the insured party as a result of an accident at work if the insured party has not complied with the Occupational Health and Safety (OSH) regulations.

SUM INSURED

– what it is and where do we specify its amount

10. The sum insured is the amount on the basis of which we determine the amount of benefit that is payable.
11. The amount of the sum insured is specified in the policy and in the individual confirmation of insurance.
12. The sum insured is fixed for the entire term of the contract. The sum insured may be changed by agreement of the parties.

PREMIUM

– what it depends on and when to pay it

13. The amount of the premium for the insured party:
 - 1) is fixed, but may be changed by agreement of the parties;
 - 2) depends on:
 - a) the sum insured,
 - b) the amount of benefit,
 - c) the number, age structure and sex of the persons who take out the insurance, as well as the type of work they perform.
14. We determine the amount of the premium for the supplementary insurance in the application for conclusion of the contract and in the policy.
15. The policyholder shall pay us the premiums for the supplementary insurance on a monthly basis, together with the premium for the basic insurance.

CONCLUDING THE SUPPLEMENTARY INSURANCE AND TAKING IT OUT

– i.e. how we insure you

16. The supplementary insurance may be taken out together with the conclusion of the basic insurance or during its term.
17. The supplementary insurance may be taken out by the insured parties who have taken out the basic insurance.

DURATION OF SUPPLEMENTARY INSURANCE

– i.e. for what period of time we take out the supplementary insurance

18. The insured party may take out the supplementary insurance with us for a definite period of time. We confirm the duration of the supplementary insurance in the policy. If the supplementary insurance is taken out between policy anniversaries, our cover lasts until the next policy anniversary.

EXTENSION OF THE SUPPLEMENTARY INSURANCE

– i.e. what rules apply to the extension of supplementary insurance

19. If neither party to the contract agrees otherwise, and provided that the basic insurance is in force, the supplementary insurance is extended for the next policy year automatically – under the same terms and conditions. In this case, you, as the insured party, do not have to re-submit your declaration of taking out to us.

20. Either party may cancel the extension of the supplementary insurance and must notify the other party in writing. This must be done at least 30 days before the end of said insurance.

WITHDRAWAL FROM THE SUPPLEMENTARY INSURANCE

– i.e. under which terms and conditions the policyholder may withdraw from the supplementary insurance

21. The withdrawal from the supplementary insurance shall take place according to the terms and conditions described in the basic insurance.
22. If the policyholder withdraws from the basic insurance, this shall result in the withdrawal from the supplementary insurance.
23. If the policyholder withdraws from the supplementary insurance, this shall not have the effect of withdrawing from the basic insurance.

TERMINATION OF THE SUPPLEMENTARY INSURANCE

– i.e. how the policyholder can cancel the supplementary insurance

24. The termination of the supplementary insurance shall take place according to the terms and conditions described in the basic insurance.
25. If the policyholder terminates the basic insurance, this shall result in the termination of the supplementary insurance.
26. If the policyholder terminates the supplementary insurance, this does not result in the termination of the basic insurance.

BEGINNING OF OUR COVERAGE

– i.e. from when we insure you

27. The cover under the supplementary insurance begins according to the terms and conditions described in the basic insurance.
28. The cover in the supplementary insurance shall only begin when the cover in the basic insurance is in force.

END OF OUR COVER

– i.e. when the supplementary insurance ends

29. The cover under the supplementary insurance shall end:
1) on the date of termination of cover in the basic insurance;
2) on the date on which we receive a declaration from the policyholder that the latter is withdrawing from the supplementary insurance;
3) on the date of termination of cover in the supplementary insurance – if it is not extended;
4) on the last day of the month in which you cancel the supplementary insurance;
5) at the end of the month of supplementary insurance on the existing terms and conditions, if you have not given the required consent to change the supplementary insurance;
6) on the date on which the notice period of the supplementary insurance expires;
7) on the date on which the supplementary insurance is dissolved.

ENTITLED TO THE BENEFIT

– i.e. who is entitled to the payment

30. A beneficiary has the right to a benefit..
31. You may appoint, change or revoke a beneficiary under the same terms and conditions as in the basic insurance.

PERFORMANCE OF THE BENEFIT

– i.e. when we shall pay the benefit

32. Any person who has intentionally contributed to your death shall not receive the payment of the benefit.
33. After your death, the person who requests the payment of the benefit must serve us with:
1) an application for the payment of the benefit;
2) a certificate of death;
3) a statement of death or, if it is not possible to obtain one, medical documentation that states the cause of death;
4) a document that confirms the circumstances of the accident at work.
34. We may request other necessary documents if those already provided are not sufficient to consider that payment of the benefit is due.
35. If the documents we have requested are in a language other than Polish, the person making the request must provide us with a translation of them into Polish. This translation must be done by a sworn translator.
36. We shall decide on the payment of the benefit on the basis of the aforementioned documentation.

FINAL PROVISIONS

– i.e. what else is of importance

- 37.** The general terms and conditions of the basic insurance, the provisions of the Civil Code, the „Act on Insurance and Reinsurance Activity” and other legal provisions shall apply to matters not governed by the supplementary insurance.



**INSURANCE PRODUCT INFORMATION DOCUMENT
AND GENERAL TERMS AND CONDITIONS
IN CASE OF BEREAVEMENT OF A CHILD**



ADDITIONAL GROUP ACCIDENT INSURANCE IN CASE OF BEREAVEMENT OF A CHILD

Condition code: ODGP55

Version dated: 20.11.2021

This is the key information material. Full details of the insurance can be found in other documents, in particular in the general conditions of the additional group insurance in the event of bereavement of a child, conditions code: ODGP55 (GTC). Please read the GTCs before deciding to conclude the agreement. The definitions used in the GTCs can have meanings that deviate from their common meanings, so please make sure to pay particular attention to them. The conclusion of the agreement is voluntary.

PRODUCT INFORMATION

- is presented for information purposes,
- is not part of the insurance agreement (agreement),
- does not constitute a trade offer within the meaning of article 66 of the Civil Code,
- should not be the sole basis for a decision on insurance.

THE SCOPE AND OBJECT OF INSURANCE – WHAT IS INSURED?

We insure the life of the insured.

Additional cover is provided for the orphaning of a child as a result of the death of the insured during the period of cover.

PRODUCT CHARACTERISTICS – WHAT ARE THE MAIN FEATURES OF OUR INSURANCE?

If a child is orphaned, we will pay a benefit equal to a percentage of the sum insured current at the date of death.

Supplementary insurance may be taken out either at the conclusion of the basic insurance – Group Insurance PZU Na Życie Plus or at its duration.

WHO CAN CONCLUDE AN AGREEMENT WITH US, WHO DO WE INSURE?

The additional insurance is concluded by the policyholder who pays the insurance premiums.

The additional insurance may be joined by insured persons who joined the basic insurance.

WHAT IS THE DURATION OF THE INSURANCE?

The policyholder may take out supplementary insurance with us for a limited period. We confirm the duration of the additional insurance in the policy. If the additional insurance is taken out between policy anniversaries, our cover continues until the next policy anniversary.

WHAT LOCATION DOES THE INSURANCE COVER?

The insurance cover operates worldwide, 24 hours a day.

HOW AND WHEN SHOULD THE CONTRIBUTIONS BE PAID?

The premium is transferred by the policyholder together with the premium for the basic insurance.

WHEN DOES THE INSURANCE COVERAGE BEGIN AND END?

Coverage under the supplementary insurance commences as described in the basic insurance. Cover under the additional insurance shall only commence if the cover under the basic insurance is in force. The cover under the supplementary insurance ceases:

- from the date of termination of cover under the primary insurance,
- from the date on which we receive the policyholder's declaration that he or she is withdrawing from the additional insurance,
- on the date of termination of cover under the supplementary insurance – if not renewed,
- on the last day of the month in which you cancel the supplementary insurance,
- at the end of the month of the supplementary insurance on the current terms and conditions, if they have not given the required consent to change the supplementary insurance,
- as from the date of expiry of the notice period of the supplementary insurance,
- as from the date on which the supplementary insurance is terminated.

MAIN EXCLUSIONS AND LIMITATIONS OF THE INSURANCE COVERAGE – WHAT IS NOT COVERED BY THE INSURANCE?

We will not pay the benefit in the event of:

- providing untrue information in a statement made before the liability of PZU Życie SA,
- failure to provide documents required to establish the validity of the claim,
- committing suicide within 2 years after the beginning of the insurance coverage.

In addition, we are not liable if a situation is not covered, it does not meet the definition set out in the agreement or our liability has ended (e.g. due to non-payment of premiums as well as in other cases indicated in the GTC).

HOW TO TERMINATE THE AGREEMENT?

The policyholder has the right to cancel the supplementary insurance agreement within 30 days after its conclusion or, if the policyholder is an entrepreneur, within 7 days from the conclusion of the agreement. After this period, the policyholder has the right to terminate the agreement by a written notice. The Policyholder has the right to cancel the extension of the additional insurance by sending us a written notice of non-renewal no later than 30 days prior to its termination.

REMUNERATION FOR THE DISTRIBUTOR OF THE INSURANCE

The distributor shall receive a commission in connection with the proposed agreement.

COMPLAINTS, OBJECTIONS AND GRIEVANCES

1. A claim, complaint or grievance shall be submitted to any of our units where we serve our customers.
2. A complaint, grievance or complaint can be submitted:
 - 1) in writing – in person or by mail, within the meaning of the Postal Law Act, for example by writing to the following address: PZU Życie SA 18A Postępu St., 02-676 Warsaw (address for correspondence only);
 - 2) in writing – sent to the address for electronic delivery of PZU Życie SA, within the meaning of the Electronic Delivery Act, from the date of entering that address into the database of electronic addresses;
 - 3) verbally – by phone, for instance by calling the telephone helpline on 801 102 102, or in person, confirmed by means of a protocol during a visit to our unit;
 - 4) electronically – by sending an e-mail to reklamacje@pzu.pl or by filling in the form at www.pzu.pl.
3. We respond to complaints, grievances and complaints as soon as possible, however no later than 30 days after the day on which we receive them. If we are unable to respond in particularly complex cases within 30 days, we will inform you:
 - 1) why the response is delayed;
 - 2) what circumstances we still need to establish in order to process the case;
 - 3) what is the new time limit for our response – it may not exceed 60 days from the date on which we received the complaint, claim or grievance.
4. We respond to complaints, claims and grievances to the person who made them:
 - 1) in cases where the customer is a natural person – in writing, except that the response may be delivered by e-mail only at the customer's request;
 - 2) where the customer is an entity other than those referred to in item 1 – in writing or using another durable medium.
5. If, after the complaint has been investigated:
 - 1) we have not honoured the claims made or
 - 2) we have accepted the claim, but within the time limit specified in the reply to that claim we have not carried out the acts we are obliged to take– the individual who has made a complaint has the right to write to the Financial Ombudsman to request this.
6. We deal with complaints, grievances and complaints in our units, which have jurisdiction over the subject matter.

7. Additional information on complaints are provided in the Act on Complaints Handling by Financial Market Entities and Financial Ombudsman and in the Act on Insurance Distribution.
8. PZU provides for the possibility of resolving conflicts out of court.
9. The entity authorized within the meaning of the Act on out-of-court handling of consumer disputes, competent for PZU Życie SA to handle disputes out of court is the Financial Ombudsman. The website address: rf.gov.pl.
10. In the event that the insured or the policyholder, beneficiary and the rights holder are consumers, they can turn to the Municipal and District Consumer Ombudsmen for assistance.
11. PZU communicates with its consumers in Polish.
12. PZU is supervised by the Financial Supervision Authority.



**GENERAL TERMS
ADDITIONAL GROUP INSURANCE IN CASE OF
BEREAVEMENT OF A CHILD**

The table below presents the provisions of the general terms and conditions of the additional group insurance in the event of a bereavement of a child, terms and conditions code ODGP55 (GTC), which govern the exclusion and limitation of the insurance company's liability.

These provisions constitute a part of the GTC, and their indications are a result of the legal regulations (Article 17, section 1 of the Insurance and Reinsurance Act).

No.	Type of information	Record number
1.	Conditions for benefit payment	items 1–2 items 4–5 items 12–14 item 32 items 33–37 item 38
2.	Restrictions and exemptions of an insurer's liability granting the right to refuse or reduce the payment of benefits	items 1–2 items 6–10 item 11 items 29–30 item 31 item 33 item 38

Information about the insurance are available from:

 at pzu.pl



at the phone number 801 102 102
(charged according to the operator's tariff)

ADDITIONAL GROUP INSURANCE IN CASE OF BEREAVEMENT OF A CHILD

GTC code: ODGP55



The Board of Directors of PZU Życie SA set out the general terms and conditions of the additional group insurance in case of bereavement of a child by means of Resolution No. UZ/202/2021 of 9 November 2021 (hereinafter referred to as the GTC).

These General Terms and Conditions shall enter into force on 01 December 2021 and shall apply to insurance agreements concluded from 1 January 2022.

The policyholder shall read the GTC carefully before concluding the contract and communicate the GTC to anyone who wishes to take out insurance.

Please read the GTC you have received from your policyholder carefully before you take out insurance.

GLOSSARY

– what do the terms actually mean

1. the GTC uses the following terminology:
 - 1) **child** – a child who was under the age of 18 at the date of the incident, or under 25 years of age if attending school, or of any age if the accident resulted in full incapacitation. The child may be:
 - a) a child of the insured,
 - b) child of the insured's spouse or domestic partner (if the other parent of the spouse's or domestic partner's child is deceased);
 - 2) **insurance protection period** – the period of time during which our liability to the insured under the supplementary insurance continues;
 - 3) **supplementary insurance** – the insurance agreement to which these GTC apply;
 - 4) **basic insurance** – PZU Na Życie Plus group insurance agreement, to which the policyholder has the right to take out additional insurance;
 - 5) **school education** – education at a public or a non-public school or at a State or non-State higher education institution on a full-time, evening or extramural basis, within the meaning of legislation on education and higher education, with the exclusion of all courses and distance learning;
2. The other terms used in these GTC are defined in the general terms and conditions of the basic insurance – the same terms retain the same meaning.

OBJECT OF INSURANCE

– what do we insure

3. We insure your life.

SCOPE OF INSURANCE AND THE BENEFIT AMOUNT

– which events do we pay for and what amounts

4. Additional cover is provided for the bereavement of a child in result of your death in the period of insurance coverage.
5. In the event of the bereavement of a child, we issue a benefit equal to a percentage of the sum insured applicable at the date of death, as listed in the policy and in the individual confirmation of insurance.

GRACE PERIOD

– the period of the lack of or limited liability of the insurance company after you have taken out supplementary insurance

6. In the cases specified in item 7 through 10, the grace period applies during the initial 6 months after the date you joined the supplementary insurance. However, we are liable if the death occurred as a result of an accident during the grace period.
7. If you are the primary insured, a grace period applies to you if the date you join the supplementary insurance is more than 4 months after the date:
 - 1) the conclusion of a supplementary insurance – if you had a legal relationship with the policyholder on the date of conclusion of the supplementary insurance;
 - 2) the legal relationship with the policyholder – insofar as it commenced after the date of conclusion of the supplementary insurance.

8. If you are the spouse of the primary insured (insured relative), the grace period applies to you when the date you join the supplementary insurance is more than 4 months after the date:
 - 1) the conclusion of supplementary insurance – insofar as the primary insured had a legal relationship with the policyholder on the date of conclusion of the supplementary insurance;
 - 2) the commencement of the legal relationship of the primary insured with the policyholder – insofar as it commenced after the date of conclusion of the supplementary insurance;
 - 3) marrying the primary insured after the date of the supplementary insurance.
9. If you are the life partner of the primary insured (insured relative), the grace period applies to you if the date you join the supplementary insurance exceeds 4 months after the date:
 - 1) the conclusion of supplementary insurance – insofar as the primary insured had a legal relationship with the policyholder on the date of conclusion of the supplementary insurance;
 - 2) the commencement of the legal relationship of the primary insured with the policyholder – insofar as it commenced after the date of conclusion of the supplementary insurance.
10. If you are the adult child of the primary insured (insured relative), the grace period applies to you when the date you join the supplementary insurance is more than 4 months after the date:
 - 1) the conclusion of supplementary insurance – insofar as the primary insured had a legal relationship with the policyholder on the date of conclusion of the supplementary insurance;
 - 2) the commencement of the legal relationship of the primary insured with the policyholder – insofar as it commenced after the date of conclusion of the supplementary insurance;
 - 3) after you reach the age of 18, if this took place after the conclusion of the supplementary insurance.

EXCLUSIONS OF PROTECTION

– cases in which we are not going to pay out the benefit

11. Our liability does not cover the death of the insured if it has occurred:
 - 1) occurring in war operations;
 - 2) as a result an active participation in acts of terror or mass social unrest;
 - 3) as a result of the commission or attempted commission by the insured of an act which fulfils the requirements of an intentional crime;
 - 4) as a result of the insured's suicide – committed within 2 years of the start of the cover period;
 - 5) as a result of a traffic accident – if the Insured drove the vehicle while intoxicated within the meaning of the provisions on upbringing in sobriety and counteracting alcoholism or after using: drugs, narcotics, psychotropic substances or substitute substances within the meaning of the provisions on counteracting drug addiction – provided that any of these circumstances had an impact on the traffic accident.

SUM INSURED

– what is it, and where is it indicated

12. The sum insured is the amount which we use as the basis for determining the benefit due.
13. The amount of the sum insured can be included in the policy and in the individual confirmation of insurance.
14. The sum insured does not change throughout the duration of the agreement. The sum insured is fixed, but may be changed by mutual agreement.

PREMIUM

– what does it depend on and when to pay it

15. Amount of the premium per the insured:
 - 1) takes into account the grace periods that apply in supplementary insurance;
 - 2) it is fixed, but may be changed by mutual agreement;
 - 3) it depends on:
 - a) the sum insured,
 - b) benefit amount,
 - c) the number, age structure and gender of those who take out insurance, as well as the type of work they do.
16. The amount of the premium applicable to the additional insurance agreement is specified in the application for conclusion of the agreement as well as in the policy.
17. The policyholder pays us the premiums for the supplementary insurance on a monthly basis, together with the premium for the primary insurance.

TAKING OUT AND JOINING SUPPLEMENTARY INSURANCE

– i.e., how do we insure you

18. Supplementary insurance may be taken out either with or during the conclusion of the basic insurance.
19. The additional insurance may be joined by insured persons who joined the basic insurance.

DURATION OF SUPPLEMENTARY INSURANCE

– i.e., which period we take out the supplementary insurance for

20. The policyholder may take out supplementary insurance with us for a limited period. We confirm the duration of the additional insurance in the policy. If the additional insurance is taken out between policy anniversaries, our cover continues until the next policy anniversary.

EXTENSION OF SUPPLEMENTARY INSURANCE

– what are the rules for extending supplementary insurance

21. Unless otherwise agreed by either party to the contract and provided that the primary insurance is in force, the supplementary insurance shall be automatically extended for the next policy year – under the same conditions. In this case, as an insured, you do not have to re-submit the declaration of membership.
22. Either party has the right to cancel the extension of the supplementary insurance, of which it shall notify the other party in writing. This must be done at the latest 30 days before the termination of this insurance.

WITHDRAWAL FROM SUPPLEMENTARY INSURANCE

– i.e. the conditions under which a policyholder may withdraw from the supplementary insurance

23. The cancellation of the additional insurance is carried out in accordance with the rules laid down in the basic insurance.
24. If the policyholder cancels the primary insurance, this results in cancellation of the secondary insurance.
25. If the policyholder withdraws from the additional insurance, this does not result in withdrawal from the primary insurance.

TERMINATION OF SUPPLEMENTARY INSURANCE

– i.e. the manner in which the policyholder can cancel the supplementary insurance

26. The termination of the supplementary insurance is carried out in accordance with the rules outlined in the basic insurance.
27. In the event the policyholder terminates the primary insurance, this results in the termination of the secondary insurance.
28. If the policyholder terminates the additional insurance, this does not result in termination of the primary insurance.

THE BEGINNING OF OUR PROTECTION

– when our insurance protection starts

29. Coverage under the supplementary insurance commences as described in the basic insurance.
30. Cover under the additional insurance shall only commence if the cover under the basic insurance is in force.

THE CESSATION OF OUR PROTECTION

– i.e. when the supplementary insurance ends

31. The cover under the supplementary insurance ceases:
- 1) from the date of termination of cover under the primary insurance;
 - 2) from the date on which we receive the policyholder's declaration that he or she is withdrawing from the additional insurance;
 - 3) on the date of termination of cover under the supplementary insurance – if not renewed;
 - 4) on the last day of the month in which you cancel the supplementary insurance;
 - 5) at the end of the month of the supplementary insurance on the current terms and conditions, if you have not given the required consent to change the supplementary insurance;
 - 6) as from the date of expiry of the notice period of the supplementary insurance;
 - 7) as from the date on which the supplementary insurance is terminated.

PERSONS ENTITLED TO OBTAIN THE BENEFIT

– the person to whom the payment is due

32. The orphaned child of the insured has the right to receive the benefit.

PROVISION OF THE HEALTH BENEFIT

– when we pay the benefit

33. The benefit shall not be issued to a person who intentionally contributed to the death of the insured.
34. After your death, the person claiming the benefit must provide us with:
- 1) a request for payment of a benefit;

- 2) a death certificate;
 - 3) the certificate of death or, in cases where it is not possible to obtain, medical documentation documenting the cause of death if it was caused by an accident or occurred within the two years of our protection.
35. We may ask for other required documents in case those which had already been provided do not suffice to consider that a benefit payment is due.
36. If the documents we have requested are in a language other than Polish, the person making the request must provide us with a translation into Polish. This translation must be carried out by a sworn translator.
37. We decide on the payment of the benefit based on the documentation stated above.

FINAL PROVISIONS

– what other matters are important

38. Any matters not regulated by the supplementary insurance shall be subject to the general terms and conditions of basic insurance, the provisions of the Civil Code, the Act on Insurance and Reinsurance Activity and any other applicable laws.



**INSURANCE PRODUCT INFORMATION DOCUMENT
AND GENERAL TERMS AND CONDITIONS
IN THE CASE OF THE DEATH OF A SPOUSE OR A LIFE PARTNER**



ADDITIONAL GROUP INSURANCE IN THE CASE OF THE DEATH OF A SPOUSE OR A LIFE PARTNER

Condition code: SMGP55

Version dated: 20.11.2021

This is the key information material. Full details of the insurance can be found in other documents, in particular in the general terms and conditions of additional group insurance for death of a spouse or life partner caused by an accident, conditions code: SMGP55 (GTC). Please read the GTCs before deciding to conclude the agreement. The definitions used in the GTCs can have meanings that deviate from their common meanings, so please make sure to pay particular attention to them. The conclusion of the agreement is voluntary.

PRODUCT INFORMATION

- is presented for information purposes,
- is not part of the insurance agreement (agreement),
- does not constitute a trade offer within the meaning of article 66 of the Civil Code,
- should not be the sole basis for a decision on insurance.

THE SCOPE AND OBJECT OF INSURANCE – WHAT IS INSURED?

We insure an event in the life of the insured person, which is the death of a spouse or a life partner during the insurance coverage.

PRODUCT CHARACTERISTICS – WHAT ARE THE MAIN FEATURES OF OUR INSURANCE?

In the event of the death of the spouse or a life partner of the insured we pay the insured 100% of the sum insured at the date of death.

Supplementary insurance may be taken out either at the conclusion of the basic insurance – Group Insurance PZU Na Życie Plus or at its duration.

WHO CAN CONCLUDE AN AGREEMENT WITH US, WHO DO WE INSURE?

The additional insurance is concluded by the policyholder who pays the insurance premiums. The additional insurance may be joined by insured persons who joined the basic insurance.

WHAT IS THE DURATION OF THE INSURANCE?

The policyholder may take out supplementary insurance with us for a limited period. We confirm the duration of the additional insurance in the policy. If the additional insurance is taken out between policy anniversaries, our cover continues until the next policy anniversary.

WHAT LOCATION DOES THE INSURANCE COVER?

The insurance cover operates worldwide, 24 hours a day.

HOW AND WHEN SHOULD THE CONTRIBUTIONS BE PAID?

The premium is transferred by the policyholder together with the premium for the basic insurance.

WHEN DOES THE INSURANCE COVERAGE BEGIN AND END?

Coverage under the supplementary insurance commences as described in the basic insurance. Cover under the additional insurance shall only commence if the cover under the basic insurance is in force. The cover under the supplementary insurance ceases:

- from the date of termination of cover under the primary insurance;
- from the date on which we receive the policyholder's declaration that he or she is withdrawing from the additional insurance;

- on the date of termination of cover under the supplementary insurance – if not renewed;
- on the last day of the month in which you cancel the supplementary insurance;
- at the end of the month of the supplementary insurance on the current terms and conditions, if they have not given the required consent to change the supplementary insurance;
- as from the date of expiry of the notice period of the supplementary insurance;
- as from the date on which the additional insurance is terminated.

MAIN EXCLUSIONS AND LIMITATIONS OF THE INSURANCE COVERAGE – WHAT IS NOT COVERED BY THE INSURANCE?

We will not pay the benefit in the event of:

- the validity of the grace period to the insured,
- failure to provide documents required to establish the validity of the claim.

Furthermore, we are not liable if a situation is not covered, it does not meet the definition set out in the agreement or our liability has ended (e.g. due to non-payment of premiums as well as in other cases not indicated in the GTC).

HOW TO TERMINATE THE AGREEMENT?

The policyholder has the right to cancel the supplementary insurance agreement within 30 days after its conclusion or, if the policyholder is an entrepreneur, within 7 days from the conclusion of the agreement. After this period, the policyholder has the right to terminate the agreement by a written notice. The Policyholder has the right to cancel the extension of the additional insurance by sending us a written notice of non-renewal no later than 30 days prior to its termination.

REMUNERATION FOR THE DISTRIBUTOR OF THE INSURANCE

The distributor shall receive a commission in connection with the proposed agreement.

COMPLAINTS, OBJECTIONS AND GRIEVANCES

1. A claim, complaint or grievance shall be submitted to any of our units where we serve our customers.
2. A complaint, grievance or complaint can be submitted:
 - 1) in writing – in person or by mail, within the meaning of the Postal Law Act, for example by writing to the following address: PZU Życie SA 18A Postępu St., 02-676 Warsaw (address for correspondence only);
 - 2) in writing – sent to the address for electronic delivery of PZU Życie SA, within the meaning of the Electronic Delivery Act, from the date of entering that address into the database of electronic addresses;
 - 3) verbally – by phone, for instance by calling the telephone helpline on 801 102 102, or in person, confirmed by means of a protocol during a visit to our unit;
 - 4) electronically – by sending an e-mail to reklamacje@pzu.pl or by filling in the form at www.pzu.pl.
3. We respond to complaints, grievances and complaints as soon as possible, however no later than 30 days after the day on which we receive them. If we are unable to respond in particularly complex cases within 30 days, we will inform you:
 - 1) why the response is delayed;
 - 2) what circumstances we still need to establish in order to process the case;
 - 3) what is the new time limit for our response – it may not exceed 60 days from the date on which we received the complaint, claim or grievance.
4. We respond to complaints, claims and grievances to the person who made them:
 - 1) in cases where the customer is a natural person – in writing, except that the response may be delivered by e-mail only at the customer's request;
 - 2) where the customer is an entity other than those referred to in item 1 – in writing or using another durable medium.
5. If, after the complaint has been investigated:
 - 1) we have not honoured the claims made or
 - 2) we have accepted the claim, but within the time limit specified in the reply to that claim we have not carried out the acts we are obliged to take

– the individual who has made a complaint has the right to write to the Financial Ombudsman to request this.
6. We deal with complaints, grievances and complaints in our units, which have jurisdiction over the subject matter.
7. Additional information on complaints are provided in the Act on Complaints Handling by Financial Market Entities and Financial Ombudsman and in the Act on Insurance Distribution.
8. PZU provides for the possibility of resolving conflicts out of court.
9. The entity authorized within the meaning of the Act on out-of-court handling of consumer disputes, competent for PZU SA to handle disputes out of court is the Financial Ombudsman. The website address: rf.gov.pl.
10. In the event that the insured or the policyholder, beneficiary and the rights holder are consumers, they can turn to the Municipal and District Consumer Ombudsmen for assistance.
11. PZU communicates with its consumers in Polish.
12. PZU is supervised by the Financial Supervision Authority..



**GENERAL TERMS
ADDITIONAL GROUP INSURANCE
IN THE CASE OF THE DEATH OF A SPOUSE OR A
LIFE PARTNER**

The table below presents the provisions of the general terms and conditions of the additional group insurance in the case of death of a parent or a life partner of the insured, terms and conditions code SMGP55 (GTC), which govern the exclusion and limitation of the insurance company's liability.

These provisions constitute a part of the GTC, and their indications are a result of the legal regulations (Article 17, section 1 of the Insurance and Reinsurance Act).

No.	Type of information	Record number
1.	Conditions for benefit payment	items 1-2 items 4-5 items 12-14 item 32 items 33-37 item 38
2.	Restrictions and exemptions of the facility's liability insurance granting the right to refuse to pay benefits or their reduction	items 1-2 items 6-10 item 11 items 29-30 item 31 item 33 item 38

Information about the insurance are available from:

 at pzu.pl



at the phone number 801 102 102
(charged according to the operator's tariff)

GENERAL CONDITIONS FOR SUPPLEMENTARY GROUP INSURANCE IN THE CASE OF THE DEATH OF A SPOUSE OR A LIFE PARTNER



GTC code: SMGP55

The Board of Directors of PZU Życie SA established the general terms and conditions of additional group insurance in the event of death of the spouse or the life partner of the insured caused by a personal accident by resolution no. UZ/202/2021 of 9 November 2021 (hereinafter referred to as the GTC).

These General Terms and Conditions shall enter into force on 01 December 2021 and shall apply to insurance agreements concluded from 1 January 2022.

The policyholder shall read the GTC carefully before concluding the contract and communicate the GTC to anyone who wishes to take out insurance.

Please read the GTC you have received from your policyholder carefully before you take out insurance

GLOSSARY

– what do the terms actually mean

1. the GTC uses the following terminology:
 - 1) **insurance protection period** – the period of time during which our liability to the insured under the supplementary insurance continues;
 - 2) **supplementary insurance** – the insurance agreement to which these GTC apply;
 - 3) **basic insurance** – PZU Na Życie Plus group insurance agreement, to which the policyholder has the right to take out additional insurance;
2. The other terms used in these GTC are defined in the general terms and conditions of the basic insurance – the same terms retain the same meaning.

OBJECT OF INSURANCE

– what do we insure

3. We provide insurance for the death of your spouse or life partner.

SCOPE OF INSURANCE AND THE BENEFIT AMOUNT

– which events do we pay for and what amounts

4. The scope of additional insurance protection includes an event in your life which is the death of a spouse or a life partner during the period of insurance cover.
5. In the event of the death of the spouse or the life partner of the insured we issue a benefit equal to a percentage of the sum insured applicable at the date of death, as listed in the policy and in the individual confirmation of insurance.

GRACE PERIOD

– the period of the lack of or limited liability of the insurance company after you have taken out supplementary insurance

6. In the cases specified in item 7 through 10, the grace period applies during the initial 6 months after the date you joined the supplementary insurance. However, we are liable if the death occurred as a result of an accident during the grace period.
7. If you are the primary insured, a grace period applies to you if the date you join the supplementary insurance is more than 4 months after the date:
 - 1) the conclusion of a supplementary insurance – if you had a legal relationship with the policyholder on the date of conclusion of the supplementary insurance;
 - 2) the legal relationship with the policyholder – insofar as it commenced after the date of conclusion of the supplementary insurance.
8. If you are the spouse of the primary insured (insured relative), the grace period applies to you when the date you join the supplementary insurance is more than 4 months after the date:
 - 1) the conclusion of supplementary insurance – insofar as the primary insured had a legal relationship with the policyholder on the date of conclusion of the supplementary insurance;

- 2) the commencement of the legal relationship of the primary insured with the policyholder – insofar as it commenced after the date of conclusion of the supplementary insurance;
- 3) marrying the primary insured after the date of the supplementary insurance.
9. If you are the life partner of the primary insured (insured relative), the grace period applies to you when the date you join the supplementary insurance is more than 4 months after the date as of:
 - 1) the conclusion of supplementary insurance – insofar as the primary insured had a legal relationship with the policyholder on the date of conclusion of the supplementary insurance;
 - 2) the commencement of the legal relationship of the primary insured with the policyholder – insofar as it commenced after the date of conclusion of the supplementary insurance.
10. If you are the adult child of the primary insured (insured relative), the grace period applies to you when the date you join the supplementary insurance is more than 4 months after the date:
 - 1) the conclusion of supplementary insurance – insofar as the primary insured had a legal relationship with the policyholder on the date of conclusion of the supplementary insurance;
 - 2) the commencement of the legal relationship of the primary insured with the policyholder – insofar as it commenced after the date of conclusion of the supplementary insurance;
 - 3) after you reach the age of 18, if this took place after the conclusion of the supplementary insurance.

EXCLUSIONS OF PROTECTION

– cases in which we are not going to pay out the benefit

11. Our liability does not cover the death of a spouse or a life partner if an accident has occurred:
 - 1) occurring in war operations;
 - 2) as a result of active participation of the spouse or life partner in acts of terror or mass social unrest;

SUM INSURED

– what is it, and where is it indicated

12. The sum insured is the amount which we use as the basis for determining the benefit due.
13. The amount of the sum insured can be included in the policy and in the individual confirmation of insurance.
14. The sum insured does not change throughout the duration of the agreement. The sum insured is fixed, but may be changed by mutual agreement;

PREMIUM

– what does it depend on and when to pay it

15. Amount of the premium per the insured:
 - 1) takes into account the grace periods that apply in supplementary insurance;
 - 2) it is fixed, but may be changed by mutual agreement;
 - 3) it depends on:
 - a) the sum insured,
 - b) benefit amount
 - c) the number, age structure and gender of those who take out insurance, as well as the type of work they do.
16. The amount of the premium applicable to the additional insurance agreement is specified in the application for conclusion of the agreement as well as in the policy.
17. The policyholder pays us the premiums for the supplementary insurance on a monthly basis, together with the premium for the primary insurance.

TAKING OUT AND JOINING SUPPLEMENTARY INSURANCE

– i.e., How do we insure you

18. Supplementary insurance may be taken out either with or during the conclusion of the basic insurance.
19. The additional insurance may be joined by insured persons who joined the basic insurance.

DURATION OF SUPPLEMENTARY INSURANCE

– i.e., which period we take out the supplementary insurance for

20. The policyholder may take out supplementary insurance with us for a limited period. We confirm the duration of the additional insurance in the policy. If the additional insurance is taken out between policy anniversaries, our cover continues until the next policy anniversary.

EXTENSION OF SUPPLEMENTARY INSURANCE

– what are the rules for extending supplementary insurance

21. Unless otherwise agreed by either party to the contract and provided that the primary insurance is in force, the supplementary insurance shall be automatically extended for the next policy year – under the same conditions. In this case, as an insured, you do not have to re-submit the declaration of membership.
22. Either party has the right to cancel the extension of the supplementary insurance, of which it shall notify the other party in writing. This must be done at the latest 30 days before the termination of this insurance.

WITHDRAWAL FROM SUPPLEMENTARY INSURANCE

– i.e. the conditions under which a policyholder may withdraw from the supplementary insurance

23. The cancellation of the additional insurance is carried out in accordance with the rules laid down in the basic insurance.
24. If the policyholder cancels the primary insurance, this results in cancellation of the secondary insurance.
25. If the policyholder withdraws from the additional insurance, this does not result in withdrawal from the primary insurance.

TERMINATION OF SUPPLEMENTARY INSURANCE

– i.e. the manner in which the the policyholder can cancel the supplementary insurance

26. The termination of the supplementary insurance is carried out in accordance with the rules outlined in the basic insurance.
27. In the event the policyholder terminates the primary insurance, this results in the termination of the secondary insurance.
28. If the policyholder terminates the additional insurance, this does not result in termination of the primary insurance.

THE BEGINNING OF OUR PROTECTION

– When our insurance protection starts

29. Coverage under the supplementary insurance commences as described in the basic insurance.
30. Cover under the additional insurance shall only commence if the cover under the basic insurance is in force.

THE CESSATION OF OUR PROTECTION

– when the supplementary insurance ends

31. The cover under the supplementary insurance ceases:
 - 1) from the date of termination of cover under the primary insurance;
 - 2) from the date on which we receive the policyholder's declaration that he or she is withdrawing from the additional insurance;
 - 3) on the date of termination of cover under the supplementary insurance – if not renewed;
 - 4) on the last day of the month in which you cancel the supplementary insurance;
 - 5) at the end of the month of the supplementary insurance on the current terms and conditions, if you have not given the required consent to change the supplementary insurance;
 - 6) as from the date of expiry of the notice period of the supplementary insurance;
 - 7) as from the date on which the supplementary insurance is terminated.

PERSONS ENTITLED TO OBTAIN THE BENEFIT

– the person to whom the payment is due

32. In such case you have the right to receive the benefit.

PROVISION OF THE HEALTH BENEFIT

– when we pay the benefit

33. A benefit payment will not be paid to an insured who intentionally contributed to the death of a spouse or life partner.
34. Please deliver us the following documents following the death of the spouse or a life partner:
 - 1) a request for payment of a benefit,
 - 2) a death certificate;
 - 3) The certificate of death or, in cases where it is not possible to obtain, medical documentation documenting the cause of death if it was caused by an unfortunate accident during the grace period;
 - 4) marriage certificate – in the event of the death of a spouse.
35. We may ask for other required documents in case those which had already been provided do not suffice to consider that a benefit payment is due.

36. If the documents we have requested are in a language other than Polish, you must provide us with a Polish translation. This translation must be carried out by a sworn translator.
37. We decide on the payment of the benefit based on the documentation stated above.

FINAL PROVISIONS

– what other matters are important

38. Any matters not regulated by the supplementary insurance shall be subject to the general terms and conditions of basic insurance, the provisions of the Civil Code, the Act on Insurance and Reinsurance Activity and any other applicable laws.



**INSURANCE PRODUCT INFORMATION DOCUMENT
AND GENERAL TERMS AND CONDITIONS
IN THE CASE OF THE DEATH OF THE SPOUSE OR A LIFE
PARTNER CASUED BY AN UNFORTUNATE ACCIDENT**



ADDITIONAL GROUP INSURANCE IN THE CASE OF THE DEATH OF THE SPOUSE OR A LIFE PARTNER CASUED BY AN UNFORTUNATE ACCIDENT

Condition code: ZMGP55

Version dated: 20.11.2021

This is the key information material. Full details of the insurance can be found in other documents, in particular in the general terms and conditions of supplementary group insurance for death of a spouse or life partner caused by an accident, conditions code: ZMGP55 (GTC). Please read the GTCs before deciding to conclude the agreement. The definitions used in the GTCs can have meanings that deviate from their common meanings, so please make sure to pay particular attention to them. The conclusion of the agreement is voluntary.

PRODUCT INFORMATION

- is presented for information purposes,
- is not part of the insurance agreement (agreement),
- does not constitute a trade offer within the meaning of article 66 of the Civil Code,
- should not be the sole basis for a decision on insurance.

THE SCOPE AND OBJECT OF INSURANCE – WHAT IS INSURED?

We insure an event in the life of the insured person, which is the death of a spouse or a life partner in result of a personal accident. Both the death and the accident that causes it must occur during the insurance protection period.

PRODUCT CHARACTERISTICS – WHAT ARE THE MAIN FEATURES OF OUR INSURANCE?

In the event of the death of the spouse or the life partner of the insured due to a personal accident we issue a benefit equal to a percentage of the sum insured applicable at the date of death. The benefit shall be awarded post-mortem under the condition that there is a normal medical causal link between the personal accident and the death of the spouse or the life partner. Supplementary insurance may be taken out either at the conclusion of the basic insurance - Group Insurance PZU Na Życie Plus or at its duration.

WHO CAN CONCLUDE AN AGREEMENT WITH US, WHO DO WE INSURE?

The additional insurance is concluded by the policyholder who pays the insurance premiums. The additional insurance may be joined by insured persons who joined the basic insurance.

WHAT IS THE DURATION OF THE INSURANCE?

The policyholder may take out supplementary insurance with us for a limited period. We confirm the duration of the additional insurance in the policy. If the additional insurance is taken out between policy anniversaries, our cover continues until the next policy anniversary.

WHAT LOCATION DOES THE INSURANCE COVER?

The insurance cover operates worldwide, 24 hours a day.

HOW AND WHEN SHOULD THE CONTRIBUTIONS BE PAID?

The premium is transferred by the policyholder together with the premium for the basic insurance.

WHEN DOES THE INSURANCE COVERAGE BEGIN AND END?

Coverage under the supplementary insurance commences as described in the basic insurance. Cover under the additional insurance shall only commence if the cover under the basic insurance is in force. The cover under the supplementary insurance ceases:

- from the date of termination of cover under the primary insurance;
- from the date on which we receive the policyholder's declaration that he or she is withdrawing from the additional insurance;
- on the date of termination of cover under the supplementary insurance – if not renewed;
- on the last day of the month in which you cancel the supplementary insurance;
- at the end of the month of the supplementary insurance on the current terms and conditions, if they have not given the required consent to change the supplementary insurance;
- as from the date of expiry of the notice period of the supplementary insurance;
- as from the date on which the supplementary insurance is terminated.

MAIN EXCLUSION AND PROTECTION LIMITS– WHAT IS EXCLUDED FROM THE INSURANCE?

We will not pay the benefit in the event of:

- if the Insured drove the vehicle while intoxicated within the meaning of the provisions on upbringing in sobriety and counteracting alcoholism or after using: drugs, narcotics, psychotropic substances or substitute substances within the meaning of the provisions on counteracting drug addiction within the meaning of the regulations on counteracting drug addiction, if any of these circumstances influenced the accident,
- there was no causal link between the accident and the death of the spouse or life partner,
- as a result of self-harm by the spouse or life partner or attempted or committed suicide by the spouse or life partner.

In addition, we are not liable if a situation is not covered, it does not meet the definition set out in the agreement or our liability has ended (e.g. due to non-payment of premiums as well as in other cases indicated in the GTC).

HOW TO TERMINATE THE AGREEMENT?

The policyholder has the right to cancel the supplementary insurance agreement within 30 days after its conclusion or, if the policyholder is an entrepreneur, within 7 days from the conclusion of the agreement. After this period, the policyholder has the right to terminate the agreement by a written notice. The Policyholder has the right to cancel the extension of the additional insurance by sending us a written notice of non-renewal no later than 30 days prior to its termination.

REMUNERATION FOR THE DISTRIBUTOR OF THE INSURANCE

The distributor shall receive a commission in connection with the proposed agreement.

COMPLAINTS, OBJECTIONS AND GRIEVANCES

1. A claim, complaint or grievance shall be submitted to any of our units where we serve our customers.
2. A complaint, grievance or complaint can be submitted:
 - 1) in writing – in person or by mail, within the meaning of the Postal Law Act, for example by writing to the following address: PZU Życie SA ul. 18A Postępu St., 02-676 Warsaw (address for correspondence only);
 - 2) in writing – sent to the address for electronic delivery of PZU SA, within the meaning of the Electronic Delivery Act, from the date of entering that address into the database of electronic addresses;
 - 3) verbally – by phone, for instance by calling the telephone helpline on 801 102 102, or in person, confirmed by means of a protocol during a visit to our unit;
 - 4) electronically – by sending an e-mail to reklamacje@pzu.pl or by filling in the form at www.pzu.pl.
3. We respond to complaints, grievances and complaints as soon as possible, however no later than 30 days after the day on which we receive them. If we are unable to respond in particularly complex cases within 30 days, we will inform you:
 - 1) why the response is delayed;
 - 2) what circumstances we still need to establish in order to process the case;
 - 3) what is the new time limit for our response – it may not exceed 60 days from the date on which we received the complaint, claim or grievance.
4. We respond to complaints, claims and grievances to the person who made them:
 - 1) in cases where the customer is a natural person – in writing, except that the response may be delivered by e-mail only at the customer's request;
 - 2) where the customer is an entity other than those referred to in item 1 – in writing or using another durable medium.
5. If, after the complaint has been investigated:
 - 1) we have not honoured the claims made or

- 2) we have accepted the claim, but within the time limit specified in the reply to that claim we have not carried out the acts we obliged to take
 - the individual who has made a complaint has the right to write to the Financial Ombudsman to request this.
6. We deal with complaints, grievances and complaints in our units, which have jurisdiction over the subject matter.
7. Additional information on complaints are provided in the Act on Complaints Handling by Financial Market Entities and Financial Ombudsman and in the Act on Insurance Distribution.
8. PZU provides for the possibility of resolving conflicts out of court.
9. An entitled entity within the meaning of the Act on out-of-court settlement for PZU Życie to handle disputes out of court, is the Financial Ombudsman. The website address: rf.gov.pl.
10. In the event that the insured or the policyholder, beneficiary and the rights holder are consumers, they can turn to the Municipal and District Consumer Ombudsmen for assistance.
11. PZU communicates with its consumers in Polish.
12. PZU is supervised by the Financial Supervision Authority.



**GENERAL TERMS
OF ADDITIONAL GROUP INSURANCE IN THE
EVENT OF DEATH OF THE SPOUSE OR THE
LIFER PARTNER OF THE INSURED DUE TO A
PERSONAL ACCIDENT**

The table below contains the general terms and conditions of supplementary group insurance for death of the spouse of the life partner of the insurance caused by a personal accident, terms and conditions code ZMGP55 (GTC) which govern the rules for exclusions and limitations of the insurance company's liability. These provisions constitute a part of the GTC, and their indications are a result of the legal regulations (Article 17, section 1 of the Insurance and Reinsurance Act).

No.	Type of information	Record number
1.	Conditions for benefit payment	items 1-2 items 6-7 items 9-11 items 29 items 30-34 items 35
2.	Restrictions and exemptions of the facility's liability insurance granting the right to refuse to pay benefits or their reduction	items 1-2 items 6-7 items 8 items 26-27 items 28 items 30 items 35

Information about the insurance are available from:

 at pzu.pl



at the phone number 801 102 102
(charged according to the operator's tariff)



GENERAL TERMS AND CONDITIONS OF ADDITIONAL GROUP INSURANCE IN THE EVENT OF DEATH OF THE SPOUSE OR THE LIFE PARTNER OF THE INSURED DUE TO A PERSONAL ACCIDENT

GTC code: ZMGP55

The Board of Directors of PZU Życie SA established the general terms and conditions of additional group insurance in the event of death of the spouse or the life partner of the insured caused by a personal accident by resolution no. UZ/202/2021 of 9 November 2021 (hereinafter referred to as the GTC).

These General Terms and Conditions shall enter into force on 01 December 2021 and shall apply to insurance agreements concluded from 1 January 2022.

The policyholder shall read the GTC carefully before concluding the contract and communicate the GTC to anyone who wishes to take out insurance.

Please read the GTC you have received from your policyholder carefully before you take out insurance.

GLOSSARY

– what do the terms actually mean

1. the GTC uses the following terminology:
 - 1) **insurance protection period** – the period of time during which our liability to the insured under the supplementary insurance continues;
 - 2) **supplementary insurance** – the insurance agreement to which these GTC apply;
 - 3) **basic insurance** – PZU Na Życie Plus group insurance agreement, to which the policyholder has the right to take out additional insurance;
2. The other terms used in these GTC are defined in the general terms and conditions of the basic insurance – the same terms retain the same meaning.

OBJECT OF INSURANCE

– what do we insure

3. We provide insurance for the death of your spouse or life partner.

SCOPE OF INSURANCE AND THE BENEFIT AMOUNT

– which events do we pay for and what amounts

4. The scope of supplementary insurance protection includes an event in your life which is the death of a spouse or a life partner due to a personal accident.
5. In the event of the death of the spouse or the life partner of the insured due to a personal accident we issue a benefit equal to a percentage of the sum insured applicable at the date of death, as listed in the policy and in the individual confirmation of insurance.
6. Both the death and the accident that causes it must occur during the insurance protection period.
7. The benefit shall be awarded post-mortem under the condition that there is a normal medical causal link between the personal accident and the death of the parent, the parent of the spouse or the life partner.

EXCLUSIONS OF PROTECTION

– cases in which we are not going to pay out the benefit

8. Our liability does not cover the death of a spouse or a life partner if an accident has occurred:
 - 1) occurring in war operations;
 - 2) as a result of active participation of the spouse or life partner in acts of terror or mass social unrest;
 - 3) as a result of the commission or attempted commission by the spouse or a life partner an act which fulfils the requirements of an intentional crime;
 - 4) as a result of a traffic accident – if the spouse or life partner was driving:
 - a) without holding the authority to drive as defined by the law
 - b) as a result of a traffic accident – if the Insured drove the vehicle while intoxicated within the meaning of the provisions on upbringing in sobriety and counteracting alcoholism or after using: drugs, narcotics, psychotropic substances or substitute substances within the meaning of the provisions on counteracting drug addiction

- insofar as any of these circumstances played a role in the traffic accident;
- 5) when the life partner was intoxicated within the meaning of regulations on upbringing in sobriety and counteracting alcoholism or after using: drugs, narcotics, psychotropic substances or substitutes within the meaning of regulations on counteracting drug addiction – if any of these circumstances influenced the accident;
- 6) as a result of self-harm by the spouse or life partner or attempted or committed suicide by the spouse or life partner;
- 7) directly as a result of intoxication by alcohol, drugs, narcotics, psycho-tropic substances or substitutes – within the meaning of the regulations on counteracting drug addiction;
- 8) as a result of the use of medicinal products by the insured not in accordance with the doctor's recommendation or not in accordance with the information in the leaflet accompanying the medicinal product;
- 9) in result of bodily injuries caused by medical treatment and therapeutic or diagnostic procedures, regardless of who they were performed by – unless it was to treat the direct consequences of an accident.

SUM INSURED

– what is it, and where is it indicated

- 9. The sum insured is the amount which we use as the basis for determining the benefit due.
- 10. The amount of the sum insured can be included in the policy and in the individual confirmation of insurance.
- 11. The sum insured does not change throughout the duration of the agreement. The sum insured is fixed, but may be changed by mutual agreement;

PREMIUM

– what does it depend on and when to pay it

- 12. Amount of the premium per the insured:
 - 1) it is fixed, but may be changed by mutual agreement;
 - 2) it depends on:
 - a) the sum insured,
 - b) benefit amount
 - c) the number, age structure and gender of those who take out insurance, as well as the type of work they do.
- 13. The amount of the premium applicable to the additional insurance agreement is specified in the application for conclusion of the agreement as well as in the policy.
- 14. The policyholder pays us the premiums for the supplementary insurance on a monthly basis, together with the premium for the primary insurance.

TAKING OUT AND JOINING SUPPLEMENTARY INSURANCE

– i.e., How do we insure you

- 15. Supplementary insurance may be taken out either with or during the conclusion of the basic insurance.
- 16. The additional insurance may be joined by insured persons who joined the basic insurance.

DURATION OF SUPPLEMENTARY INSURANCE

– i.e., which period we take out the supplementary insurance for

- 17. The policyholder may take out supplementary insurance with us for a limited period. We confirm the duration of the additional insurance in the policy. If the additional insurance is taken out between policy anniversaries, our cover continues until the next policy anniversary.

EXTENSION OF SUPPLEMENTARY INSURANCE

– what are the rules for extending supplementary insurance

- 18. Unless otherwise agreed by either party to the contract and provided that the primary insurance is in force, the supplementary insurance shall be automatically extended for the next policy year – under the same conditions. In this case, as an insured, you do not have to re-submit the declaration of membership.
- 19. Either party has the right to cancel the extension of the supplementary insurance, of which it shall notify the other party in writing. This must be done at the latest 30 days before the termination of this insurance.

WITHDRAWAL FROM SUPPLEMENTARY INSURANCE

– i.e. the conditions under which a policyholder may withdraw from the supplementary insurance

- 20. The cancellation of the additional insurance is carried out in accordance with the rules laid down in the basic insurance.

- 21. If the policyholder cancels the primary insurance, this results in cancellation of the secondary insurance.
- 22. If the policyholder withdraws from the additional insurance, this does not result in withdrawal from the primary insurance.

TERMINATION OF SUPPLEMENTARY INSURANCE

- i.e. the manner in which the the policyholder can cancel the supplementary insurance

- 23. The termination of the supplementary insurance is carried out in accordance with the rules outlined in the basic insurance.
- 24. In the event the policyholder terminates the primary insurance, this results in the termination of the secondary insurance.
- 25. If the policyholder terminates the additional insurance, this does not result in termination of the primary insurance.

THE BEGINNING OF OUR PROTECTION

- When our insurance protection starts

- 26. Coverage under the supplementary insurance commences as described in the basic insurance.
- 27. Cover under the additional insurance shall only commence if the cover under the basic insurance is in force.

THE CESSATION OF OUR PROTECTION

- i.e. when the supplementary insurance ends

- 28. The cover under the supplementary insurance ceases:
 - 1) from the date of termination of cover under the primary insurance;
 - 2) from the date on which we receive the policyholder's declaration that he or she is withdrawing from the additional insurance;
 - 3) on the date of termination of cover under the supplementary insurance – if not renewed;
 - 4) on the last day of the month in which you cancel the supplementary insurance;
 - 5) at the end of the month of the supplementary insurance on the current terms and conditions, if you have not given the required consent to change the supplementary insurance;
 - 6) as from the date of expiry of the notice period of the supplementary insurance;
 - 7) as from the date on which the supplementary insurance is terminated.

PERSONS ENTITLED TO OBTAIN THE BENEFIT

- the person to whom the payment is due

- 29. In such case you have the right to receive the benefit.

PROVISION OF THE HEALTH BENEFIT

- when we pay the benefit

- 30. A benefit payment will not be paid to an insured who intentionally contributed to the death of a spouse or life partner.
- 31. Please deliver us the following documents following the death of the spouse or a life partner:
 - 1) a request for payment of a benefit,
 - 2) a death certificate;
 - 3) The certificate of death or, in cases where it is not possible to obtain, medical documentation documenting the cause of death;
 - 4) a document which confirms the circumstances of the personal accident.
 - 5) marriage certificate – in the event of the death of a spouse.
- 32. We may ask for other required documents in case those which had already been provided do not suffice to consider that a benefit payment is due.
- 33. If the documents we have requested are in a language other than Polish, you must provide us with a Polish translation. This translation must be carried out by a sworn translator.
- 34. We decide on the payment of the benefit based on the documentation stated above.

FINAL PROVISIONS

- what other matters are important

- 35. Any matters not regulated by the supplementary insurance shall be subject to the general terms and conditions of basic insurance, the provisions of the Civil Code, the Act on Insurance and Reinsurance Activity and any other applicable laws.



**INSURANCE PRODUCT INFORMATION DOCUMENT
AND GENERAL TERMS AND CONDITIONS IN THE CASE
OF THE DEATH OF THE SPOUSE OR A LIFE PARTNER
CASUED BY AN UNFORTUNATE ACCIDENT**



ADDITIONAL GROUP INSURANCE IN THE EVENT OF THE DEATH OF THE CHILD

Condition code: ZDGP55

Version dated: 20.11.2021

This is the key information material. Full details of the insurance can be found in other documents, in particular in the general conditions of the additional group insurance in the event of a death of a child, conditions code: ZDGP55 (GTC). Please read the GTCs before deciding to conclude the agreement. The definitions used in the GTCs can have meanings that deviate from their common meanings, so please make sure to pay particular attention to them. The conclusion of the agreement is voluntary.

PRODUCT INFORMATION

- is presented for information purposes,
- is not part of the insurance agreement (agreement),
- does not constitute a trade offer within the meaning of article 66 of the Civil Code,
- should not be the sole basis for a decision on insurance.

THE SCOPE AND OBJECT OF INSURANCE – WHAT IS INSURED?

We insure an event in the life of the insured, which is the death of a child during the period of protection.

PRODUCT CHARACTERISTICS – WHAT ARE THE MAIN FEATURES OF OUR INSURANCE?

In the event of the death of the child, we will pay a benefit equal to a percentage of the sum insured current at the date of birth.

Supplementary insurance may be taken out either with or during the conclusion of the basic – Group insurance PZU Na Życie Plus in its application period

WHO CAN CONCLUDE AN AGREEMENT WITH US, WHO DO WE INSURE?

The additional insurance is concluded by the policyholder who pays the insurance premiums. The additional insurance may be joined by insured persons who joined the basic insurance.

WHAT IS THE DURATION OF THE INSURANCE?

The policyholder may take out supplementary insurance with us for a limited period. We confirm the duration of the additional insurance in the policy. If the additional insurance is taken out between policy anniversaries, our cover continues until the next policy anniversary.

WHAT LOCATION DOES THE INSURANCE COVER?

The insurance cover operates worldwide, 24 hours a day.

HOW AND WHEN SHOULD THE CONTRIBUTIONS BE PAID?

The premium is transferred by the policyholder together with the premium for the basic insurance.

WHEN DOES THE INSURANCE COVERAGE BEGIN AND END?

Coverage under the supplementary insurance commences as described in the basic insurance. Cover under the additional insurance shall only commence if the cover under the basic insurance is in force. The cover under the supplementary insurance ceases:

- from the date of termination of cover under the primary insurance;
- from the date on which we receive the policyholder's declaration that he or she is withdrawing from the additional insurance;

- on the date of termination of cover under the supplementary insurance – if not renewed;
- on the last day of the month in which you cancel the supplementary insurance;
- at the end of the month of the supplementary insurance on the current terms and conditions, if they have not given the required consent to change the supplementary insurance;
- as from the date of expiry of the notice period of the supplementary insurance;
- as from the date on which the supplementary insurance is terminated.

MAIN EXCLUSION AND PROTECTION LIMITS– WHAT IS EXCLUDED FROM THE INSURANCE?

We will not pay the benefit in the event of:

- the validity of the grace period to the insured,
- failure to provide documents required to establish the validity of the claim.

In addition, we will not be liable if the situation is not covered by the insurance, or does not meet the definition indicated in the agreement or our liability has ended (e.g. due to non-payment of premiums or in other cases indicated in the GTC).

HOW TO TERMINATE THE AGREEMENT?

The policyholder has the right to cancel the supplementary insurance agreement within 30 days after its conclusion or, if the policyholder is an entrepreneur, within 7 days from the conclusion of the agreement. After this period, the policyholder has the right to terminate the agreement by a written notice. The policyholder has right to cancel the extension of the additional insurance by sending us a written notice of non-renewal no later than 30 days prior to its termination.

REMUNERATION FOR THE DISTRIBUTOR OF THE INSURANCE

The distributor shall receive a commission in connection with the proposed agreement.

COMPLAINTS, OBJECTIONS AND GRIEVANCES

1. A claim, complaint or grievance shall be submitted to any of our units where we serve our customers.
2. A complaint, grievance or complaint can be submitted:
 - 1) in writing – in person or by mail, within the meaning of the Postal Law Act, for example by writing to the following address: PZU Życie SA 18A Postępu St., 02-676 Warsaw (address for correspondence only);
 - 2) in writing – sent to the address for electronic delivery of PZU Życie SA, within the meaning of the Electronic Delivery Act, from the date of entering that address into the database of electronic addresses;
 - 3) verbally – by phone, for instance by calling the telephone helpline on 801 102 102, or in person, confirmed by means of a protocol during a visit to our unit;
 - 4) electronically – by sending an e-mail to reklamacje@pzu.pl or by filling in the form at www.pzu.pl.
3. We respond to complaints, grievances and complaints as soon as possible, however no later than 30 days after the day on which we receive them. If we are unable to respond in particularly complex cases within 30 days, we will inform you:
 - 1) why the response is delayed;
 - 2) what circumstances we still need to establish in order to process the case;
 - 3) what is the new time limit for our response – it may not exceed 60 days from the date on which we received the complaint, claim or grievance.
4. We respond to complaints, claims and grievances to the person who made them:
 - 1) in cases where the customer is a natural person – in writing, except that the response may be delivered by e-mail only at the customer's request;
 - 2) where the customer is an entity other than those referred to in item 1 – in writing or using another durable medium.
5. If, after the complaint has been investigated:
 - 1) we have not honoured the claims made or
 - 2) we have accepted the claim, but within the time limit specified in the reply to that claim we have not carried out the acts we obliged to take
 – the individual who has made a complaint has the right to write to the Financial Ombudsman to request this.
6. We deal with complaints, grievances and complaints in our units, which have jurisdiction over the subject matter.
7. Additional information on complaints are provided in the Act on Complaints Handling by Financial Market Entities and Financial Ombudsman and in the Act on Insurance Distribution.
8. PZU provides for the possibility of resolving conflicts out of court.
9. An entitled entity within the meaning of the Act on out-of-court settlement for PZU Życie to handle disputes out of court, is the Financial Ombudsman. The website address: rf.gov.pl.
10. In the event that the insured or the policyholder, beneficiary and the rights holder are consumers, they can turn to the Municipal and District Consumer Ombudsmen for assistance.
11. PZU communicates with its consumers in Polish.
12. PZU is supervised by the Financial Supervision Authority.



**GENERAL TERMS
ADDITIONAL GROUP INSURANCE
IN THE EVENT OF THE DEATH OF THE CHILD**

The table below presents the provisions of the general terms and conditions of the additional group insurance in the event of the death of the child, terms and conditions code ZDGP55 (GTC), which govern the exclusion and limitation of the insurance company's liability. and limitations of the insurance company's liability. These provisions constitute a part of the GTC, and their indications are a result of the legal regulations (Article 17, section 1 of the Insurance and Reinsurance Act).

No.	Type of information	Record number
1.	Conditions for benefit payment	items 1-2 items 4-5 items 12-14 items 32 items 33-37 items 38
2.	Restrictions and exemptions of an insurer's liability granting the right to refuse or reduce the payment of benefits	items 1-2 items 6-10 items 11 items 29-30 items 31 items 33 items 38

Information about the insurance are available from:

 at pzu.pl



at the phone number 801 102 102
(charged according to the operator's tariff)

GENERAL CONDITIONS FOR SUPPLEMENTARY GROUP INSURANCE IN THE EVENT OF THE DEATH OF THE CHILD



GTC code: ZDGP55

The Board of Directors of PZU Życie SA set out the general terms and conditions of the additional group insurance in case death of a child by means of Resolution No. UZ/202/2021 of 9 November 2021 (hereinafter referred to as the GTC).

These General Terms and Conditions shall enter into force on 01 December 2021 and shall apply to insurance agreements concluded from 1 January 2022.

He policyholder shall read the GTC carefully before concluding the contract and communicate the GTC to anyone who wishes to take out insurance.

Please read the GTC you have received from your policyholder carefully before you take out insurance.

GLOSSARY

– what do the terms actually mean:

1. the GTC uses the following terminology:
 - 1) **tchild** – a child below the age of 18 or, if in school education, she or he is below the age of 25. The child may be:
 - a) ta child of the insured,
 - b) tchild of the insured's spouse or domestic partner (if the other parent of the spouse's or domestic partner's child is deceased);
 - 2) **tinsurance protection period** – the period of time during which our liability to the insured under the supplementary insurance continues;
 - 3) **tsupplementary insurance** – the insurance agreement to which these GTC apply;
 - 4) **tbasic insurance** – PZU Na Życie Plus group insurance agreement, to which the policyholder has the right to take out additional insurance;
 - 5) **tschool education** – education at a public or a non-public school or at a State or non-State higher education institution on a full-time, evening or extramural basis, within the meaning of legislation on education and higher education, with the exclusion of all courses and distance learning;
2. tThe other terms used in these GTC are defined in the general terms and conditions of the basic insurance – the same terms retain the same meaning.

OBJECT OF INSURANCE

– what do we insure

3. We insure an event in your life, which is the death of your child.

SCOPE OF INSURANCE AND THE BENEFIT AMOUNT

– which events do we pay for and what amounts

4. The scope of supplementary insurance protection includes an event in your life which is the hospital stay of your child in the protection period.
5. In the event of the death a child, we issue a benefit equal to a percentage of the sum insured applicable at the date of death, as listed in the policy and in the individual confirmation of insurance.

GRACE PERIOD

– the period of the lack of or limited liability of the insurance company after you have taken out supplementary insurance

6. In the cases specified in item 7 through 10, the grace period applies during the initial 6 months after the date you joined the supplementary insurance. However, we are liable if the death occurred as a result of an accident during the grace period.
7. If you are the primary insured, a grace period applies to you if the date you join the supplementary insurance is more than 4 months after the date:
 - 1) lthe conclusion of a supplementary insurance – if you had a legal relationship with the policyholder on the date of conclusion of the supplementary insurance;
 - 2) the legal relationship with the policyholder – as far as it commenced after the date of conclusion of the supplementary insurance.

8. If you are the spouse of the primary insured (insured relative), the grace period applies to you when the date you join the supplementary insurance is more than 4 months after the date:
 - 1) the conclusion of supplementary insurance – as far as the primary insured had a legal relationship with the policyholder on the date of conclusion of the supplementary insurance;
 - 2) the commencement of the legal relationship of the primary insured with the policyholder – as far as it commenced after the date of conclusion of the supplementary insurance;
 - 3) marrying the primary insured after the date of the supplementary insurance.
9. If you are the life partner of the primary insured (insured relative), the grace period applies to you if the date you join the supplementary insurance exceeds 4 months after the date:
 - 1) the conclusion of supplementary insurance – as far as the primary insured had a legal relationship with the policyholder on the date of conclusion of the supplementary insurance;
 - 2) the commencement of the legal relationship of the primary insured with the policyholder – as far as it commenced after the date of conclusion of the supplementary insurance.
10. If you are the adult child of the primary insured (insured relative), the grace period applies to you when the date you join the supplementary insurance is more than 4 months after the date:
 - 1) the conclusion of supplementary insurance – as far as the primary insured had a legal relationship with the policyholder on the date of conclusion of the supplementary insurance;
 - 2) the commencement of the legal relationship of the primary insured with the policyholder – as far as it commenced after the date of conclusion of the supplementary insurance;
 - 3) after you reach the age of 18, if this took place after the conclusion of the supplementary insurance.

EXCLUSIONS OF PROTECTION

– cases in which we are not going to pay out the benefit

11. Our liability does not cover the death of the insured if it has occurred:
 - 1) during war operations;
 - 2) in result of the child's active participation in the acts of war, active participation in acts of terror or mass social unrest;

SUM INSURED

– what is it, and where is it indicated

12. The sum insured is the amount which we use as the basis for determining the benefit due.
13. The amount of the sum insured can be included in the policy and in the individual confirmation of insurance.
14. The sum insured does not change throughout the duration of the agreement. The sum insured is fixed, but may be changed by mutual agreement;

PREMIUM

– what does it depend on and when to pay it

15. Amount of the premium per the insured:
 - 1) takes into account the grace periods that apply in supplementary insurance;
 - 2) it is fixed, but may be changed by mutual agreement;
 - 3) it depends on:
 - a) the sum insured,
 - b) benefit amount
 - c) the number, age structure and gender of those who take out insurance, as well as the type of work they do.
16. The amount of the premium applicable to the additional insurance agreement is specified in the application for conclusion of the agreement as well as in the policy.
17. The policyholder pays us the premiums for the supplementary insurance on a monthly basis, together with the premium for the primary insurance.

TAKING OUT AND JOINING SUPPLEMENTARY INSURANCE

– i.e., How do we insure you

18. Supplementary insurance may be taken out either with or during the conclusion of the basic insurance.
19. The additional insurance may be joined by insured persons who joined the basic insurance.

DURATION OF SUPPLEMENTARY INSURANCE

– i.e., which period we take out the supplementary insurance for

20. The policyholder may take out supplementary insurance with us for a limited period. We confirm the duration of the additional insurance in the policy. If the additional insurance is taken out between policy anniversaries, our cover continues until the next policy anniversary.

EXTENSION OF SUPPLEMENTARY INSURANCE

– what are the rules for extending supplementary insurance

21. Unless otherwise agreed by either party to the agreement and provided that the primary insurance is in force, the supplementary insurance shall be automatically extended for the next policy year – under the same conditions. In this case, as an insured, you do not have to re-submit the declaration of membership.
22. Either party has the right to cancel the extension of the supplementary insurance, of which it shall notify the other party in writing. This must be done at the latest 30 days before the termination of this insurance.

WITHDRAWAL FROM SUPPLEMENTARY INSURANCE

– i.e. the conditions under which a policyholder may withdraw from the supplementary insurance

23. The cancellation of the additional insurance is carried out in accordance with the rules laid down in the basic insurance.
24. If the policyholder cancels the primary insurance, this results in cancellation of the secondary insurance.
25. If the policyholder withdraws from the additional insurance, this does not result in withdrawal from the primary insurance.

TERMINATION OF SUPPLEMENTARY INSURANCE

– i.e. the manner in which the policyholder can cancel the supplementary insurance

26. The termination of the supplementary insurance is carried out in accordance with the rules outlined in the basic insurance.
27. In the event the policyholder terminates the primary insurance, this results in the termination of the additional insurance.
28. If the policyholder terminates the additional insurance, this does not result in termination of the primary insurance.

THE BEGINNING OF OUR PROTECTION

– – When our insurance protection starts

29. Coverage under the supplementary insurance commences as described in the basic insurance.
30. Cover under the additional insurance shall only commence if the cover under the basic insurance is in force.

THE CESSATION OF OUR PROTECTION

– – i.e. when the supplementary insurance ends

31. The cover under the supplementary insurance ceases:
- 1) from the date of termination of cover under the primary insurance;
 - 2) from the date on which we receive the policyholder's declaration that he or she is withdrawing from the additional insurance;
 - 3) on the date of termination of cover under the supplementary insurance – if not renewed;
 - 4) on the last day of the month in which you cancel the supplementary insurance;
 - 5) at the end of the month of the supplementary insurance on the current terms and conditions, if you have not given the required consent to change the supplementary insurance;
 - 6) as from the date of expiry of the notice period of the supplementary insurance;
 - 7) as from the date on which the supplementary insurance is terminated.

PERSONS ENTITLED TO OBTAIN THE BENEFIT

– the person to whom the payment is due

32. 32. In such case you have the right to receive the benefit.

PROVISION OF THE HEALTH BENEFIT

– – when we pay the benefit

33. The benefit shall not be issued to a person who intentionally contributed to the death of the child.

34. After the death of a child, please deliver:
- 1) a request for payment of a benefit,
 - 2) a death certificate;
 - 3) The certificate of death or, in cases where it is not possible to obtain, medical documentation documenting the cause of death if it was caused by an unfortunate accident during the grace period.
35. We may ask for other required documents in case those which had already been provided do not suffice to consider that a benefit payment is due.
36. If the documents we have requested are in a language other than Polish, you must provide us with a Polish translation. This translation must be carried out by a sworn translator.
37. We decide on the payment of the benefit based on the documentation stated above.

FINAL PROVISIONS

– what other matters are important

38. Any matters not regulated by the supplementary insurance shall be subject to the general terms and conditions of basic insurance, the provisions of the Civil Code, the Act on Insurance and Reinsurance Activity and any other applicable laws.



**INSURANCE PRODUCT INFORMATION DOCUMENT
AND GENERAL TERMS AND CONDITIONS IN THE
EVENT OF DEATH OF A CHILD DUE TO A PERSONAL
ACCIDENT**



ADDITIONAL GROUP INSURANCE IN THE EVENT OF DEATH OF A CHILD DUE TO A PERSONAL ACCIDENT

Condition code: NDGP55

Version dated: 20.11.2021

This is the key information material. Full details of the insurance can be found in other documents, in particular in the general terms and conditions of supplementary group insurance for the death of the child caused by a personal accident, conditions code: NDGP55 (GTC). Before deciding to conclude the agreement, please read the GTC. The definitions used in the GTCs can have meanings that deviate from their common meanings, so please make sure to pay particular attention to them. The conclusion of the agreement is voluntary.

PRODUCT INFORMATION

- is presented for information purposes,
- is not part of the insurance agreement (agreement),
- does not constitute a trade offer within the meaning of article 66 of the Civil Code,
- is should not be the sole basis for a decision on insurance.

THE SCOPE AND OBJECT OF INSURANCE – WHAT IS INSURED?

We insure an event in the life of the insured, which is the death of a child in result of a personal accident. Both the death and the accident that causes it must occur during the insurance protection period.

PRODUCT CHARACTERISTICS – WHAT ARE THE MAIN FEATURES OF OUR INSURANCE?

In the event of the death of the child due to a personal accident, we pay the beneficiary 100% of the sum insured at the date of death.

The right to payment of a benefit following the death of a child shall apply as long as, from a medical point of view, there is a causal relationship between the accident and the death of a child.

Supplementary insurance may be taken out either at the conclusion of the basic insurance - Group Insurance PZU Na Życie Plus or at its duration.

WHO CAN CONCLUDE AN AGREEMENT WITH US, WHO DO WE INSURE?

The additional insurance is concluded by the policyholder who pays the insurance premiums. The additional insurance may be joined by insured persons who joined the basic insurance.

WHAT IS THE DURATION OF THE INSURANCE?

The policyholder may take out supplementary insurance with us for a limited period. We confirm the duration of the additional insurance in the policy. If the additional insurance is taken out between policy anniversaries, our cover continues until the next policy anniversary.

WHAT LOCATION DOES THE INSURANCE COVER?

The insurance cover operates worldwide, 24 hours a day.

HOW AND WHEN SHOULD THE CONTRIBUTIONS BE PAID?

The premium is transferred by the policyholder together with the premium for the basic insurance.

WHEN DOES THE INSURANCE COVERAGE BEGIN AND END?

Coverage under the supplementary insurance commences as described in the basic insurance. Cover under the additional insurance shall only commence if the cover under the basic insurance is in force. The cover under the supplementary insurance ceases:

- from the date of termination of cover under the primary insurance;
- from the date on which we receive the policyholder's declaration that he or she is withdrawing from the additional insurance;
- on the date of termination of cover under the supplementary insurance – if not renewed;
- on the last day of the month in which you cancel the supplementary insurance;
- at the end of the month of the supplementary insurance on the current terms and conditions, if they have not given the required consent to change the supplementary insurance;
- as from the date of expiry of the notice period of the supplementary insurance;
- as from the date on which the supplementary insurance is terminated.

MAIN EXCLUSIONS AND LIMITATIONS OF THE INSURANCE COVERAGE – WHAT IS NOT COVERED BY THE INSURANCE?

We will not pay the benefit in the event of:

- when the child was intoxicated within the meaning of regulations on upbringing in sobriety and counteracting alcoholism or after using: drugs, narcotics, psychotropic substances or substitutes within the meaning of regulations on counteracting drug addiction – if any of these circumstances influenced the accident;
- failure to provide documents required to establish the validity of the claim,
- self-harm or attempted suicide by the child,

In addition, we are not liable if a situation is not covered, it does not meet the definition set out in the agreement or our liability has ended (e.g. due to non-payment of premiums as well as in other cases indicated in the GTC).

HOW TO TERMINATE THE AGREEMENT?

The policyholder has the right to cancel the supplementary insurance agreement within 30 days after its conclusion or, if the policyholder is an entrepreneur, within 7 days from the conclusion of the agreement. After this period, the policyholder has the right to terminate the agreement by a written notice. The Policyholder has the right to cancel the extension of the additional insurance by sending us a written notice of non-renewal no later than 30 days prior to its termination.

REMUNERATION FOR THE DISTRIBUTOR OF THE INSURANCE

The distributor shall receive a commission in connection with the proposed agreement.

COMPLAINTS, OBJECTIONS AND GRIEVANCES

1. A claim, complaint or grievance shall be submitted to any of our units where we serve our customers.
2. A complaint, grievance or complaint can be submitted:
 - 1) in writing – in person or by mail, within the meaning of the Postal Law Act, for example by writing to the following address:
PZU Życie SA 18A Postępu St., 02-676 Warsaw (address for correspondence only);
 - 2) in writing – sent to the address for electronic delivery of PZU Życie SA, within the meaning of the Electronic Delivery Act, from the date of entering that address into the database of electronic addresses;
 - 3) verbally – by phone, for instance by calling the telephone helpline on 801 102 102, or in person, confirmed by means of a protocol during a visit to our unit;
 - 4) electronically – by sending an e-mail to reklamacje@pzu.pl or by filling in the form at www.pzu.pl.
3. We respond to complaints, grievances and complaints as soon as possible, however no later than 30 days after the day on which we receive them. If we are unable to respond in particularly complex cases within 30 days, we will inform you:
 - 1) why the response is delayed;
 - 2) what circumstances we still need to establish in order to process the case;
 - 3) what is the new time limit for our response – it may not exceed 60 days from the date on which we received the complaint, claim or grievance.
4. We respond to complaints, claims and grievances to the person who made them:
 - 1) in cases where the customer is a natural person – in writing, except that the response may be delivered by e-mail only at the customer's request;
 - 2) where the customer is an entity other than those referred to in item 1 – in writing or using another durable medium.
5. If, after the complaint has been investigated:
 - 1) we have not honoured the claims made or
 - 2) we have accepted the claim, but within the time limit specified in the reply to that claim we have not carried out the acts we obliged to take

- the individual who has made a complaint has the right to write to the Financial Ombudsman to request this.
- 6. We deal with complaints, grievances and complaints in our units, which have jurisdiction over the subject matter.
- 7. Additional information on complaints are provided in the Act on Complaints Handling by Financial Market Entities and Financial Ombudsman and in the Act on Insurance Distribution.
- 8. PZU provides for the possibility of resolving conflicts out of court.
- 9. The entity authorized within the meaning of the Act on out-of-court handling of consumer disputes, competent for PZU SA to handle disputes out of court is the Financial Ombudsman. The website address: rf.gov.pl.
- 10. In the event that the insured or the policyholder, beneficiary and the rights holder are consumers, they can turn to the Municipal and District Consumer Ombudsmen for assistance.
- 11. PZU communicates with its consumers in Polish.
- 12. PZU is supervised by the Financial Supervision Authority.



**GENERAL TERMS
OF ADDITIONAL GROUP INSURANCE IN THE
EVENT OF DEATH OF A CHILD DUE TO A PERSONAL
ACCIDENT**

The table below presents the information indicating which provisions of the general terms and conditions of supplementary group insurance apply in case of the death of a child due to a personal accident, terms and conditions code nDGP55 (GTC), which govern the exclusion and limitation of the insurance company's liability. These provisions constitute a part of the GTC, and their indications are a result of the legal regulations (Article 17, section 1 of the Insurance and Reinsurance Act).

No.	Type of information	Record number
1.	Conditions for benefit payment	items 1-2 items 4-7 items 9-11 item 29 items 30-34 item 35
2.	Restrictions and exemptions of the facility's liability insurance granting the right to refuse or reduce the payment of benefits or to reduce them	items 1-2 items 6-7 item 8 items 26-27 item 28 item 30 item 35

Information about the insurance are available from:

 AT pzu.pl



at the helpline 801 102 102
(charged according to the operator's tariff)



GENERAL TERMS AND CONDITIONS OF ADDITIONAL GROUP INSURANCE IN THE EVENT OF DEATH OF A CHILD DUE TO A PERSONAL ACCIDENT

GTC code: NDGP55

The Board of Directors of PZU Życie SA established the general terms and conditions of additional group insurance in the event of death of a child caused by a personal accident by resolution no. UZ/202/2021 of 9 November 2021 (hereinafter referred to as the GTC).

These General Terms and Conditions shall enter into force on 01 December 2021 and shall apply to insurance agreements concluded from 1 January 2022.

The policyholder shall read the GTC carefully before concluding the contract and communicate the GTC to anyone who wishes to take out insurance..

Please read the GTC you have received from your policyholder carefully before you take out insurance.

GLOSSARY

– i.e. what do the terms actually mean

1. the GTC uses the following terminology:
 - 1) **child** – a child below the age of 18 or, if in school education, she or he is below the age of 25. The child may be:
 - a) a child of the insured,
 - b) a child of the insured's spouse or domestic partner (if the other parent of the spouse's or domestic partner's child is deceased);
 - 2) **insurance protection period** – the period of time during which our liability to the insured under the supplementary insurance continues;
 - 3) **supplementary insurance** – the insurance agreement to which these GTC apply;
 - 4) **basic insurance** – PZU Na Życie Plus group insurance agreement, to which the policyholder has the right to take out additional insurance;
 - 5) **school education** – education at a public or a non-public school or at a State or non-State higher education institution on a full-time, evening or extramural basis, within the meaning of legislation on education and higher education, with the exclusion of all courses and distance learning;
2. The other terms used in these GTC are defined in the general terms and conditions of the basic insurance – the same terms retain the same meaning.

OBJECT OF INSURANCE

– what do we insure

3. We insure an event in your life, which is the death of your child.

SCOPE OF INSURANCE AND THE BENEFIT AMOUNT

– which events do we pay for and what amounts

4. The scope of supplementary insurance protection includes an event in your life which is the death of a child due to a personal accident.
5. In the event of the death of a child due to a personal accident we issue a benefit equal to a percentage of the sum insured applicable at the date of death, as listed in the policy and in the individual confirmation of insurance.
6. Both the death and the accident that causes it must occur during the insurance protection period.
7. The benefit issued after the death of a child shall be awarded under the condition that there is a normal medical causal link between the personal accident and the death of the child.

EXCLUSIONS OF PROTECTION

– cases in which we are not going to pay out the benefit

8. Our liability does not cover the death of a child if the personal accident has occurred:
 - 1) during war operations;
 - 2) in result of the child's active participation in the acts of war, active participation in acts of terror or mass social unrest;
 - 3) as a result of the commission or attempted commission by the child of an act which fulfils the requirements of an intentional crime;

- 4) as a result of a traffic accident while the insured was driving a vehicle:
 - a) without holding the authority to drive as defined by the law or,
 - b) being under the influence of alcohol or in a state of intoxication as defined by the regulations on education in sobriety and counteracting alcoholism or after using: drugs, narcotics, psychotropic substances or substitutes within the meaning of the provisions on counteracting drug addiction,
 - as far as any of these circumstances played a role in the traffic accident;
- 5) when the child was intoxicated within the meaning of regulations on upbringing in sobriety and counteracting alcoholism or after using: drugs, narcotics, psychotropic substances or substitutes within the meaning of regulations on counteracting drug addiction – if any of these circumstances influenced the accident;
- 6) as a result of the child's self-harm or an attempted suicide or a suicide of the child;
- 7) directly as a result of intoxication by alcohol, drugs, narcotics, psycho-tropic substances or substitutes – within the meaning of the regulations on counteracting drug addiction;
- 8) as a result of the use of medicinal products by the child in violation of the doctor's recommendation or not in accordance with the information in the leaflet accompanying the medicinal product;
- 9) in result of bodily injuries caused by medical treatment and therapeutic or diagnostic procedures, regardless of who they were performed by – unless it was to treat the direct consequences of an accident.

SUM INSURED

– what is it, and where is it indicated

9. The sum insured is the amount which we use as the basis for determining the benefit due.
10. The amount of the sum insured can be included in the policy and in the individual confirmation of insurance.
11. The sum insured does not change throughout the duration of the agreement. The sum insured is fixed, but may be changed by mutual agreement;

PREMIUM

– what does it depend on and when to pay it

12. Amount of the premium per the insured:
 - 1) it is fixed, but may be changed by mutual agreement;
 - 2) it depends on:
 - a) the sum insured,
 - b) benefit amount
 - c) the number, age structure and gender of those who take out insurance, as well as the type of work they do.
13. The amount of the premium applicable to the additional insurance agreement is specified in the application for conclusion of the agreement as well as in the policy.
14. The policyholder pays us the premiums for the supplementary insurance on a monthly basis, together with the premium for the primary insurance.

TAKING OUT AND JOINING SUPPLEMENTARY INSURANCE

– i.e., How do we insure you

15. Supplementary insurance may be taken out either with or during the conclusion of the basic insurance.
16. The additional insurance may be joined by insured persons who joined the basic insurance.

DURATION OF SUPPLEMENTARY INSURANCE

– i.e., which period we take out the supplementary insurance for

17. The policyholder may take out supplementary insurance with us for a limited period. We confirm the duration of the additional insurance in the policy. If the additional insurance is taken out between policy anniversaries, our cover continues until the next policy anniversary.

EXTENSION OF SUPPLEMENTARY INSURANCE

– what are the rules for extending supplementary insurance

18. Unless otherwise agreed by either party to the contract and provided that the primary insurance is in force, the supplementary insurance shall be automatically extended for the next policy year – under the same conditions. In this case, as an insured, you do not have to re-submit the declaration of membership.
19. Either party has the right to cancel the extension of the supplementary insurance, of which it shall notify the other party in writing. This must be done at the latest 30 days before the termination of this insurance.

WITHDRAWAL FROM SUPPLEMENTARY INSURANCE

- i.e. the conditions under which a policyholder may withdraw from the supplementary insurance

20. The cancellation of the additional insurance is carried out in accordance with the rules laid down in the basic insurance.
21. If the policyholder cancels the primary insurance, this results in cancellation of the secondary insurance.
22. If the policyholder withdraws from the additional insurance, this does not result in withdrawal from the primary insurance.

TERMINATION OF SUPPLEMENTARY INSURANCE

- i.e. the manner in which the policyholder can cancel the supplementary insurance

23. The termination of the supplementary insurance is carried out in accordance with the rules outlined in the basic insurance.
24. In the event the policyholder terminates the primary insurance, this results in the termination of the secondary insurance.
25. If the policyholder terminates the additional insurance, this does not result in termination of the primary insurance.

THE BEGINNING OF OUR PROTECTION

- When our insurance protection starts

26. Coverage under the supplementary insurance commences as described in the basic insurance.
27. Cover under the additional insurance shall only commence if the cover under the basic insurance is in force.

THE CESSATION OF OUR PROTECTION

- i.e. when the supplementary insurance ends

28. The cover under the supplementary insurance ceases:
 - 1) from the date of termination of cover under the primary insurance;
 - 2) from the date on which we receive the policyholder's declaration that he or she is withdrawing from the additional insurance;
 - 3) on the date of termination of cover under the supplementary insurance – if not renewed;
 - 4) on the last day of the month in which you cancel the supplementary insurance;
 - 5) at the end of the month of the supplementary insurance on the current terms and conditions, if they have not given the required consent to change the supplementary insurance;
 - 6) as from the date of expiry of the notice period of the supplementary insurance;
 - 7) as from the date on which the supplementary insurance is terminated.

PERSONS ENTITLED TO OBTAIN THE BENEFIT

- the person to whom the payment is due

29. In such case you have the right to receive the benefit.

PROVISION OF THE HEALTH BENEFIT

- when we pay the benefit

30. The benefit shall not be issued to a person who intentionally contributed to the death of the child.
31. After the death of a child, please deliver:
 - 1) a request for payment of a benefit,
 - 2) a death certificate;
 - 3) The certificate of death or, in cases where it is not possible to obtain, medical documentation documenting the cause of death;
 - 4) a document which confirms the circumstances of the accident.
32. We may ask for other required documents in case those which had already been provided do not suffice to consider that a benefit payment is due.
33. If the documents we have requested are in a language other than Polish, you must provide us with a Polish translation. This translation must be carried out by a sworn translator.
34. We decide on the payment of the benefit based on the documentation stated above.

FINAL PROVISIONS

- what other matters are important

35. Any matters not regulated by the supplementary insurance shall be subject to the general terms and conditions of basic insurance, the provisions of the Civil Code, the Act on Insurance and Reinsurance Activity and any other applicable laws.



**INSURANCE PRODUCT INFORMATION DOCUMENT
AND GENERAL TERMS AND CONDITIONS
IN THE EVENT OF THE DEATH OF THE PARENT
OF THE INSURED OR THE PARENT OF THE SPOUSE
OR LIFE PARTNER OF THE INSURED**



ADDITIONAL GROUP INSURANCE IN THE EVENT OF THE DEATH OF THE PARENT OF THE INSURED OR THE PARENT OF THE SPOUSE OR LIFE PARTNER OF THE INSURED

Condition code: ZRGP55

Version dated: 20.11.2021

This is the key information material. Full details of the insurance can be found in other documents, in particular in the general terms and conditions of the supplementary group insurance in the event of the death of the parent of the insured or the parent of the spouse or life partner of the insured, conditions code: ZRGP55 (GTC). Please read the GTCs before deciding to conclude the agreement. The definitions used in the GTCs can have meanings that deviate from their common meanings, so please make sure to pay particular attention to them.
The conclusion of the agreement is voluntary.

PRODUCT INFORMATION

- is presented for information purposes,
- is not part of the insurance agreement (agreement),
- does not constitute a trade offer within the meaning of article 66 of the Civil Code,
- should not be the sole basis for a decision on insurance.

THE SCOPE AND OBJECT OF INSURANCE – WHAT IS INSURED?

We insure an event in the life of the insured which is the death of a parent or parent of a spouse or life partner during the period of cover.

PRODUCT CHARACTERISTICS – WHAT ARE THE MAIN FEATURES OF OUR INSURANCE?

In the event of the death of a parent or parent of a spouse or life partner, we will pay a benefit equal to a percentage of the sum assured current at the date of death.

Supplementary insurance may be taken out either at the conclusion of the basic insurance - Group Insurance PZU Na Życie Plus or at its duration.

WHO CAN CONCLUDE AN AGREEMENT WITH US, WHO DO WE INSURE?

The additional insurance is concluded by the policyholder who pays the insurance premiums.
The additional insurance may be joined by insured persons who joined the basic insurance.

WHAT IS THE DURATION OF THE INSURANCE?

The policyholder may take out supplementary insurance with us for a limited period. We confirm the duration of the additional insurance in the policy. If the additional insurance is taken out between policy anniversaries, our cover continues until the next policy anniversary.

WHAT LOCATION DOES THE INSURANCE COVER?

The insurance cover operates worldwide, 24 hours a day.

HOW AND WHEN SHOULD THE CONTRIBUTIONS BE PAID?

The premium is transferred by the policyholder together with the premium for the basic insurance.

WHEN DOES THE INSURANCE COVERAGE BEGIN AND END?

Coverage under the supplementary insurance commences as described in the basic insurance. Cover under the additional insurance shall only commence if the cover under the basic insurance is in force. The cover under the supplementary insurance ceases:

- from the date of termination of cover under the primary insurance,
- from the date on which we receive the policyholder's declaration that he or she is withdrawing from the additional insurance;
- on the date of termination of cover under the supplementary insurance – if not renewed;
- on the last day of the month in which you cancel the supplementary insurance;
- at the end of the month of the supplementary insurance on the current terms and conditions, if they have not given the required consent to change the supplementary insurance;
- as from the date of expiry of the notice period of the supplementary insurance;
- as from the date on which the supplementary insurance is terminated.

MAIN EXCLUSION AND PROTECTION LIMITS – WHAT IS EXCLUDED FROM THE INSURANCE?

We will not pay the benefit in the event of:

- the validity of the grace period to the insured,
- where the person making the claim is someone other than the person entitled to receive the claim under the contract.

In addition, we are not liable if a situation is not covered, it does not meet the definition set out in the agreement or our liability has ended (e.g. due to non-payment of premiums as well as in other cases indicated in the GTC).

HOW TO TERMINATE THE AGREEMENT?

The policyholder has the right to cancel the supplementary insurance agreement within 30 days after its conclusion or, if the policyholder is an entrepreneur, within 7 days from the conclusion of the agreement. After this period, the policyholder has the right to terminate the agreement by a written notice. The Policyholder has the right to cancel the extension of the additional insurance by sending us a written notice of non-renewal no later than 30 days prior to its termination.

REMUNERATION FOR THE DISTRIBUTOR OF THE INSURANCE

The distributor shall receive a commission in connection with the proposed agreement.

COMPLAINTS, OBJECTIONS AND GRIEVANCES

1. A claim, complaint or grievance shall be submitted to any of our units where we serve our customers.
2. A complaint, grievance or complaint can be submitted:
 - 1) in writing – in person or by mail, within the meaning of the Postal Law Act, for example by writing to the following address:
PZU Życie SA 18A Postępu St., 02-676 Warsaw (address for correspondence only);
 - 2) in writing – sent to the address for electronic delivery of PZU Życie SA, within the meaning of the Electronic Delivery Act, from the date of entering that address into the database of electronic addresses;
 - 3) verbally – by phone, for instance by calling the telephone helpline on 801 102 102, or in person, confirmed by means of a protocol during a visit to our unit;
 - 4) electronically – by sending an e-mail to reklamacje@pzu.pl or by filling in the form at www.pzu.pl.
3. We respond to complaints, grievances and complaints as soon as possible, however no later than 30 days after the day on which we receive them. If we are unable to respond in particularly complex cases within 30 days, we will inform you:
 - 1) why the response is delayed;
 - 2) what circumstances we still need to establish in order to process the case;
 - 3) what is the new time limit for our response – it may not exceed 60 days from the date on which we received the complaint, claim or grievance.
4. We respond to complaints, claims and grievances to the person who made them:
 - 1) in cases where the customer is a natural person – in writing, except that the response may be delivered by e-mail only at the customer's request;
 - 2) where the customer is an entity other than those referred to in item 1 – in writing or using another durable medium.
5. If, after the complaint has been investigated:
 - 1) we have not honoured the claims made or
 - 2) we have accepted the claim, but within the time limit specified in the reply to that claim we have not carried out the acts we obliged to take– the individual who has made a complaint has the right to write to the Financial Ombudsman to request this.
6. We deal with complaints, grievances and complaints in our units, which have jurisdiction over the subject matter.

7. Additional information on complaints are provided in the Act on Complaints Handling by Financial Market Entities and Financial Ombudsman and in the Act on Insurance Distribution.
8. PZU provides for the possibility of resolving conflicts out of court.
9. The entity authorized within the meaning of the Act on out-of-court handling of consumer disputes, competent for PZU Życie SA to handle disputes out of court is the Financial Ombudsman. The website address: rf.gov.pl.
10. In the event that the insured or the policyholder, beneficiary and the rights holder are consumers, they can turn to the Municipal and District Consumer Ombudsmen for assistance.
11. PZU communicates with its consumers in Polish.
12. PZU is supervised by the Financial Supervision Authority.



**GENERAL TERMS
ADDITIONAL GROUP INSURANCE IN THE CASE OF
DEATH OF A PARENT OF THE INSURED OR THE
PARENT OF THE SPOUSE OR THE LIFE PARTNER
OF THE INSURED**

The table below presents the provisions of the general terms and conditions of the additional group insurance in the case of death of a parent of the insured or the parent of the spouse or the life partner of the insured, terms and conditions code ZRGP55 (GTC), which govern the exclusion and limitation of the insurance company's liability.

These provisions constitute a part of the GTC, and their indications are a result of the legal regulations (Article 17, section 1 of the Insurance and Reinsurance Act)

No.	Type of information	Record number
1.	Conditions for benefit payment	items 1-2 items 4-5 items 12-14 items 32 items 33-37 items 38
2.	Restrictions and exemptions of the facility's liability insurance granting the right to refuse or reduce the payment of benefits or to reduce them	items 1-2 items 6-10 items 11 items 29-30 items 31 items 33 items 38

Information about the insurance are available from:

 na pzu.pl



at the helpline 801 102 102
(charged according to the operator's tariff)



GENERAL CONDITIONS FOR SUPPLEMENTARY GROUP INSURANCE IN THE EVENT OF DEATH OF THE PARENT OF THE INSURED OR THE PARENT OF THE SPOUSE OR THE LIFE PARTNER OF THE INSURED

GTC code: ZRGP55

The Board of Directors of PZU Życie SA established the general terms and conditions of additional group insurance in the event of death of the parent of the insured of the parent of the spouse or the life partner of the insured by resolution no. UZ/202/2021 of 9 November 2021 (hereinafter referred to as the GTC).

These General Terms and Conditions shall enter into force on 01 December 2021 and shall apply to insurance agreements concluded from 1 January 2022.

The policyholder shall read the GTC carefully before concluding the contract and communicate the GTC to anyone who wishes to take out insurance.

Please read the GTC you have received from your policyholder carefully before you take out insurance.

GLOSSARY

– i.e. what do the terms actually mean

1. the GTC uses the following terminology:

1) **stepmother** – meaning:

- a) your father's current wife who is not your biological mother, or
- b) the current wife of the father of your spouse or life partner who is not the biological mother of your spouse or life partner, or
- c) your father's widow who is not your biological mother as long as she has not remarried, or
- d) the widow of the father of your spouse or domestic partner who is not the biological mother of your spouse or domestic partner, provided she has not remarried;

2) **stepfather** – meaning:

- a) your mother's current husband who is not your biological father, or
- b) the current husband of the mother of your spouse or life partner who is not the biological father of your spouse or life partner, or
- c) your mother's widower who is not your biological father, unless he has remarried, or
- d) the widower of the mother of your spouse or life partner who is not the biological father of your spouse or life partner, provided that he or she has not remarried;

3) **insurance protection period** – the period of time during which our liability to the insured under the supplementary insurance continues;

4) **parent** – meaning:

- a) Your parent or
- b) Your stepfather or stepmother – if your father or your mother have deceased, respectively;

5) **parent of a spouse or domestic partner** – meaning:

- a) a parent of your current spouse or a life partner, or
- b) a stepfather or stepmother of your current spouse or life partner – if the father or mother of your spouse or life partner is deceased respectively;

6) **supplementary insurance** – the insurance agreement to which these GTC apply;

7) **basic insurance** – PZU Na Życie Plus group insurance agreement, to which the policyholder has the right to take out additional insurance;

2. The other terms used in these GTC are defined in the general terms and conditions of the basic insurance – the same terms retain the same meaning.

OBJECT OF INSURANCE

– what do we insure

3. We provide insurance for the death of your, your spouse's or life partner's parent.

SCOPE OF INSURANCE AND THE BENEFIT AMOUNT

– which events do we pay for and what amounts

4. The scope of supplementary insurance protection includes an event in your life which is the death of a parent or parent of a spouse or life partner during the period of insurance cover.

5. In the event of the death of the parent or the parent of a spouse or a life partner, we issue a benefit equal to a percentage of the sum insured applicable at the date of death, as listed in the policy and in the individual confirmation of insurance.

GRACE PERIOD

– the period of the lack of or limited liability of the insurance company after you have taken out supplementary insurance

6. In the cases specified in item 7 through 10, the grace period applies during the initial 6 months after the date you joined the supplementary insurance. However, we are liable if the death occurred as a result of an accident during the grace period.
7. If you are the primary insured, a grace period applies to you if the date you join the supplementary insurance is more than 4 months after the date:
 - 1) the conclusion of a supplementary insurance – if you had a legal relationship with the policyholder on the date of conclusion of the supplementary insurance;
 - 2) the legal relationship with the policyholder – insofar as it commenced after the date of conclusion of the supplementary insurance.
8. If you are the spouse of the primary insured (insured relative), the grace period applies to you when the date you join the supplementary insurance is more than 4 months after the date:
 - 1) the conclusion of supplementary insurance – insofar as the primary insured had a legal relationship with the policyholder on the date of conclusion of the supplementary insurance;
 - 2) the commencement of the legal relationship of the primary insured with the policyholder – insofar as it commenced after the date of conclusion of the supplementary insurance;
 - 3) marrying the primary insured after concluding the supplementary insurance.
9. If you are the life partner of the primary insured (insured relative), the grace period applies to you if the date you join the supplementary insurance exceeds 4 months after the date:
 - 1) the conclusion of supplementary insurance – insofar as the primary insured had a legal relationship with the policyholder on the date of conclusion of the supplementary insurance;
 - 2) the commencement of the legal relationship of the primary insured with the policyholder – insofar as it commenced after the date of conclusion of the supplementary insurance.
10. If you are the adult child of the primary insured (insured relative), the grace period applies to you when the date you join the supplementary insurance is more than 4 months after the date:
 - 1) the conclusion of supplementary insurance – insofar as the primary insured had a legal relationship with the policyholder on the date of conclusion of the supplementary insurance;
 - 2) the commencement of the legal relationship of the primary insured with the policyholder – insofar as it commenced after the date of conclusion of the supplementary insurance;
 - 3) after you reach the age of 18, if this took place after the conclusion of the supplementary insurance.

EXCLUSIONS OF PROTECTION

– cases in which we are not going to pay out the benefit

11. Our liability does not cover the death of a parent or parent of a spouse or life partner in cases where it occurred:
 - 1) in war operations;
 - 2) as a result of the active participation of a parent or parent's spouse or life partner in acts of terror or mass social unrest.

SUM INSURED

– what is it, and where is it indicated

12. The sum insured is the amount which we use as the basis for determining the benefit due.
13. The amount of the sum insured can be included in the policy and in the individual confirmation of insurance.
14. The sum insured does not change throughout the duration of the agreement. The sum insured is fixed, but may be changed by mutual agreement;

PREMIUM

– what does it depend on and when to pay it

15. Amount of the premium per the insured:
 - 1) takes into account the grace periods that apply in supplementary insurance;
 - 2) it is fixed, but may be changed by mutual agreement;
 - 3) it depends on:
 - a) the sum insured,
 - b) benefit amount
 - c) the number, age structure and gender of those who take out insurance, as well as the type of work they do.
16. The amount of the premium applicable to the additional insurance agreement is specified in the application for conclusion of the agreement as well as in the policy.

17. The policyholder pays us the premiums for the supplementary insurance on a monthly basis, together with the premium for the primary insurance.

TAKING OUT AND JOINING SUPPLEMENTARY INSURANCE

- i.e., How do we insure you

18. Supplementary insurance may be taken out either with or during the conclusion of the basic insurance.
19. The additional insurance may be joined by insured persons who joined the basic insurance.

DURATION OF SUPPLEMENTARY INSURANCE

- i.e., which period we take out the supplementary insurance for

20. The policyholder may take out supplementary insurance with us for a limited period. We confirm the duration of the additional insurance in the policy. If the additional insurance is taken out between policy anniversaries, our cover continues until the next policy anniversary.

EXTENSION OF SUPPLEMENTARY INSURANCE

- what are the rules for extending supplementary insurance

21. Unless otherwise agreed by either party to the contract and provided that the primary insurance is in force, the supplementary insurance shall be automatically extended for the next policy year – under the same conditions. In this case, as an insured, you do not have to re-submit the declaration of membership.
22. Either party has the right to cancel the extension of the supplementary insurance, of which it shall notify the other party in writing. This must be done at the latest 30 days before the termination of this insurance.

WITHDRAWAL FROM SUPPLEMENTARY INSURANCE

- i.e. the conditions under which a policyholder may withdraw from the supplementary insurance

23. The cancellation of the additional insurance is carried out in accordance with the rules laid down in the basic insurance.
24. If the policyholder cancels the primary insurance, this results in cancellation of the secondary insurance.
25. If the policyholder withdraws from the additional insurance, this does not result in withdrawal from the primary insurance.

TERMINATION OF SUPPLEMENTARY INSURANCE

- i.e. the manner in which the policyholder can cancel the supplementary insurance

26. The termination of the supplementary insurance is carried out in accordance with the rules outlined in the basic insurance.
27. In the event the policyholder terminates the primary insurance, this results in the termination of the secondary insurance.
28. If the policyholder terminates the additional insurance, this does not result in termination of the primary insurance.

THE BEGINNING OF OUR PROTECTION

- When our insurance protection starts

29. Coverage under the supplementary insurance commences as described in the basic insurance.
30. Cover under the additional insurance shall only commence if the cover under the basic insurance is in force.

THE CESSATION OF OUR PROTECTION

- i.e. when the supplementary insurance ends

31. The cover under the supplementary insurance ceases:
 - 1) from the date of termination of cover under the primary insurance;
 - 2) from the date on which we receive the policyholder's declaration that he or she is withdrawing from the additional insurance;
 - 3) on the date of termination of cover under the supplementary insurance – if not renewed;
 - 4) on the last day of the month in which you cancel the supplementary insurance;
 - 5) at the end of the month of the supplementary insurance on the current terms and conditions, if you have not given the required consent to change the supplementary insurance;
 - 6) as from the date of expiry of the notice period of the supplementary insurance;
 - 7) as from the date on which the supplementary insurance is terminated.

PERSONS ENTITLED TO OBTAIN THE BENEFIT

- the person to whom the payment is due

32. In such case you have the right to receive the benefit.

PROVISION OF THE HEALTH BENEFIT

- when we pay the benefit

33. A benefit payment will not be paid to an insured who intentionally contributed to the death of a spouse or life partner.

34. Please provide us with the following documents following the death of your parent or the parent of your life partner:

- 1) a request for payment of a benefit,
- 2) a death certificate;
- 3) The certificate of death or, in cases where it is not possible to obtain, medical documentation documenting the cause of death if it was caused by an unfortunate accident during the grace period;
- 4) marriage certificate – in the event of the death of the spouse's parent or step parent.

35. We may ask for other required documents in case those which had already been provided do not suffice to consider that a benefit payment is due.

36. If the documents we have requested are in a language other than Polish, you must provide us with a Polish translation. This translation must be carried out by a sworn translator.

37. We decide on the payment of the benefit based on the documentation stated above.

FINAL PROVISIONS

- what other matters are important

38. Any matters not regulated by the supplementary insurance shall be subject to the general terms and conditions of basic insurance, the provisions of the Civil Code, the Act on Insurance and Reinsurance Activity and any other applicable laws.



**INSURANCE PRODUCT INFORMATION DOCUMENT
AND GENERAL TERMS AND CONDITIONS IN CASE
OF CHILDBIRTH**



ADDITIONAL GROUP ACCIDENT INSURANCE IN CASE OF CHILDBIRTH

Condition code: UDGP55

Version dated: 20.11.2021

This is the key information material. Full details of the insurance can be found in other documents, in particular in the general conditions of the additional group insurance in the event of a childbirth, conditions code: UDGP55 (GTC). Please read the GTCs before deciding to conclude the agreement. The definitions used in the GTCs can have meanings that deviate from their common meanings, so please make sure to pay particular attention to them.
The conclusion of the agreement is voluntary.

PRODUCT INFORMATION

- is presented for information purposes,
- is not part of the insurance agreement (agreement),
- does not constitute a trade offer within the meaning of article 66 of the Civil Code,
- should not be the sole basis for a decision on insurance.

THE SCOPE AND OBJECT OF INSURANCE – WHAT IS INSURED?

We insure an event in the life of the insured during the period of cover, which is:

- childbirth,
- stillbirth – if the birth was registered.

PRODUCT CHARACTERISTICS – WHAT ARE THE MAIN FEATURES OF OUR INSURANCE?

In the event of a childbirth, we will pay a benefit equal to a percentage of the sum insured current at the date of birth.

Supplementary insurance may be taken out either at the conclusion of the basic insurance - Group Insurance PZU Na Życie Plus or at its duration.

WHO CAN CONCLUDE AN AGREEMENT WITH US, WHO DO WE INSURE?

The additional insurance is concluded by the policyholder who pays the insurance premiums.
The additional insurance may be joined by insured persons who joined the basic insurance.

WHAT IS THE DURATION OF THE INSURANCE?

The policyholder may take out supplementary insurance with us for a limited period. We confirm the duration of the additional insurance in the policy. If the additional insurance is taken out between policy anniversaries, our cover continues until the next policy anniversary.

WHAT LOCATION DOES THE INSURANCE COVER?

The insurance cover operates worldwide, 24 hours a day.

HOW AND WHEN SHOULD THE CONTRIBUTIONS BE PAID?

The premium is transferred by the policyholder together with the premium for the basic insurance.

WHEN DOES THE INSURANCE COVERAGE BEGIN AND END?

Coverage under the supplementary insurance commences as described in the basic insurance. Cover under the additional insurance shall only commence if the cover under the basic insurance is in force. The cover under the supplementary insurance ceases:

- from the date of termination of cover under the primary insurance,
- from the date on which we receive the policyholder's declaration that he or she is withdrawing from the additional insurance,
- on the date of termination of cover under the supplementary insurance – if not renewed,
- on the last day of the month in which you cancel the supplementary insurance,
- at the end of the month of the supplementary insurance on the current terms and conditions, if they have not given the required consent to change the supplementary insurance,
- as from the date of expiry of the notice period of the supplementary insurance,
- as from the date on which the supplementary insurance is terminated.

MAIN EXCLUSIONS AND LIMITATIONS OF THE INSURANCE COVERAGE – WHAT IS NOT COVERED BY THE INSURANCE?

We will not pay the benefit in the event of:

- the validity of the grace period to the insured,
- failure to provide documents required to establish the validity of the claim,
- where the person making the claim is someone other than the person entitled to receive the claim under the contract.

In addition, we are not liable if a situation is not covered, it does not meet the definition set out in the agreement or our liability has ended (e.g. due to non-payment of premiums as well as in other cases indicated in the GTC).

HOW TO TERMINATE THE AGREEMENT?

The policyholder has the right to cancel the supplementary insurance agreement within 30 days after its conclusion or, if the policyholder is an entrepreneur, within 7 days from the conclusion of the agreement. After this period, the policyholder has the right to terminate the agreement by a written notice. The Policyholder has the right to cancel the extension of the additional insurance by sending us a written notice of non-renewal no later than 30 days prior to its termination.

REMUNERATION FOR THE DISTRIBUTOR OF THE INSURANCE

The distributor shall receive a commission in connection with the proposed agreement.

COMPLAINTS, OBJECTIONS AND GRIEVANCES

1. A claim, complaint or grievance shall be submitted to any of our units where we serve our customers.
2. A complaint, grievance or complaint can be submitted:
 - 1) in writing – in person or by mail, within the meaning of the Postal Law Act, for example by writing to the following address:
PZU Życie SA 18A Postępu St., 02-676 Warsaw (address for correspondence only);
 - 2) in writing – sent to the address for electronic delivery of PZU Życie SA, within the meaning of the Electronic Delivery Act, from the date of entering that address into the database of electronic addresses;
 - 3) verbally – by phone, for instance by calling the telephone helpline on 801 102 102, or in person, confirmed by means of a protocol during a visit to our unit;
 - 4) electronically – by sending an e-mail to reklamacje@pzu.pl or by filling in the form at www.pzu.pl.
3. We respond to complaints, grievances and complaints as soon as possible, however no later than 30 days after the day on which we receive them. If we are unable to respond in particularly complex cases within 30 days, we will inform you:
 - 1) why the response is delayed;
 - 2) what circumstances we still need to establish in order to process the case;
 - 3) what is the new time limit for our response – it may not exceed 60 days from the date on which we received the complaint, claim or grievance.
4. We respond to complaints, claims and grievances to the person who made them:
 - 1) in cases where the customer is a natural person – in writing, except that the response may be delivered by e-mail only at the customer's request;
 - 2) where the customer is an entity other than those referred to in item 1 – in writing or using another durable medium.
5. If, after the complaint has been investigated:
 - 1) we have not honoured the claims made or
 - 2) we have accepted the claim, but within the time limit specified in the reply to that claim we have not carried out the acts we obliged to take– the individual who has made a complaint has the right to write to the Financial Ombudsman to request this.
6. We deal with complaints, grievances and complaints in our units, which have jurisdiction over the subject matter.

7. Additional information on complaints are provided in the Act on Complaints Handling by Financial Market Entities and Financial Ombudsman and in the Act on Insurance Distribution.
8. PZU provides for the possibility of resolving conflicts out of court.
9. An entitled entity within the meaning of the Act on out-of-court settlement for PZU Życie to handle disputes out of court, is the Financial Ombudsman. The website address: rf.gov.pl.
10. In the event that the insured or the policyholder, beneficiary and the rights holder are consumers, they can turn to the Municipal and District Consumer Ombudsmen for assistance.
11. PZU communicates with its consumers in Polish.
12. PZU is supervised by the Financial Supervision Authority.



**GENERAL TERMS
OF ADDITIONAL GROUP INSURANCE
IN CASE OF A CHILDBIRTH**

The table below presents the provisions of the general terms and conditions of the additional group insurance in the event of a childbirth, terms and conditions code UDGP55 (GTC), which govern the exclusion and limitation of the insurance company's liability. These provisions constitute a part of the GTC, and their indications are a result of the legal regulations (Article 17, section 1 of the Insurance and Reinsurance Act).

No.	Type of information	Record number
1.	Conditions for benefit payment	items 1-2 items 4-5 items 11-13 item 31 items 32-35 item 36
2.	Restrictions and exemptions of the facility's liability insurance granting the right to refuse or reduce the payment of benefits or to reduce them	items 1-2 items 6-10 items 28-29 item 30 item 36

Information about the insurance are available from:

 at pzu.pl



at the phone number 801 102 102
(charged according to the operator's tariff)

GENERAL TERMS AND CONDITIONS FOR ADDITIONAL GROUP INSURANCE IN CASE OF A CHILDBIRTH



GTC code: UDGP55

The Board of Directors of PZU Życie SA set out the general terms and conditions of the additional group insurance in case of childbirth by means of Resolution No. UZ/202/2021 of 9 November 2021 (hereinafter referred to as the GTC).

These General Terms and Conditions shall enter into force on 01 December 2021 and shall apply to insurance agreements concluded from 1 January 2022.

The policyholder shall read the GTC carefully before concluding the contract and communicate the GTC to anyone who wishes to take out insurance.

Please read the GTC you have received from your policyholder carefully before you take out insurance.

GLOSSARY

– what do the terms actually mean

1. the GTC uses the following terminology:

- 1) **insurance protection period** – the period of time during which our liability to the insured under the supplementary insurance continues;
- 2) **supplementary insurance** – the insurance agreement to which these GTC apply;
- 3) **basic insurance** – PZU Na Życie Plus group insurance agreement, to which the policyholder has the right to take out additional insurance.

2. The other terms used in these GTC are defined in the general terms and conditions of the basic insurance – the same terms retain the same meaning.

OBJECT OF INSURANCE

– what do we insure

3. We insure an event in your life, which is the birth of a child.

SCOPE OF INSURANCE AND THE BENEFIT AMOUNT

– which events do we pay for and what amounts

4. Supplementary insurance covers an event in your life during the period of cover which is:

- 1) childbirth;
- 2) stillbirth – if the birth was registered.

5. In connection with either a live birth or a stillbirth, we will pay a benefit equal to a percentage of the sum insured current at the date of birth, which is specified in the policy and in the individual confirmation of insurance.

GRACE PERIOD

– the period of the lack of or limited liability of the insurance company after you have taken out supplementary insurance

6. In the cases stated in items 7 to 10, there is a grace period for the first:

- 1) 9 months counted from the date you join the supplementary insurance – in the event of the birth of a live child;
- 2) 6 months counted from the date you joined the supplementary insurance – in the event of stillbirth.

7. If you are the primary insured, a grace period applies to you if the date you join the supplementary insurance is more than 4 months after the date:

- 1) the conclusion of a supplementary insurance – if you had a legal relationship with the policyholder on the date of conclusion of the supplementary insurance;
- 2) the legal relationship with the policyholder – insofar as it commenced after the date of conclusion of the supplementary insurance.

8. If you are the spouse of the primary insured (insured relative), the grace period applies to you when the date you join the supplementary insurance is more than 4 months after the date:

- 1) the conclusion of supplementary insurance – insofar as the primary insured had a legal relationship with the policyholder on the date of conclusion of the supplementary insurance;

- 2) the commencement of the legal relationship of the primary insured with the policyholder – insofar as it commenced after the date of conclusion of the supplementary insurance;
- 3) marrying the primary insured after the date of the supplementary insurance.
9. If you are the life partner of the primary insured (insured relative), the grace period applies to you if the date you join the supplementary insurance exceeds 4 months after the date:
 - 1) the conclusion of supplementary insurance – insofar as the primary insured had a legal relationship with the policyholder on the date of conclusion of the supplementary insurance;
 - 2) the commencement of the legal relationship of the primary insured with the policyholder – insofar as it commenced after the date of conclusion of the supplementary insurance.
10. If you are the adult child of the primary insured (insured relative), the grace period applies to you when the date you join the supplementary insurance is more than 4 months after the date:
 - 1) the conclusion of supplementary insurance – insofar as the primary insured had a legal relationship with the policyholder on the date of conclusion of the supplementary insurance;
 - 2) the commencement of the legal relationship of the primary insured with the policyholder – insofar as it commenced after the date of conclusion of the supplementary insurance;
 - 3) after you reach the age of 18, if this took place after the conclusion of the supplementary insurance.

SUM INSURED

– what is it, and where is it indicated

11. The sum insured is the amount which we use as the basis for determining the benefit due.
12. The amount of the sum insured can be included in the policy and in the individual confirmation of insurance.
13. The sum insured does not change throughout the duration of the agreement. The sum insured is fixed, but may be changed by mutual agreement;

PREMIUM

– what does it depend on and when to pay it

14. Amount of the premium per the insured:
 - 1) takes into account the grace periods that apply in supplementary insurance;
 - 2) it is fixed, but may be changed by mutual agreement;
 - 3) it depends on:
 - a) the sum insured,
 - b) benefit amount
 - c) the number, age structure and gender of those who take out insurance, as well as the type of work they do.
15. The amount of the premium applicable to the additional insurance agreement is specified in the application for conclusion of the agreement as well as in the policy.
16. The policyholder pays us the premiums for the supplementary insurance on a monthly basis, together with the premium for the primary insurance.

TAKING OUT AND JOINING SUPPLEMENTARY INSURANCE

– i.e., How do we insure you

17. Supplementary insurance may be taken out either with or during the conclusion of the basic insurance.
18. The additional insurance may be joined by insured persons who joined the basic insurance.

DURATION OF SUPPLEMENTARY INSURANCE

– i.e., which period we take out the supplementary insurance for

19. The policyholder may take out supplementary insurance with us for a limited period. We confirm the duration of the additional insurance in the policy. If the additional insurance is taken out between policy anniversaries, our cover continues until the next policy anniversary.

EXTENSION OF SUPPLEMENTARY INSURANCE

– what are the rules for extending supplementary insurance

20. Unless otherwise agreed by either party to the contract and provided that the primary insurance is in force, the supplementary insurance shall be automatically extended for the next policy year – under the same conditions. In this case, as an insured, you do not have to re-submit the declaration of membership.
21. Either party has the right to cancel the extension of the supplementary insurance, of which it shall notify the other party in writing. This must be done at the latest 30 days before the termination of this insurance.

WITHDRAWAL FROM SUPPLEMENTARY INSURANCE

- i.e. the conditions under which a policyholder may withdraw from the supplementary insurance

22. The cancellation of the additional insurance is carried out in accordance with the rules laid down in the basic insurance.
23. If the policyholder cancels the primary insurance, this results in cancellation of the secondary insurance.
24. If the policyholder withdraws from the additional insurance, this does not result in withdrawal from the primary insurance.

TERMINATION OF SUPPLEMENTARY INSURANCE

- i.e. the manner in which the policyholder can cancel the supplementary insurance

25. The termination of the supplementary insurance is carried out in accordance with the rules outlined in the basic insurance.
26. In the event the policyholder terminates the primary insurance, this results in the termination of the secondary insurance.
27. If the policyholder terminates the additional insurance, this does not result in termination of the primary insurance.

THE BEGINNING OF OUR PROTECTION

- When our insurance protection starts

28. Coverage under the supplementary insurance commences as described in the basic insurance.
29. Cover under the additional insurance shall only commence if the cover under the basic insurance is in force.

THE CESSATION OF OUR PROTECTION

- i.e. when the supplementary insurance ends

30. The cover under the supplementary insurance ceases:
 - 1) from the date of termination of cover under the primary insurance;
 - 2) from the date on which we receive the policyholder's declaration that he or she is withdrawing from the additional insurance;
 - 3) on the date of termination of cover under the supplementary insurance – if not renewed;
 - 4) on the last day of the month in which you cancel the supplementary insurance;
 - 5) at the end of the month of the supplementary insurance on the current terms and conditions, if you have not given the required consent to change the supplementary insurance;
 - 6) as from the date of expiry of the notice period of the supplementary insurance;
 - 7) as from the date on which the supplementary insurance is terminated.

PERSONS ENTITLED TO OBTAIN THE BENEFIT

- the person to whom the payment is due

31. In such case you have the right to receive the benefit.

PROVISION OF THE HEALTH BENEFIT

- when we pay the benefit

32. After the child is born, please deliver to us:
 - 1) a request for payment of a benefit;
 - 2) a birth certificate.
33. We may ask for other required documents in case those which had already been provided do not suffice to consider that a benefit payment is due.
34. If the documents we have requested are in a language other than Polish, you must provide us with a Polish translation. This translation must be carried out by a sworn translator.
35. We decide on the payment of the benefit based on the documentation stated above.

FINAL PROVISIONS

- what other matters are important

36. Any matters not regulated by the supplementary insurance shall be subject to the general terms and conditions of basic insurance, the provisions of the Civil Code, the Act on Insurance and Reinsurance Activity and any other applicable laws.



**INSURANCE PRODUCT INFORMATION
DOCUMENT
AND GENERAL TERMS AND CONDITIONS
OF THE SUPPLEMENTARY GROUP
INSURANCE AGAINST SERIOUS ILLNESS OF
THE INSURED PERSON**



SUPPLEMENTARY GROUP INSURANCE AGAINST SERIOUS ILLNESS OF THE INSURED PERSON

Terms and Conditions Code: CCGP56

Document version dated 22 November 2025

This document contains information about the insurance product. Full details of the insurance are provided in other documents, in particular in the General Terms and Conditions of the Supplementary Group Insurance against Serious Illness of the Insured Person, Terms and Conditions Code: CCGP56 (the GTC). Before deciding whether to enter into the insurance contract, please read the GTC carefully. Definitions used in the GTC may differ from their commonly accepted meaning; therefore, please pay particular attention to them.

The conclusion of the contract is voluntary.

THIS DOCUMENT:

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

SUBJECT MATTER AND SCOPE OF COVER

We insure the health of the Insured Person.

The insurance covers the occurrence, during the cover period, of an event affecting the Insured Person, provided that the event:

- meets the definition set out in the Appendix to the GTC;
- falls within the scope of insured events applicable under the insurance contract (the policy). The insurance is available under four levels of cover:

- Basic;
- Extended;
- Extended Plus;
- Extended Extra.

Information on the events covered under each level of cover is provided in the Appendix to the GTC. The scope of insured events is confirmed in the policy and in the individual certificate of insurance.

PRODUCT FEATURES – THE MAIN FEATURES OF OUR INSURANCE

In the event of the Insured Person suffering a serious illness, we will pay the Insured Person a benefit equal to the percentage of the Sum Insured applicable on the date of occurrence of the insured event, as specified in the policy and in the individual certificate of insurance.

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

Premiums are paid by the Policyholder on a monthly basis together with the premium for the principal insurance policy.

COMMENCEMENT AND TERMINATION OF INSURANCE COVER

Cover under the supplementary insurance commences in accordance with the terms set out in the principal insurance policy. Cover under the Supplementary Insurance shall commence only if cover under the Principal Insurance is in force.

Insurance cover under the supplementary insurance shall terminate:

- on the date cover under the Principal Insurance terminates;
- on the date we receive the Policyholder's notice of withdrawal from the supplementary insurance;
- on the expiry date of the supplementary insurance cover, where it is not renewed;
- on the last day of the month in which you opt out of the supplementary insurance;
- at the end of the month during which the supplementary insurance remains in force on its existing terms and conditions, if you have not provided the required consent to a change in the supplementary insurance;
- on the date the notice period for termination of the supplementary insurance expires;
- on the date the supplementary insurance contract is terminated.

MAIN EXCLUSIONS AND LIMITATIONS OF INSURANCE COVER

No benefit will be payable in the following circumstances:

- if the same insured event occurs again after a benefit has already been paid in respect of a previous occurrence of that event;
- if the documents required to assess the validity of the claim are not provided, unless we are able to determine our liability or the amount of the benefit on the basis of other available evidence;
- if the insured event occurs before the commencement of our cover period.

In addition, we shall not be liable where the event concerned falls outside the scope of cover, does not meet the definition specified in the Contract, where our liability has ceased, or in any other circumstances specified in the GTC.

TERMINATION OF THE CONTRACT

The Policyholder may withdraw from the supplementary insurance contract within:

- 7 days of entering into the contract, if the Policyholder is a business undertaking;
- 30 days of entering into the contract, if the Policyholder is not a business undertaking.

After this period, the Policyholder may terminate the contract by giving written notice.

The Policyholder may elect not to renew the supplementary insurance by submitting a written declaration of non-renewal no later than 30 days before the expiry of the insurance period.

INSURANCE DISTRIBUTOR'S REMUNERATION

Under the proposed contract, the insurance distributor receives commission-based remuneration.

COMPLAINTS, GRIEVANCES AND APPEALS

1. A complaint, grievance or appeal may be submitted at any of our customer service offices.
2. A complaint, grievance or appeal may be made:
 - 1) in writing – in person or by post within the meaning of the Postal Law Act, for example by writing to: PZU Życie SA ul. Postępu 18A, 2-676 Warsaw (correspondence address only), or by submitting correspondence through a postal or delivery service provider operating within the European Union;
 - 2) in writing – by sending it to the electronic delivery address of PZU Życie SA within the meaning of the Electronic Deliveries Act: AE:PL-50066-37983-FBWRA-37, as registered in the electronic address database referred to in the Act on Electronic Delivery;
 - 3) verbally – by telephone, for example by calling our helpline on 801 102 102, or in person at one of our offices, in which case the submission will be recorded in a written report;
 - 4) electronically – by sending an email to reklamacje@pzu.pl or by completing the online form available at pzu.pl or www.moje.pzu.pl.

3. We will respond to any complaint or grievance as soon as possible and no later than 30 days from the date of receipt. In particularly complex cases, where it is not possible to provide a response within 30 days, we will inform you:
 - 1) of the reasons for the delay;
 - 2) of the circumstances that still need to be established in order to resolve the matter;
 - 3) of the revised deadline for our response, which shall not exceed 60 days from the date on which we received the complaint, grievance or appeal.
4. Responses to complaints, grievances or appeals will be provided to the person who submitted them:
 - 1) where the customer is a natural person, in writing; however, the response may be provided by electronic mail solely at the customer's request;
 - 2) where the customer is an entity other than that referred to in item 1, in writing or by means of another durable medium.
5. If, following the investigation of the complaint:
 - 1) we have not upheld the claims submitted; or
 - 2) we have upheld the claims but have failed to carry out, within the timeframe specified in our response, the actions we undertook to perform,
 - the individual who submitted the complaint may refer the matter to the Financial Ombudsman by submitting an application.
6. Complaints, grievances and appeals are considered by the organisational units responsible for the subject matter of the case.
7. Further information regarding complaints can be found in the Act on the Handling of Complaints by Financial Market Entities, the Financial Ombudsman and the Financial Education Fund, as well as in the Insurance Distribution Act.
8. We provide for the possibility of resolving disputes through out-of-court dispute resolution procedures.
9. For the purposes of the Act on Out-of-Court Consumer Dispute Resolution, the entity authorised to conduct out-of-court dispute resolution proceedings in relation to PZU Życie SA is the Financial Ombudsman Financial Ombudsman's website: rf.gov.pl.
10. Where the Insured Person, the Policyholder, the Beneficiary or any other entitled person is a consumer, they may also seek assistance from the municipal or district Consumer Ombudsmen.
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 identifies the provisions of the General Terms and Conditions of the Supplementary Group Insurance against Serious Illness of the Insured Person, Terms and Conditions Code CCGP56 (the GTC), which set out the principal terms of the insurance contract. This information forms part of the GTC and is provided pursuant to statutory requirements (Article 17(1) of the Insurance and Reinsurance Activity Act).

No.	Type of information	Clause reference
1.	Conditions for benefit payment	Clauses 1–2 Clauses 4–6 Point 16 -18 Clause 40 Clauses 41–46 Clause 47
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 7–12 Clauses 13–15 Clauses 37–38 Clause 39 Clause 47

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 SERIOUS ILLNESS OF THE INSURED PERSON



GTC Code: CCGP56

The Management Board of PZU Życie SA adopted these General Terms and Conditions of the Supplementary Group Insurance against Serious Illness of the Insured Person by Resolution No. UZ/165/2025 dated 14 October 2025 (hereinafter referred to as the GTC).

These GTC come into force on 22 November 2025 and apply to insurance contracts concluded from 1 December 2025 onwards.

Before entering into the insurance contract, the Policyholder should carefully review the GTC and provide a copy of the GTC to each person wishing to join the insurance scheme.

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

GLOSSARY

– what the terms used in these GTC mean

1. In these GTC, we use the following terms:
 - 1) **Cover Period** – the period during which we are liable to the Insured Person under the supplementary insurance;
 - 2) **Diagnostic and Therapeutic Procedure** – a medical process consisting of a medical history, physical examination of the patient and any additional diagnostic investigations required to establish a diagnosis, or any medical treatment provided for therapeutic purposes;
 - 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.
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, during the cover period, of an event affecting you, provided that the event:
 - 1) meets the definition set out in the Appendix to these GTC;
 - 2) falls within the scope of insured events applicable under the insurance contract (the policy).
5. The Supplementary Insurance is available under four levels of cover:
 - 1) Basic;
 - 2) Extended;
 - 3) Extended Plus;
 - 4) Extended Extra.Information on the events covered under each level of cover is provided in the Appendix to the GTC. The selected level of cover is confirmed in the policy and in the individual certificate of insurance.
6. If you suffer an event specified in the Appendix to these GTC, we will pay you a benefit equal to the percentage of the Sum Insured applicable on the date the event occurs, as specified in the policy and in the individual certificate of insurance.

EXCLUSIONS OF COVER

– the circumstances in which no benefit will be payable

7. Our liability does not extend to any event specified in the Appendix to these GTC if the event occurred:
 - 1) as a result of acts of war;
 - 2) as a result of the Insured Person's active participation in acts of terrorism or civil unrest;
 - 3) as a result of the Insured Person committing or attempting to commit an act constituting an intentional criminal offence;

- 4) as a result of a road traffic accident where the Insured Person was driving a vehicle:
 - a) without the driving licence or other authorisation required by law; or
 - b) after consuming alcohol or while under the influence of alcohol, within the meaning of the Act on Upbringing in Sobriety and Counteracting Alcoholism; or
 - c) after using narcotic drugs, intoxicating substances, psychotropic substances, substitute substances or new psychoactive substances within the meaning of the Act on Counteracting Drug Addiction, provided that any of these circumstances contributed to the occurrence of the road traffic accident;
 - 5) where the Insured Person was under the influence of alcohol, within the meaning of the Act on Upbringing in Sobriety and Counteracting Alcoholism, or had used narcotic drugs, intoxicating substances, psychotropic substances, substitute substances or new psychoactive substances within the meaning of the Act on Counteracting Drug Addiction, provided that any of these circumstances contributed to the occurrence of the insured event;
 - 6) as a result of self-inflicted injury or an attempted suicide by the Insured Person;
 - 7) directly as a result of poisoning caused by alcohol consumed or by the use of narcotic drugs, intoxicating substances, psychotropic substances, substitute substances or new psychoactive substances, within the meaning of the Act on Counteracting Drug Addiction.
- 8. Our liability also excludes:**
- 1) events specified in the Appendix to these GTC resulting from an accident that occurred before the commencement of the cover period;
 - 2) total loss of hearing in both ears, where, before the commencement of the cover period, cancer or otosclerosis had been diagnosed and was the cause of the hearing loss;
 - 3) total loss of sight in both eyes, where, before the commencement of the cover period, macular degeneration, glaucoma or diabetes had been diagnosed and was the cause of the loss of sight;
 - 4) coronary artery disease treated by coronary artery bypass graft surgery, where, before the commencement of the cover period, coronary artery disease or myocardial infarction had been diagnosed;
 - 5) chronic kidney disease requiring renal replacement therapy, where, before the commencement of the cover period, an abnormality in the structure or function of the kidneys had been diagnosed and was the cause of the renal replacement therapy;
 - 6) disseminated intravascular coagulation (DIC), where, before the commencement of the cover period, thromboembolic disease had been diagnosed;
 - 7) coma with severe neurological sequelae resulting from brain injury, where, before the commencement of the cover period, cancer, diabetes, kidney failure or liver failure had been diagnosed and was the cause of the coma with severe neurological sequelae;
 - 8) transplantation, where, before the commencement of the cover period, the Insured Person had been placed on a transplant waiting list;
 - 9) stroke resulting in permanent neurological deficit, where, before the commencement of the cover period, stroke, transient ischaemic attack (TIA) or cerebral atherosclerosis had been diagnosed;
 - 10) loss of a limb, where, before the commencement of the cover period, diabetes or peripheral arterial disease had been diagnosed and was the cause of the amputation;
 - 11) infected pancreatic necrosis, where, before the commencement of the cover period, acute or chronic pancreatitis had been diagnosed;
 - 12) heart valve disease treated surgically by valve implantation, where, before the commencement of the cover period, heart valve disease had been diagnosed and was the reason for the surgical treatment;
 - 13) pulmonary embolism, where, before the commencement of the cover period, thromboembolic disease had been diagnosed;
 - 14) myocardial infarction, where, before the commencement of the cover period, coronary artery disease had been diagnosed or a previous myocardial infarction had occurred;
 - 15) short bowel syndrome, where, before the commencement of the cover period, Crohn's disease had been diagnosed.
- 9. Our liability also excludes any event specified in the Appendix to these GTC that occurred, or in respect of which a diagnostic and therapeutic procedure had commenced, during the three-year period preceding the commencement of the cover period.** This exclusion does not apply to Clause 8.
- 10. The exclusion referred to in Clause 9 does not apply:**
- 1) where the diagnostic and therapeutic procedure commenced and was completed before the Insured Person reached the age of 18; or
 - 2) where there is no causal relationship between the previous occurrence and the current occurrence of the same event.
- 11. In the case of malignant cancer, only one benefit shall be payable, irrespective of the location, number or type of malignant tumours.**
- 12. Once a benefit has been paid in respect of a particular event specified in the Appendix to these GTC, our cover in respect of that event shall cease.**

WAITING PERIOD

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

- 13. We shall not be liable during the first 90 days following your enrolment in the Supplementary Insurance.**
- 14. We shall be liable if the insured event results from an accident that occurred during the first 90 days following your enrolment in the Supplementary Insurance, subject to the exclusions set out in Clauses 7 and 8.**

15. If you change your level of cover, we shall not be liable during the first 90 days in respect of those insured events that were not covered under your previous level of cover. In such a case, the 90-day period shall be calculated from the commencement of cover under the new level of cover.

AMOUNT INSURED

– definition and amount

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

19. The premium for the Supplementary Insurance:
1) reflects the waiting periods applicable under the Supplementary Insurance;
2) is fixed, although it may be changed by mutual agreement between the parties;
3) depends on:
a) the Sum Insured;
b) the scope of insurance;
c) the amount of the benefit;
d) the number of persons joining the insurance, their age and gender profile, and the nature of the work they perform.
20. The amount of the premium for the Supplementary Insurance is specified in the application for insurance and in the policy.
21. 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

22. The Supplementary Insurance may be taken out either at the same time as the Principal Insurance or during its term.
23. The Supplementary Insurance is available to Insured Persons who have joined the Principal Insurance.
24. Under the selected insurance option, the Policyholder may choose one of four levels of cover: Basic, Extended, Extended Plus or Extended Extra.
25. The Policyholder may change the level of cover at any time.
26. To change the level of cover, the Policyholder must submit an application. The new level of cover takes effect on the first day of the month following the month in which the application is submitted.
27. Where you change your level of cover, the cover period applicable to the previous level of cover ends at the close of the day immediately preceding the commencement of the cover period under the new level of cover, subject to Clause 15.

DURATION OF THE SUPPLEMENTARY INSURANCE

– the period for which the Supplementary Insurance is taken out

28. 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

29. 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.
30. 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

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

33. 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

- 34. Termination of the Supplementary Insurance shall be governed by the rules set out in the Principal Insurance.
- 35. If the Policyholder terminates the Principal Insurance, this shall automatically result in termination of the Supplementary Insurance.
- 36. 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

- 37. Cover under the supplementary insurance commences in accordance with the terms set out in the principal insurance policy.
- 38. 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

- 39. Insurance cover under the supplementary insurance shall terminate:
 - 1) on the date cover under the Principal Insurance terminates;
 - 2) on the date we receive the Policyholder's notice of withdrawal from the Supplementary Insurance;
 - 3) on the expiry date of the Supplementary Insurance cover, where it is not renewed;
 - 4) on the last day of the month in which you opt out of the Supplementary Insurance;
 - 5) at the end of the month during which the Supplementary Insurance remains in force on its existing terms and conditions, where you have not provided the required consent to a change in the Supplementary Insurance;
 - 6) on the date the notice period for termination of the Supplementary Insurance expires;
 - 7) on the date the supplementary insurance contract is terminated.

PERSON ENTITLED TO THE BENEFIT

– who is entitled to receive the benefit

- 40. You are entitled to receive the benefit.

PAYMENT OF THE BENEFIT

– when we will pay the benefit

- 41. If you experience an insured event specified in the Appendix to these Terms and Conditions, please provide us with:
 - 1) a completed benefit claim form;
 - 2) medical documentation confirming the occurrence of the insured event or, in the case of burns, confirming the degree and extent of the burns;
 - 3) documentation confirming the circumstances of the accident, where the insured event resulted from an accident;
 - 4) the hospital discharge summary, where you have been hospitalised.
- 42. We may also:
 - 1) request a medical opinion from a doctor appointed by us;
 - 2) require you to undergo medical examinations, where this is necessary to determine our liability.
- 43. We will bear the cost of any medical opinion or medical examinations that we request.
- 44. If the documents you provide are insufficient for us to determine your entitlement to the benefit, we may ask you to submit any additional documents required.
- 45. If any documents requested by us are in a language other than Polish, you must provide a Polish translation prepared by a sworn translator.
- 46. Our decision on payment of the benefit will be based on the documentation provided.

FINAL PROVISIONS

– other important information

- 47. In matters not governed by the Supplementary Insurance, the General Terms and Conditions of the Principal Insurance, the provisions of the Polish Civil Code, the Insurance and Reinsurance Activity Act, and any other applicable laws and regulations shall apply.

APPENDIX
TO THE GENERAL TERMS AND CONDITIONS OF THE SUPPLEMENTARY
GROUP INSURANCE AGAINST SERIOUS ILLNESS OF THE INSURED PERSON

1. Insured events covered under this insurance and the date on which an insured event is deemed to have occurred:
 - 1) **Bacterial encephalitis or bacterial meningitis** – an infectious bacterial disease of the nervous system involving inflammation of the brain, spinal cord or meninges. We shall provide cover only where bacterial encephalitis or bacterial meningitis has been diagnosed on the basis of a test identifying the causative pathogen and has required hospitalisation. The date of occurrence of the insured event shall be the date on which, according to the medical records, the following conditions were met:
 - a) bacterial encephalitis or bacterial meningitis was diagnosed in the manner described above; and
 - b) hospitalisation was required.
 - 2) **Bacterial endocarditis** – inflammation of the endocardium caused by a bacterial infection. We shall provide cover only where the bacterial endocarditis affects the native heart valves or cardiac chambers, without prosthetic material or medical devices, and has been diagnosed on the basis of a test identifying the causative pathogen, or by diagnostic imaging or histopathological examination confirming endocardial damage. The date of occurrence of the insured event shall be the date on which, according to the medical records, the diagnostic imaging was performed or the specimen was obtained for the examinations referred to above, confirming bacterial endocarditis.
 - 3) **Cerebral echinococcosis** – an infectious disease caused by the Echinococcus tapeworm, characterised by the presence of hydatid cysts within the brain. We shall provide cover only where cerebral echinococcosis has been diagnosed on the basis of a test identifying the causative pathogen and the presence of hydatid cysts within the brain has been confirmed. The date of occurrence of the insured event shall be the date on which cerebral echinococcosis was diagnosed in the manner described above, according to the medical records.
 - 4) **Lyme carditis** – an infectious disease caused by Borrelia spirochaetes resulting in cardiac involvement. We shall provide cover only where Lyme carditis has been diagnosed on the basis of a test identifying the causative pathogen and at least one of the following clinical manifestations has been confirmed:
 - a) myocarditis;
 - b) pericarditis;
 - c) cardiac arrhythmia;
 - d) cardiac conduction disorder.The date of occurrence of the insured event shall be the date on which, according to the medical records, the following conditions were met:
 - a) Lyme carditis was diagnosed in the manner described above; and
 - b) at least one of the clinical manifestations listed above was confirmed.
 - 5) **Neuroborreliosis (neurological Lyme disease)** – an infectious disease caused by Borrelia spirochaetes resulting in involvement of the nervous system. We shall provide cover only where neuroborreliosis has been diagnosed on the basis of a test identifying the causative pathogen and has resulted in at least one of the following clinical manifestations:
 - a) encephalomyelitis;
 - b) meningitis;
 - c) cranial neuritis;
 - d) polyradiculitis.The date of occurrence of the insured event shall be the date on which, according to the medical records, the following conditions were met:
 - a) neuroborreliosis was diagnosed in the manner described above; and
 - b) at least one of the clinical manifestations listed above was confirmed;
 - 6) **Total loss of speech** – the permanent and irreversible loss of the ability to produce speech sounds and articulate intelligible language. We shall provide cover only where the total loss of speech results from disease or injury to the larynx and cannot be corrected, even partially, by any method. The date of occurrence of the insured event shall be the date on which total loss of speech was diagnosed in the manner described above, according to the medical records.
 - 7) **Total loss of hearing in both ears** – the permanent and irreversible bilateral loss of hearing. We shall provide cover only where the hearing loss has been diagnosed on the basis of an examination confirming that the average bilateral hearing threshold for speech frequencies is at least 90 dB. The date of occurrence of the insured event shall be the date on which total loss of hearing in both ears was diagnosed in the manner described above, according to the medical records.
 - 8) **Total loss of sight in both eyes** – the permanent and irreversible bilateral loss of vision. We shall provide cover only where the loss of sight has been diagnosed on the basis of an examination confirming that, after optical correction, visual acuity in both eyes is less than 0.1 (5/50) or the visual field is less than 20 degrees. The date of occurrence of the insured event shall be the date on which total loss of sight in both eyes was diagnosed in the manner described above, according to the medical records.
 - 9) **Borrelial lymphocytoma** – a manifestation of Lyme disease, an infectious disease caused by Borrelia spirochaetes. We shall provide cover only where the diagnosis of borrelial lymphocytoma has been confirmed by histopathological examination and serological blood tests.

The date of occurrence of the insured event shall be the date on which borreliac lymphocytoma was diagnosed in the manner described above, according to the medical records.

- 10) **Addison's disease** – a clinical syndrome caused by prolonged deficiency of adrenal cortex hormones resulting from direct damage to the adrenal glands.
We shall provide cover only where Addison's disease has been diagnosed by an endocrinologist and treatment with hormone replacement therapy has been initiated.
The date of occurrence of the insured event shall be the date on which, according to the medical records, the following conditions were met:
- a) Addison's disease was diagnosed in the manner described above; and
 - b) the treatment referred to above was commenced.
- 11) **Alzheimer's disease** – a disease characterised by progressive impairment of memory and other cognitive functions leading to dementia.
We shall provide cover only where Alzheimer's disease has been diagnosed by a neurologist, psychiatrist or geriatrician on the basis of clinical findings and recognised diagnostic tests and assessment tools for Alzheimer's disease, and dementia has been confirmed.
The date of occurrence of the insured event shall be the date on which, according to the medical records, the following conditions were met:
- a) Alzheimer's disease was diagnosed in the manner described above; and
 - b) dementia, as described above, was confirmed.
- 12) **Creutzfeldt-Jakob disease** – a neurodegenerative disease of the central nervous system caused by prions. We shall provide cover only where Creutzfeldt-Jakob disease has been diagnosed by a neurologist and both dementia and impairment of motor function have been confirmed.
The date of occurrence of the insured event shall be the date on which, according to the medical records, the following conditions were met:
- a) Creutzfeldt-Jakob disease was diagnosed in the manner described above; and
 - b) the consequences described above were confirmed.
- 13) **Huntington's disease** – an inherited disorder of the central nervous system.
We shall provide cover only where Huntington's disease has been diagnosed by a neurologist on the basis of genetic testing and at least one of the following manifestations has been confirmed:
- a) motor impairment;
 - b) mood disorders; or
 - c) cognitive impairment.
- The date of occurrence of the insured event shall be the date on which, according to the medical records, the following conditions were met:
- a) Huntington's disease was diagnosed in the manner described above; and
 - b) at least one of the manifestations listed above was confirmed.
- 14) **Crohn's disease with complications** – a chronic, non-specific inflammation of the intestinal wall in the course of which complications have developed.
We are liable only for cases of Crohn's disease that have been diagnosed on the basis of a histopathological examination and in the course of which one of the following complications has been identified:
- a) intestinal fistula;
 - b) intestinal abscess;
 - c) intestinal stricture.
- The date of occurrence of the insured event shall be the date on which, according to the medical records, the following conditions were met:
- a) Crohn's disease was diagnosed in the manner described above; and
 - b) at least one of the complications of Crohn's disease listed above was confirmed.
- 15) **Motor neurone disease (amyotrophic lateral sclerosis)** – a neurodegenerative disease of the central and peripheral nervous systems caused by selective degeneration of motor neurones.
We shall provide cover only where motor neurone disease has been diagnosed by a neurologist on the basis of electromyography (EMG) and the following have been confirmed:
- a) muscle weakness or muscle wasting; and
 - b) limitation of voluntary movements.
- The date of occurrence of the insured event shall be the date on which, according to the medical records, the following conditions were met:
- a) motor neurone disease was diagnosed in the manner described above; and
 - b) muscle weakness or muscle wasting and limitation of voluntary movements were confirmed.
- 16) **Coronary artery disease treated by coronary artery bypass grafting** – coronary artery disease requiring the insertion of a bypass graft to circumvent a narrowed or occluded section of a coronary artery.
The date of occurrence of the insured event shall be the date on which, according to the medical records, the following conditions were met:
- a) coronary artery disease was diagnosed; and
 - b) the treatment referred to above was carried out.
- 17) **Parkinson's disease** – a neurodegenerative disease of the central nervous system caused by degeneration of nerve cells responsible for motor function.
We shall provide cover only where Parkinson's disease has been diagnosed by a neurologist and at least two of the following manifestations have been confirmed:
- a) resting tremor;
 - b) bradykinesia;
 - c) increased muscle tone.
- Our cover does not extend to secondary parkinsonism.
The date of occurrence of the insured event shall be the date on which, according to the medical records, the following conditions were met:
- a) Parkinson's disease was diagnosed in the manner described above; and

- b) at least two of the manifestations of Parkinson's disease listed above were confirmed.
- 18) **Cardiac conduction system disease treated surgically by implantation of a cardiac pacing device** – sinus node dysfunction or a disorder of the cardiac conduction system requiring permanent implantation of a cardiac pacing device. Our cover does not extend to procedures involving repositioning, revision or replacement of pacing leads or the cardiac pacing device
The date of occurrence of the insured event shall be the date on which, according to the medical records, the following conditions were met:
- a) cardiac conduction system disease was diagnosed; and
 - b) the treatment referred to above was carried out.
- 19) **Pituitary adenoma** – a tumour arising from hormone-producing cells of the anterior pituitary gland.
We shall provide cover only where the pituitary adenoma has been diagnosed by an endocrinologist or radiologist on the basis of diagnostic imaging.
The date of occurrence of the insured event shall be the date on which, according to the medical records, the pituitary adenoma was diagnosed in the manner described above.
- 20) **Tuberculosis requiring hospital treatment** – an infectious disease caused by *Mycobacterium tuberculosis* requiring hospital treatment.
We shall provide cover only where tuberculosis has been diagnosed on the basis of a test identifying the causative pathogen and has required both anti-tuberculosis therapy and hospitalisation.
The date of occurrence of the insured event shall be the date on which, according to the medical records, the following conditions were met:
- a) tuberculosis was diagnosed in the manner described above; and
 - b) both of the treatment methods referred to above were initiated.
- 21) **Phaeochromocytoma** – a tumour arising from chromaffin cells, located either in the adrenal glands or at an extra-adrenal site, the symptoms of which are associated with excessive secretion of catecholamines.
We shall provide cover only where the phaeochromocytoma has been diagnosed by an endocrinologist or radiologist on the basis of diagnostic imaging.
The date of occurrence of the insured event shall be the date on which, according to the medical records, the phaeochromocytoma was diagnosed in the manner described above.
- 22) **Idiopathic pulmonary arterial hypertension** – a syndrome of clinical manifestations caused by a spontaneous increase in pressure within the pulmonary artery.
We shall provide cover only where the mean resting pulmonary arterial pressure, measured by right heart catheterisation, is at least 25 mmHg.
Our cover does not extend to secondary pulmonary hypertension, including pulmonary hypertension resulting from other diseases or reactions to toxic substances, or to drug-induced pulmonary hypertension.
The date of occurrence of the insured event shall be the date on which, according to the medical records, idiopathic pulmonary arterial hypertension was diagnosed in the manner described above.
- 23) **Hypertrophic cardiomyopathy** – a genetically determined primary disorder of the heart muscle characterised by thickening of the walls of the left ventricle that is not caused by abnormal loading conditions.
We shall provide cover only where hypertrophic cardiomyopathy has been diagnosed by a cardiologist and has resulted in a left ventricular ejection fraction of less than 40%, or where an implantable cardioverter-defibrillator has been implanted as a result of the condition.
Our cover does not extend to left ventricular hypertrophy secondary to other cardiac diseases or systemic diseases.
The date of occurrence of the insured event shall be the date on which, according to the medical records, the following conditions were met:
- a) hypertrophic cardiomyopathy was diagnosed in the manner described above; and
 - b) the consequence referred to above was confirmed or the treatment referred to above was carried out.
- 24) **Takotsubo cardiomyopathy** – transient impairment of left ventricular wall contractility associated with elevated cardiac troponin levels above the upper limit of normal, in the absence of haemodynamically significant coronary artery stenosis
We shall provide cover only where Takotsubo cardiomyopathy has been diagnosed by a cardiologist and has required hospitalisation.
The date of occurrence of the insured event shall be the date on which, according to the medical records, the following conditions were met:
- a) Takotsubo cardiomyopathy was diagnosed in the manner described above; and
 - b) hospitalisation was required.
- 25) **Tick-borne encephalitis** – a viral infectious disease transmitted by ticks, characterised by inflammatory involvement of the brain or spinal cord.
We shall provide cover only where tick-borne encephalitis has been diagnosed on the basis of a test identifying the causative pathogen and has required hospitalisation.
The date of occurrence of the insured event shall be the date on which, according to the medical records, the following conditions were met:
- a) tick-borne encephalitis was diagnosed in the manner described above; and
 - b) hospitalisation was required.
- 26) **Intracranial haematoma treated surgically** – intracranial haemorrhage resulting in the formation of an intracerebral, subdural or epidural haematoma that has been surgically removed.
We shall provide cover only where the intracranial haematoma has been removed by craniotomy or through a burr hole.
The date of occurrence of the insured event shall be the date on which, according to the medical records, the following conditions were met:
- a) an intracranial haematoma was diagnosed; and
 - b) one of the treatment methods referred to above was carried out.

- 27) **Myasthenia gravis** – an autoimmune disorder of the neuromuscular junction characterised by fluctuating muscle weakness and fatigability.
We shall provide cover only where myasthenia gravis has been diagnosed by a neurologist.
The date of occurrence of the insured event shall be the date on which, according to the medical records, myasthenia gravis was diagnosed in the manner described above.
- 28) **Aplastic anaemia** – chronic and irreversible bone marrow failure resulting from depletion of all granulocytic, erythroid and megakaryocytic cell lines. We shall provide cover only where aplastic anaemia has been diagnosed on the basis of a bone marrow examination. The date of occurrence of the insured event shall be the date on which, according to the medical records, aplastic anaemia was diagnosed in the manner described above.
- 29) **Benign brain tumour** – a benign intracranial tumour of the brain, meninges or intracranial portions of the cranial nerves. We shall provide cover only where the benign brain tumour has been diagnosed on the basis of brain imaging or histopathological examination and has been removed or, where removal of the tumour was not possible, neurological deficits have been confirmed. Our cover does not extend to cysts, granulomas, vascular malformations, cerebral haematomas or pituitary tumours.
The date of occurrence of the insured event shall be the date on which, according to the medical records, the following conditions were met:
- a) brain imaging was performed or a specimen was obtained for the examinations referred to above, confirming the benign brain tumour; and
 - b) the treatment referred to above was carried out or the neurological deficits referred to above were confirmed.
- 30) **Benign spinal cord tumour** – a benign intradural tumour of the spinal cord or spinal meninges. We shall provide cover only where the benign spinal cord tumour has been diagnosed on the basis of imaging or histopathological examination and has been removed or, where removal of the tumour was not possible, neurological deficits have been confirmed.
Our cover does not extend to cysts, granulomas, vascular malformations or spinal cord haematomas.
The date of occurrence of the insured event shall be the date on which, according to the medical records, the following conditions were met:
- a) imaging was performed or a specimen was obtained for the examinations referred to above, confirming the benign spinal cord tumour; and
 - b) the treatment referred to above was carried out or the neurological deficits referred to above were confirmed.
- 31) **Malignant tumour** – uncontrolled proliferation of malignant cells capable of invading and destroying surrounding tissues and forming distant metastases, diagnosed on the basis of histopathological examination. We shall also provide cover for metastatic malignant cancer where no specimen has been obtained for histopathological examination, provided that the clinical presentation and diagnostic investigations clearly confirm the malignant nature of the neoplastic process.
Our cover does not extend to:
- a) cutaneous melanoma staged as T1aNO0 according to the TNM classification, or any skin cancer, including cutaneous lymphoma;
 - b) papillary thyroid carcinoma staged as T1aNO0 according to the TNM classification;
 - c) prostate cancer with a Gleason score of 6 or classified as ISUP Grade Group 1;
 - d) cervical cancer and cervical dysplasia classified as CIN1, CIN2 or CIN3;
 - e) Hodgkin lymphoma classified as Stage I;
 - f) malignant cancers classified as pre-invasive (carcinoma in situ);
 - g) malignant cancers associated with AIDS or HIV infection;
 - h) tumours of borderline malignancy, tumours of low malignant potential, non-invasive tumours, dysplasia and benign tumours.
- The date of occurrence of the insured event shall be the date on which, according to the medical records, the specimen for histopathological examination was obtained.
- 32) **Frostbite requiring hospital treatment** – localised damage to the skin and underlying tissues caused by exposure to low temperatures, resulting in tissue necrosis and tissue loss (i.e. third- or fourth-degree frostbite) and requiring hospitalisation. The date of occurrence of the insured event shall be the date on which, according to the medical records, the frostbite occurred and the Insured Person received the hospital treatment described above.
- 33) **Peripartum loss of the uterus** – loss of the entire uterus or removal of the uterine body while preserving the cervix as a result of complications of pregnancy or childbirth.
The date of occurrence of the insured event shall be the date on which, according to the medical records, the peripartum loss of the uterus occurred.
- 34) **Oesophageal burn with perforation** – injury to the oesophagus caused by a thermal or chemical agent, resulting in perforation (a full-thickness tear) of the oesophageal wall.
The date of occurrence of the insured event shall be the date on which, according to the medical records, the severe oesophageal burn and perforation occurred.
- 35) **Burn requiring hospital treatment** – localised injury to the skin and underlying tissues caused by a thermal, chemical or electrical agent, requiring hospitalisation, involving:

- a) burns affecting more than 60% of the body surface area, where only second-degree burns are present; or
 b) burns affecting more than 60% of the body surface area, where second- and third-degree burns are present in combination; or
 c) burns affecting more than 15% of the body surface area, where only third-degree burns are present.
 The date of occurrence of the insured event shall be the date on which, according to the medical records, one of the burns described above occurred and the Insured Person received the hospital treatment described above.
- 36) **Primary sclerosing cholangitis** – a chronic disease characterised by autoimmune inflammation and secondary fibrosis of the bile ducts.
 We shall provide cover only where primary sclerosing cholangitis has been diagnosed on the basis of imaging of the bile ducts. The date of occurrence of the insured event shall be the date on which, according to the medical records, primary sclerosing cholangitis was diagnosed in the manner described above.
- 37) **Fulminant viral hepatitis** – rapidly progressive acute hepatitis caused by a viral infection.
 We shall provide cover only where fulminant viral hepatitis has been diagnosed on the basis of a test identifying the causative pathogen and has required hospitalisation.
 The date of occurrence of the insured event shall be the date on which, according to the medical records, the following conditions were met:
 a) fulminant viral hepatitis was diagnosed in the manner described above; and
 b) hospitalisation was required.
- 38) **Kidney or partial liver donation for transplantation** – a surgical procedure to remove an organ from a donor for transplantation into a recipient.
 We shall provide cover only for a donor who has undergone surgical removal of:
 a) a kidney; or
 b) part of the liver, for transplantation.
 The date of occurrence of the insured event shall be the date on which, according to the medical records, one of the above organs was removed for transplantation.
- 39) **Paralysis of the limbs resulting from spinal cord injury** – complete loss of motor function in the limbs. We shall provide cover only where such paralysis affects at least two limbs and has persisted for at least three months or, before the end of that three-month period, it has been confirmed that there is no reasonable prospect of recovery of complete motor function.
 The date of occurrence of the insured event shall be the date on which, according to the medical records, the following conditions were met:
 a) the paralysis referred to above had persisted for three months; or
 b) before the expiry of that three-month period, it was confirmed that there was no reasonable prospect of recovery from the paralysis.
- 40) **Progressive supranuclear palsy** – a neurodegenerative disease of the central nervous system characterised by the accumulation of abnormal protein and degeneration of brain nerve cells.
 We shall provide cover only where progressive supranuclear palsy has been diagnosed by a neurologist and impairment of motor function has been confirmed during the course of the disease.
 The date of occurrence of the insured event shall be the date on which, according to the medical records, the following conditions were met:
 a) progressive supranuclear palsy was diagnosed in the manner described above; and
 b) the consequences of progressive supranuclear palsy referred to above were confirmed.
- 41) **Chronic kidney disease requiring renal replacement therapy** – an abnormality in the structure or function of the kidneys requiring permanent dialysis or kidney transplantation.
 The date of occurrence of the insured event shall be the first day on which, according to the medical records, one of the above methods of renal replacement therapy for chronic kidney disease was initiated.
- 42) **Rheumatoid arthritis with disability** – a chronic systemic connective tissue disease characterised by symmetrical involvement of the peripheral joints, resulting in disability.
 We shall provide cover only where rheumatoid arthritis with disability has been diagnosed by a consultant rheumatologist and has resulted in the inability, without the assistance of another person, to perform at least one of the following four activities of daily living:
 a) moving between rooms within the home;
 b) eating prepared meals independently;
 c) dressing and undressing;
 d) washing and maintaining personal hygiene.
 The date of occurrence of the insured event shall be the date on which, according to the medical records, the following conditions were met:
 a) rheumatoid arthritis was diagnosed in the manner described above; and
 b) the inability, without the assistance of another person, to perform at least one of the above activities of daily living had persisted for three months.
- 43) **Surgically treated brain abscess** – a localised intracranial infection resulting in the formation of a collection of pus within a vascularised capsule, which has been surgically removed.
 We shall provide cover only where the brain abscess has been removed by craniotomy or through a burr hole.
 The date of occurrence of the insured event shall be the date on which, according to the medical records, the following conditions were met:
 a) a brain abscess was diagnosed; and
 b) at least one of the methods of treatment described above was carried out.
- 44) **Disseminated intravascular coagulation (DIC)** – a disorder of blood coagulation resulting in microvascular thrombosis and haemorrhage, leading to failure of the internal organs.

We shall provide cover only where disseminated intravascular coagulation (DIC) required hospitalisation and the diagnosis is unequivocally confirmed by the medical records.

The date of occurrence of the insured event shall be the date on which, according to the medical records, the following conditions were met:

- a) disseminated intravascular coagulation (DIC) was diagnosed in the manner described above; and
- b) hospitalisation was required.

- 45) **Idiopathic pulmonary fibrosis** – a chronic, progressive interstitial lung disease of unknown cause, resulting in fibrosis confined to the lungs.

We shall provide cover only where idiopathic pulmonary fibrosis has been diagnosed by a consultant respiratory physician on the basis of lung imaging or a lung biopsy.

Our cover does not include hypersensitivity pneumonitis, pneumoconiosis, pulmonary fibrosis occurring in the course of connective tissue diseases, or drug-induced pulmonary fibrosis.

The date of occurrence of the insured event shall be the date on which, according to the medical records, idiopathic pulmonary fibrosis was diagnosed in the manner described above.

- 46) **Sarcoidosis** – a systemic granulomatous disease characterised by involvement of the lymph nodes and internal organs.

We shall provide cover only where sarcoidosis has been diagnosed by a consultant respiratory physician, cardiologist or rheumatologist and has involved the heart or at least one lung.

The date of occurrence of the insured event shall be the date on which, according to the medical records:

- a) sarcoidosis was diagnosed in the manner described above; and
- b) involvement of one of the organs referred to above was confirmed.

- 47) **End-stage respiratory failure** – impairment of the respiratory system caused by chronic respiratory disease, resulting in a permanent reduction in blood oxygenation.

We shall provide cover only where end-stage respiratory failure has resulted in a partial pressure of oxygen in arterial blood of less than 55 mmHg and has been treated by continuous daily oxygen therapy for a period of at least three months.

The date of occurrence of the insured event shall be the date on which, according to the medical records, the following conditions were met:

- a) end-stage respiratory failure was diagnosed in the manner described above; and
- b) the above method of treatment had been used continuously for three months.

- 48) **End-stage liver failure** – the final stage of impaired liver function.

We shall provide cover only where end-stage liver failure is accompanied by at least two of the following complications:

- a) hepatic encephalopathy;
- b) ascites;
- c) persistent jaundice.

Our cover does not include end-stage liver failure caused by alcohol, the misuse of medicines, or other substances toxic to the liver.

The date of occurrence of the insured event shall be the date on which, according to the medical records, end-stage liver failure was confirmed in the manner described above.

- 49) **Sepsis** – a systemic, non-specific response of the body to microorganisms and their toxins present in the bloodstream.

We shall provide cover only where the diagnosis of sepsis is unequivocally confirmed by the medical records and has resulted in failure of at least two of the following organ systems or organs:

- a) central nervous system;
- b) cardiovascular system;
- c) respiratory system;
- d) haematopoietic system;
- e) kidneys;
- f) liver.

The date of occurrence of the insured event shall be the date on which, according to the medical records, the following conditions were met:

- a) sepsis was diagnosed in the manner described above; and
- b) failure of at least two of the organ systems or organs listed above was confirmed.

- 50) **Pseudoarthrosis** – failure of a fractured bone to unite or failure of fracture healing to progress within the period in which complete bone union would normally be expected.

We shall provide cover only where non-union fracture (pseudoarthrosis) has been diagnosed by a consultant orthopaedic surgeon on the basis of imaging studies and involves one of the following bones:

- a) humerus;
- b) ulna;
- c) radius;
- d) femur;
- e) tibia.

The date of occurrence of the insured event shall be the date on which, according to the medical records, pseudoarthrosis was diagnosed in the manner described above.

- 51) **Multiple sclerosis** – a disease of the central nervous system characterised by neurological deficits resulting from disseminated demyelinating lesions.

We shall provide cover only where multiple sclerosis has been diagnosed by a consultant neurologist on the basis of neurological symptoms and magnetic resonance imaging (MRI) demonstrating dissemination of demyelinating lesions in both time and anatomical location within the central nervous system.

The date of occurrence of the insured event shall be the date on which, according to the medical records, multiple sclerosis was diagnosed in the manner described above.

- 52) **Coma with severe neurological sequelae resulting from brain injury** – a state of profound impairment of consciousness caused by brain injury, characterised by the absence of response to external auditory or painful stimuli.
We shall provide cover only where the coma has persisted continuously for at least 96 hours and, 30 days after its onset:
- a) a neurological examination confirms the persistence of a neurological deficit; or
 - b) a score of less than 24 points is obtained on the Mini-Mental State Examination (MMSE).
- Our cover does not include coma resulting from alcohol, the misuse of medicines, or other substances toxic to the brain.
The date of occurrence of the insured event shall be the date on which, according to the medical records, the following conditions were met:
- a) coma was diagnosed in the manner described above; and
 - b) at least one of the consequences referred to above was confirmed.
- 53) **Surgically treated abdominal aortic aneurysm** – a localised dilatation of the abdominal aorta beyond its normal diameter, which may be accompanied by dissection of the aortic wall and has been treated surgically.
The date of occurrence of the insured event shall be the date on which, according to the medical records, the following conditions were met:
- a) an abdominal aortic aneurysm was diagnosed; and
 - b) the method of treatment described above was carried out.
- 54) **Surgically treated thoracic aortic aneurysm** – a localised dilatation of the thoracic aorta beyond its normal diameter, which may be accompanied by dissection of the aortic wall and has been treated surgically.
The date of occurrence of the insured event shall be the date on which, according to the medical records, the following conditions were met:
- a) a thoracic aortic aneurysm was diagnosed; and
 - b) the method of treatment described above was carried out.
- 55) **Interventionally treated cerebral aneurysm** – an intracranial aneurysm that has been excluded from the circulation. We shall provide cover only where the cerebral aneurysm has been treated by neurosurgical clipping following craniotomy or by endovascular occlusion without craniotomy.
The date of occurrence of the insured event shall be the date on which, according to the medical records, the following conditions were met:
- a) a cerebral aneurysm was diagnosed; and
 - b) one of the methods of treatment described above was carried out.
- 56) **Tetanus** – an infectious disease caused by the neurotoxin produced by *Clostridium tetani*.
We shall provide cover only where tetanus has been diagnosed on the basis of a test identifying the causative pathogen and has required hospitalisation.
The date of occurrence of the insured event shall be the date on which, according to the medical records, the following conditions were met:
- a) tetanus was diagnosed in the manner described above; and
 - b) hospitalisation was required.
- 57) **Systemic lupus erythematosus with internal organ involvement** – a chronic systemic connective tissue disease characterised by involvement of the skin, joints and internal organs.
We shall provide cover only where systemic lupus erythematosus with internal organ involvement has been diagnosed by a consultant rheumatologist and has involved at least one of the following organs or organ systems:
- a) kidneys;
 - b) heart;
 - c) nervous system.
- The date of occurrence of the insured event shall be the date on which, according to the medical records, the following conditions were met:
- a) systemic lupus erythematosus was diagnosed in the manner described above; and
 - b) involvement of one of the organs or organ systems listed above was confirmed.
- 58) **Transplantation** – the surgical transplantation into the recipient's body of a human organ or tissue obtained from a donor.
We shall provide cover only where the recipient has undergone:
- a) heart transplantation;
 - b) lung transplantation;
 - c) liver or partial liver transplantation;
 - d) pancreas or partial pancreas transplantation;
 - e) intestinal or partial intestinal transplantation; or
 - f) allogeneic bone marrow transplantation.
- The date of occurrence of the insured event shall be the date on which one of the above transplant procedures was performed, according to the medical records.
- 59) **Systemic sclerosis with internal organ involvement** – a chronic systemic connective tissue disease characterised by damage to blood vessels, progressive fibrosis of the skin and involvement of the internal organs. We shall provide cover only where systemic sclerosis has been diagnosed by a consultant dermatologist or consultant rheumatologist and has involved at least one of the following organs:
- a) lungs;
 - b) gastrointestinal tract;
 - c) kidneys;
 - d) heart.
- Our cover does not include localised, generalised, bullous, linear or deep scleroderma.
The date of occurrence of the insured event shall be the date on which, according to the medical records, the following conditions were met:
- a) systemic sclerosis was diagnosed in the manner described above; and
 - b) involvement of at least one of the organs listed above was confirmed.

- 60) **Stroke resulting in a permanent neurological deficit** – a sudden focal or global disturbance of brain function caused solely by occlusion of a cerebral blood vessel or rupture of its wall, resulting in a permanent neurological deficit. We shall only cover a stroke with permanent neurological deficit where:
- brain imaging has unequivocally confirmed acute vascular changes or the stroke was treated with thrombolytic therapy, and
 - a neurological examination performed 3 months after the stroke confirmed the persistence of the neurological deficit resulting from the stroke.
- Our cover 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 the insured event shall be the date on which, according to the medical records, the following conditions were met:
- stroke resulting in a permanent neurological deficit was diagnosed in the manner described above, or the thrombolytic treatment referred to above was administered; and
 - the consequences of the stroke referred to above were confirmed.
- 61) **Traumatic brain injury** – injury to the skull associated with damage to the brain, the intracranial portions of the cranial nerves, or the meninges.
- We shall provide cover only where the traumatic brain injury required hospitalisation and, for a period of at least three months, resulted in the inability, without the assistance of another person, to perform at least three of the following five activities of daily living:
- moving between rooms within the home;
 - eating prepared meals independently;
 - dressing and undressing;
 - washing and maintaining personal hygiene;
 - maintaining bowel and bladder continence.
- The date of occurrence of the insured event shall be the date on which, according to the medical records, three months had elapsed during which the Insured Person remained unable, without the assistance of another person, to perform at least three of the activities of daily living listed above.
- 62) **Loss of a limb** – the loss of all or part of a limb.
- We shall provide cover only for the loss of an upper limb above the wrist or a lower limb above the ankle.
- The date of occurrence of the insured event shall be the date on which, according to the medical records, the loss of the limb occurred.
- 63) **Neurosurgically treated hydrocephalus** – enlargement of the cerebral ventricular system resulting from impaired production or absorption of cerebrospinal fluid, treated surgically.
- We shall provide cover only where hydrocephalus has been treated by insertion of an extracranial ventricular shunt with valve implantation.
- The date of occurrence of the insured event shall be the date on which, according to the medical records, the following conditions were met:
- hydrocephalus was diagnosed; and
 - the method of treatment described above was carried out.
- 64) **Ulcerative colitis with complications** – chronic non-specific inflammation of the wall of the large intestine resulting in complications.
- We shall provide cover only where ulcerative colitis has been diagnosed on the basis of histopathological examination and at least one of the following complications has been confirmed:
- pseudopolypoidosis of the colon;
 - toxic megacolon.
- The date of occurrence of the insured event shall be the date on which, according to the medical records, the following conditions were met:
- ulcerative colitis was diagnosed in the manner described above; and
 - at least one of the complications listed above was confirmed.
- 65) **Rabies** – an infectious disease caused by the rabies virus or related viruses.
- We shall provide cover only where rabies has been diagnosed on the basis of a test identifying the causative pathogen and has resulted in encephalitis or myelitis.
- The date of occurrence of the insured event shall be the date on which, according to the medical records, the following conditions were met:
- rabies was diagnosed in the manner described above; and
 - at least one of the above complications of rabies was confirmed.
- 66) **HIV infection resulting from blood transfusion** – infection with the human immunodeficiency virus acquired as a result of the transfusion of blood or blood products.
- The date of occurrence of the insured event shall be the date on which, according to the medical records, HIV infection resulting from blood transfusion was diagnosed.
- 67) **Occupational HIV infection** – infection with the human immunodeficiency virus acquired in the course of performing occupational duties.
- The date of occurrence of the insured event shall be the date on which, according to the medical records, HIV infection acquired in the course of performing occupational duties was diagnosed.
- 68) **Infected pancreatic necrosis** – infection of necrotic pancreatic or peripancreatic tissue occurring during acute pancreatitis.
- We shall provide cover only where necrotic pancreatic or peripancreatic tissue has been surgically removed.
- The date of occurrence of the insured event shall be the date on which, according to the medical records, the method of treatment described above was carried out.

- 69) **Valvular heart disease treated by surgical valve replacement** – an anatomical abnormality of a native heart valve requiring surgical replacement with a prosthetic or biological valve.
The date of occurrence of the insured event shall be the date on which, according to the medical records, the following conditions were met:
- a) valvular heart disease was diagnosed; and
 - b) the method of treatment described above was carried out.
- 70) **Pulmonary embolism** – obstruction of the pulmonary artery caused by a thrombus.
We shall provide cover only where the thrombus is located in the main pulmonary artery. The date of occurrence of the insured event shall be the date on which, according to the medical records, pulmonary embolism was diagnosed.
- 71) **Myocardial infarction** – damage to part of the heart muscle resulting from acute myocardial ischaemia.
We shall provide cover only where the diagnosis of myocardial infarction is confirmed by a rise and/or fall in cardiac troponin levels, with at least one value above the upper reference limit, together with at least one of the following:
- 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 cardiac troponin levels increase to:
- 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 insured event shall be the date on which, according to the medical records, myocardial infarction was diagnosed in the manner described above.
- 72) **Short bowel syndrome** – a condition following resection of, or loss of function of, all or part of the small intestine, resulting in malabsorption requiring permanent parenteral nutrition, i.e. intravenous administration of nutrients. We shall provide cover only where permanent parenteral nutrition has been instituted.
The date of occurrence of the insured event shall be the date on which permanent parenteral nutrition commenced.
- 73) **Ankylosing spondylitis** – spondyloarthropathy characterised by involvement of the sacroiliac and spinal joints, leading to spinal ankylosis.
We shall provide cover only where ankylosing spondylitis has been diagnosed by a consultant rheumatologist.
The date of occurrence of the insured event shall be the date on which, according to the medical records, ankylosing spondylitis was diagnosed in the manner described above.
- 74) **Gas gangrene** – an infectious disease caused by Clostridium species responsible for gas gangrene, occurring as a result of severe wound infection.
We shall provide cover only where gas gangrene has been diagnosed on the basis of a test identifying the causative pathogen and has resulted in muscle necrosis and systemic toxemia requiring hospitalisation. The date of occurrence of the insured event shall be the date on which, according to the medical records, the following conditions were met:
- a) gas gangrene was diagnosed in the manner described above;
 - b) the complications referred to above were confirmed; and
 - c) the method of treatment described above was provided.
- 75) **Granulomatosis with polyangiitis (Wegener's granulomatosis)** – an autoimmune disease characterised by involvement of small and medium-sized blood vessels in the respiratory system or kidneys.
We shall provide cover only where granulomatosis with polyangiitis has been diagnosed by a consultant respiratory physician, consultant rheumatologist or consultant nephrologist.
The date of occurrence of the insured event shall be the date on which, according to the medical records, granulomatosis with polyangiitis was diagnosed in the manner described above.

2. The table below sets out the insured events included within each level of cover.

EVENT		BASIC COVER	BASIC COVER	EXTENDED PLUS COVER	EXTENDED EXTRA COVER
1	Bacterial encephalitis or meningitis			✓	✓
2	Bacterial endocarditis			✓	✓
3	Cerebral echinococcosis	✓	✓	✓	✓
4	Lyme carditis			✓	✓
5	Neuroborreliosis (neurological Lyme disease)			✓	✓
6	Total loss of speech	✓	✓	✓	✓
7	Total bilateral hearing loss			✓	✓
8	Total bilateral loss of vision		✓	✓	✓
9	Borrelial lymphoma				✓
10	Addison's disease				✓
11	Alzheimer's disease		✓	✓	✓
12	Creutzfeldt-Jakob disease	✓	✓	✓	✓
13	Huntington's disease			✓	✓
14	Crohn's disease with complications	✓	✓	✓	✓
15	Motor neurone disease (amyotrophic lateral sclerosis)			✓	✓
16	Coronary artery disease treated with coronary artery bypass grafting	✓	✓	✓	✓
17	Parkinson's disease		✓	✓	✓
18	Cardiac conduction system disease treated by surgical implantation of a cardiac pacing system				✓
19	Pituitary adenoma				✓
20	Tuberculosis requiring hospital treatment			✓	✓
21	Phaeochromocytoma				✓
22	Idiopathic pulmonary hypertension				✓
23	Hypertrophic cardiomyopathy				✓
24	Takotsubo cardiomyopathy				✓
25	Tick-borne encephalitis	✓	✓	✓	✓
26	Intracranial haematoma treated surgically				✓
27	Myasthenia gravis				✓
28	Aplastic anaemia	✓	✓	✓	✓
29	Benign brain tumour		✓	✓	✓
30	Benign spinal cord tumour				✓
31	Malignant tumour	✓	✓	✓	✓
32	Frostbite requiring hospital treatment				✓
33	Peripartum loss of the uterus				✓
34	Oesophageal burn with perforation				✓
35	Burns requiring hospital treatment		✓	✓	✓
36	Primary sclerosing cholangitis				✓
37	Fulminant viral hepatitis				✓
38	Kidney or partial liver donation for transplantation				✓
39	Paralysis of the limbs due to spinal cord injury		✓	✓	✓

EVENT		BASIC COVER	BASIC COVER	EXTENDED PLUS COVER	EXTENDED EXTRA COVER
40	Progressive supranuclear palsy				✓
41	Chronic kidney disease requiring renal replacement therapy	✓	✓	✓	✓
42	Rheumatoid arthritis with disability		✓	✓	✓
43	Brain abscess treated surgically	✓	✓	✓	✓
44	Disseminated intravascular coagulation (DIC)				✓
45	Idiopathic pulmonary fibrosis				✓
46	Sarcoidosis				✓
47	End-stage respiratory failure				✓
48	End-stage liver failure			✓	✓
49	Sepsis	✓	✓	✓	✓
50	Pseudoarthrosis				✓
51	Multiple sclerosis			✓	✓
52	Coma with severe sequelae due to brain injury	✓	✓	✓	✓
53	Abdominal aortic aneurysm treated surgically			✓	✓
54	Thoracic aortic aneurysm treated surgically			✓	✓
55	Cerebral aneurysm treated by intervention				✓
56	Tetanus	✓	✓	✓	✓
57	Systemic lupus erythematosus with internal organ involvement		✓	✓	✓
58	Transplantation		✓	✓	✓
59	Systemic sclerosis with internal organ involvement				✓
60	Stroke with permanent neurological deficit	✓	✓	✓	✓
61	Traumatic brain injury		✓	✓	✓
62	Loss of a limb			✓	✓
63	Hydrocephalus treated neurosurgically				✓
64	Ulcerative colitis with complications		✓	✓	✓
65	Rabies	✓	✓	✓	✓
66	HIV infection resulting from a blood transfusion	✓	✓	✓	✓
67	Occupational HIV infection	✓	✓	✓	✓
68	Infected pancreatic necrosis			✓	✓
69	Valvular heart disease treated by surgical valve implantation			✓	✓
70	Pulmonary embolism	✓	✓	✓	✓
71	Myocardial infarction	✓	✓	✓	✓
72	Short bowel syndrome				✓
73	Ankylosing spondylitis				✓
74	Gas gangrene	✓	✓	✓	✓
75	Granulomatosis with polyangiitis (Wegener's granulomatosis)				✓



**INSURANCE PRODUCT INFORMATION
DOCUMENT
AND GENERAL TERMS AND CONDITIONS
IN THE EVENT OF THE INSURED
DEVELOPING EARLY-STAGE
MALIGNANT TUMOUR**



ADDITIONAL GROUP INSURANCE IN THE EVENT OF THE INSURED DEVELOPING EARLY-STAGE MALIGNANT TUMOUR

Condition code: RUGP55

Version dated: 20.11.2021

This is the key information material. Full details of the insurance can be found in other documents, in particular in the general conditions of the additional group insurance in case of the insured developing early-stage malignant tumour, conditions code: RUGP55 (GTC). Please read the GTCs before deciding to conclude the agreement. The definitions used in the GTCs can have meanings that deviate from their common meanings, so please make sure to pay particular attention to them. The conclusion of the agreement is voluntary.

PRODUCT INFORMATION

- is presented for information purposes,
- is not part of the insurance agreement (agreement),
- does not constitute a trade offer within the meaning of article 66 of the Civil Code,
- should not be the sole basis for a decision on insurance.

THE SCOPE AND OBJECT OF INSURANCE – WHAT IS INSURED?

We insure the health of the insured.

Coverage includes the following occurrences in the period of protection:

- the first time a malignant tumour is diagnosed at a pre-invasive stage (so-called in situ) within any of the eight in situ categories set out in the GTCs; or
- the first time a malignant tumour is diagnosed at an early stage of invasion as listed in the GTC.

PRODUCT CHARACTERISTICS – WHAT ARE THE MAIN FEATURES OF OUR INSURANCE?

If you develop an early stage malignant tumour, we will pay you a benefit equal to a percentage of the sum insured current at the date of the early stage malignant tumour.

Supplementary insurance may be taken out either with or during the conclusion of the basic – Group insurance PZU Na Życie Plus or during its duration, provided that an additional group insurance contract for a serious illness of the insured is concluded or in force at the same time.

WHO CAN CONCLUDE AN AGREEMENT WITH US, WHO DO WE INSURE?

The additional insurance is concluded by the policyholder who pays the insurance premiums.

The additional insurance may be joined by insured persons who joined the basic insurance and the additional group insurance in the event of a severe illness of the insured.

WHAT IS THE DURATION OF THE INSURANCE?

The policyholder may take out supplementary insurance with us for a limited period. We confirm the duration of the additional insurance in the policy. If the additional insurance is taken out between policy anniversaries, our cover continues until the next policy anniversary.

WHAT LOCATION DOES THE INSURANCE COVER?

The insurance cover operates worldwide, 24 hours a day.

HOW AND WHEN SHOULD THE CONTRIBUTIONS BE PAID?

The policyholder transfers the premium together with the premium for the basic insurance.

WHEN DOES THE INSURANCE COVERAGE BEGIN AND END?

Coverage under the supplementary insurance commences as described in the basic insurance. Cover under the additional insurance shall only commence if the cover under the basic insurance and the additional group insurance in case of a severe illness of the insured is in force.

The cover under the supplementary insurance ceases:

- on the date of termination of cover in the primary insurance or supplementary group insurance in the event of a severe illness of the insured,
- from the date on which we receive the policyholder's declaration that he or she is withdrawing from the additional insurance;
- on the date of termination of cover under the supplementary insurance – if not renewed;
- on the last day of the month in which you cancel the supplementary insurance;
- at the end of the month of the supplementary insurance on the current terms and conditions, if they have not given the required consent to change the supplementary insurance;
- as from the date of expiry of the notice period of the supplementary insurance;
- as from the date on which the supplementary insurance is terminated.

MAIN EXCLUSIONS AND LIMITATIONS OF THE INSURANCE COVERAGE – WHAT IS NOT COVERED BY THE INSURANCE?

We will not pay the benefit in the event of:

- recurrence of pre-invasive malignant neoplasms in a given category,
- failure to provide documents necessary to determine the validity of the claim as far as we are unable to establish our liability or the amount of the benefit on the basis of other evidence.

In addition, we are not liable if a situation is not covered, it does not meet the definition set out in the agreement or our liability has ended (e.g. due to non-payment of premiums as well as in other cases indicated in the GTC).

HOW TO TERMINATE THE AGREEMENT?

The policyholder has the right to cancel the supplementary insurance agreement within 30 days after its conclusion or, if the policyholder is an entrepreneur, within 7 days from the conclusion of the agreement. After this period, the policyholder has the right to terminate the agreement by a written notice. The Policyholder has the right to cancel the extension of the additional insurance by sending us a written notice of non-renewal no later than 30 days prior to its termination.

REMUNERATION FOR THE DISTRIBUTOR OF THE INSURANCE

The distributor shall receive a commission in connection with the proposed agreement.

COMPLAINTS, OBJECTIONS AND GRIEVANCES

1. A claim, complaint or grievance shall be submitted to any of our units where we serve our customers.
2. A complaint, grievance or complaint can be submitted:
 - 1) in writing – in person or by mail, within the meaning of the Postal Law Act, for example by writing to the following address:
PZU Życie SA 18A Postępu St., 02-676 Warsaw (address for correspondence only);
 - 2) in writing – sent to the address for electronic delivery of PZU Życie SA, within the meaning of the Electronic Delivery Act, from the date of entering that address into the database of electronic addresses;
 - 3) verbally – by phone, for instance by calling the telephone helpline on 801 102 102, or in person, confirmed by means of a protocol during a visit to our unit;
 - 4) electronically – by sending an e-mail to reklamacje@pzu.pl or by filling in the form at www.pzu.pl.
3. We respond to complaints, grievances and complaints as soon as possible, however no later than 30 days after the day on which we receive them. If we are unable to respond in particularly complex cases within 30 days, we will inform you:
 - 1) why the response is delayed;
 - 2) what circumstances we still need to establish in order to process the case;
 - 3) what is the new time limit for our response – it may not exceed 60 days from the date on which we received the complaint, claim or grievance.
4. We respond to complaints, claims and grievances to the person who made them:
 - 1) in cases where the customer is a natural person – in writing, except that the response may be delivered by e-mail only at the customer's request;

- 2) where the customer is an entity other than those referred to in item 1 – in writing or using another durable medium.
5. If, after the complaint has been investigated:
 - 1) we have not honoured the claims made or
 - 2) we have accepted the claim, but within the time limit specified in the reply to that claim we have not carried out the acts we obliged to take
 - the individual who has made a complaint has the right to write to the Financial Ombudsman to request this.
6. We deal with complaints, grievances and complaints in our units, which have authority over the subject matter.
7. Additional information on complaints are provided in the Act on Complaints Handling by Financial Market Entities and Financial Ombudsman and in the Act on Insurance Distribution.
8. PZU provides for the possibility of resolving conflicts out of court.
9. The entity authorized within the meaning of the Act on out-of-court handling of consumer disputes, competent for PZU SA to handle disputes out of court is the Financial Ombudsman. The website address: rf.gov.pl.
10. In the event that the insured or the policyholder, beneficiary and the rights holder are consumers, they can turn to the Municipal and District Consumer Ombudsmen for assistance.
11. PZU communicates with its consumers in Polish.
12. PZU is supervised by the Financial Supervision Authority.



**GENERAL TERMS
ADDITIONAL GROUP INSURANCE IN THE EVENT
OF THE OCCURRENCE OF MALIGNANT TUMOR IN
THE INSURED AT AN EARLY STAGE**

The table below presents the provisions of the general terms and conditions of additional group insurance in the case an early-stage malignant tumour is found in the insured person, terms and conditions code RUGP55 (GTC), which govern the exclusion and limitation of the insurance company's liability.

These provisions constitute a part of the GTC, and their indications are a result of the legal regulations (Article 17, section 1 of the Insurance and Reinsurance Act).

No.	Type of information	Record number
1.	Conditions for benefit payment	items 1-2 items 4-6 items 14-16 item 38 items 39-44 item 45
2.	Restrictions and exemptions of the facility's liability insurance granting the right to refuse to pay benefits or their reduction	items 1-2 items 7-11 items 12-13 items 35-36 item 37 item 45

Information about the insurance are available from:

 at pzu.pl



at the helpline 801 102 102
(charged according to the operator's tariff)



GENERAL CONDITIONS FOR SUPPLEMENTARY GROUP INSURANCE IN THE EVENT OF THE INSURED PERSON SUFFERING FROM MALIGNANT TUMOUR AT AN EARLY STAGE

GTC code: RUGP55

The Board of Directors of PZU Życie SA established the general terms and conditions of additional group insurance in the event of the occurrence of malignant tumour in the insured person by resolution no. UZ/202/2021 of 9 November 2021 (hereinafter referred to as the GTC).

These General Terms and Conditions shall enter into force on 01 December 2021 and shall apply to insurance agreements concluded from 1 January 2022.

The policyholder shall read the GTC carefully before concluding the contract and communicate the GTC to anyone who wishes to take out insurance.

Please read the GTC you have received from your policyholder carefully before you take out insurance.

GLOSSARY

– i.e. what do the terms actually mean

1. the GTC uses the following terminology:

- 1) **additional group insurance against the severe illness of the insured** – additional insurance in the event of severe illness of the insured indicated by PZU Życie SA in the agreement;
- 2) malignant tumour at an early stage - means a malignant neoplasm at a pre-invasive stage (so-called in situ) or a malignant neoplasm at an early stage of invasion;
- 3) **pre-invasive malignant neoplasm, so-called in situ** – it is a malignant neoplasm diagnosed in its early form, without features of crossing the basement membrane, which is a limitation for the spread of cancer cells through the blood and lymphatic system.

We are only responsible for such a malignant tumour in the pre-invasive stage (so-called in situ), which is placed in one of the following categories of the International Statistical Classification of Diseases and Related Health Problems ICD-10:

- a) D00 – carcinoma in situ of the mouth, oesophagus and stomach,
- b) D01 – carcinoma in situ of other and unspecified parts of digestive organs,
- c) D02 – carcinoma in situ of the middle ear and respiratory system,
- d) D03 – melanoma in situ,
- e) D05 – carcinoma in situ of a nipple,
- f) D06 – carcinoma in situ of uterine cervix,
- g) D07 – carcinoma in situ of other and unspecified genital organs,
- h) D09 – carcinoma in situ of other and unspecified sites,

subject to the condition that our cover under this insurance does not include pre-invasive malignant neoplasm (so-called in situ neoplasm), which falls under category D04 – skin cancer of the International Statistical Classification of Diseases and Health Problems.

The stage of malignant tumour in the pre-invasive stage (so-called in situ) is confirmed by histopathology or cytological examination;

- 4) **malignant neoplasm at an early stage of invasion** – malignant neoplasm diagnosed at an early stage, without signs of metastasis. We shall be solely responsible for:
 - a) papillary thyroid carcinoma – the advancement level of which was described according to TNM scale as T1aN0M0,
 - b) malignant melanoma of the skin – the advancement level of which was described according to TNM scale as T1aN0M0,
 - c) malignant neoplasm of the prostate gland (prostate, steroid) - the advancement level of which described according to the TNM scale as T1aN0M0 or T1bN0M0,
 - d) malignant neoplasm of the cervix – described according to the CIN scale as CIN1, CIN2 or CIN3.

e) malignant granulomatosis (Hodgkin's disease) – discovered in the initial stadium,

The stage of malignant tumour in the early invasive phase from a) to d) is confirmed by histopathological or cytological examination.

The stage of malignant granulomatosis is confirmed by histopathological examination and the localisation of the lymph nodes involved in the neoplastic process;

- 5) **insurance protection period** – the period of time during which our liability to the insured under the supplementary insurance continues;
- 6) **diagnostic and therapeutic management** – such medical procedure consisting of: medical history
a physical examination of the patient and additional examinations to establish the diagnosis or medical treatment;

- 7) **supplementary insurance** – the insurance agreement to which these GTC apply;
 - 8) **basic insurance** – PZU Na Życie Plus group insurance agreement, to which the policyholder has the right to take out additional insurance;
 - 9) **occurrence of malignant tumour at an early stage** – diagnosis of early-stage malignant neoplasm confirmed by histopathological or cytological examination during the protection period.
2. Other terms that we use in these GTC are defined in the general terms and conditions of basic insurance and supplementary group critical illness insurance – we use these terms in the same sense.

OBJECT OF INSURANCE

– what do we insure

3. We insure your health.

SCOPE OF INSURANCE AND THE BENEFIT AMOUNT

– which events do we pay for and what amounts

4. Supplementary insurance cover includes the occurrence of an incident in you during the period of cover:
 - 1) the first time a malignant tumour is diagnosed at a pre-invasive stage (so-called in situ) within any of the eight in situ categories set out in item 1(3)(a) to (h) or
 - 2) the first time a malignant tumour is diagnosed at an early stage of invasion listed in points 1(4)(a) to (e).
5. The liability of PZU Życie SA also covers cases in which material for histopathological or cytology examination is taken during the insurance coverage period with respect to the Insured, and the date of histopathological or cytology examination confirming the diagnosis of neoplasm in situ falls after the expiry of coverage.
6. If you develop early stage malignant tumour, we will pay you a benefit equal to the percentage of the sum insured current at the date of the early stage malignant tumour as shown in your policy and individual confirmation of insurance.

EXCLUSIONS OF PROTECTION

– cases in which we are not going to pay out the benefit

7. Our liability also excludes:
 - 1) malignant tumours at a pre-invasive stage (so-called in situ) that have arisen as a direct result of radioactive or ionising radiation from thermonuclear reactions, a nuclear explosion;
 - 2) pre-invasive (so-called in situ) malignant tumours associated with HIV infection or AIDS;
 - 3) pre-invasive malignant neoplasm (so-called in situ neoplasm) of the oral cavity – if leucoplakia of the oral mucosa was diagnosed before the start of protection;
 - 4) malignant tumour in the pre-invasive (so-called in situ) stage of the oesophagus – if so-called Barrett's oesophagus was diagnosed before the onset of protection;
 - 5) pre-invasive (so-called in situ) malignant tumour of the stomach – if intestinal metaplasia is diagnosed before the onset of protection;
 - 6) pre-invasive (so-called in situ) malignant neoplasm of the large bowel – if familial polyposis of the large bowel or ulcerative colitis was diagnosed before the start of protection;
 - 7) pre-invasive (so-called in situ) malignant neoplasm of the cervix – if cervical dysplasia or human papilloma virus (HPV) infection was diagnosed before the start of protection;
 - 8) malignant tumours in the early stage of cervical invasion – if cervical dysplasia or human papilloma virus (HPV) infection has been diagnosed before the onset of protection.
8. Our liability does not cover early-stage malignant tumours which have occurred or for which diagnostic and treatment proceedings have been initiated in the insured before the start of the period of cover.
9. The exemption under section 8 shall not apply:
 - 1) to situations where the diagnostic and therapeutic procedure began and ended before the insured person reached the age of 18;
 - 2) an early-stage malignant neoplasm for which there is no causal relationship between a previous and a current occurrence of the same early-stage malignant neoplasm.
10. Our liability is limited to the payment of one benefit from each category of pre-invasive malignant neoplasm (so called in situ) listed in 1(3)(a) to (h).
11. After the occurrence of a malignant neoplasm:
 - 1) in the pre-invasive stage (so-called in situ) listed under 1(3)(a) to (h), our coverage ceases for cancers located in that category;
 - 2) in the early stage of invasion listed under 1(4)(a) to (e), our cover will lapse in respect of that cancer.

GRACE PERIOD

– the period of the lack of or limited liability of the insurance company after you have taken out supplementary insurance

12. We are not liable for the first 90 days counted from the moment you join the supplementary insurance.

13. We are liable if the early-stage malignant tumour was the result of an accident occurring within the first 90 days counted from your joining the supplementary insurance.

SUM INSURED

- what is it, and where is it indicated

14. The sum insured is the amount which we use as the basis for determining the benefit due.
15. The amount of the sum insured can be included in the policy and in the individual confirmation of insurance.
16. The sum insured does not change throughout the duration of the agreement. The sum insured is fixed, but may be changed by mutual agreement;

PREMIUM

- what does it depend on and when to pay it

17. Amount of the premium per the insured:
- 1) takes into account the grace periods that apply in supplementary insurance;
 - 2) it is fixed, but may be changed by mutual agreement;
 - 3) it depends on:
 - a) the sum insured,
 - b) benefit amount
 - c) the number, age structure and gender of those who take out insurance, as well as the type of work they do.
18. The amount of the premium applicable to the additional insurance agreement is specified in the application for conclusion of the agreement as well as in the policy.
19. The policyholder pays the premiums for the supplementary insurance on a monthly basis, together with the premium for the primary insurance.

TAKING OUT AND JOINING SUPPLEMENTARY INSURANCE

- i.e., How do we insure you

20. Supplementary insurance may be taken out either with or during the conclusion of the basic insurance or during its duration, provided that an additional group insurance contract for a hospital treatment of the insured is concluded or in force at the same time.
21. The additional insurance may be joined by insured persons who joined the basic insurance and the additional group insurance in the event of a severe illness of the insured.

DURATION OF SUPPLEMENTARY INSURANCE

- i.e., which period we take out the supplementary insurance for

22. The policyholder may take out supplementary insurance with us for a limited period. We confirm the duration of the additional insurance in the policy. If the additional insurance is taken out between policy anniversaries, our cover continues until the next policy anniversary.

EXTENSION OF SUPPLEMENTARY INSURANCE

- what are the rules for extending supplementary insurance

23. Unless otherwise agreed by either party to the agreement and provided that the basic insurance and the additional group critical illness insurance of the insured are in force, the additional insurance is extended for the next policy year automatically - under the same conditions. In this case, as an insured, you do not have to re-submit the declaration of membership.
24. Either party has the right to cancel the extension of the supplementary insurance, of which it shall notify the other party in writing. This must be done at the latest 30 days before the termination of this insurance.

WITHDRAWAL FROM SUPPLEMENTARY INSURANCE

- i.e. the conditions under which a policyholder may withdraw from the supplementary insurance

25. The cancellation of the additional insurance is carried out in accordance with the rules laid down in the basic insurance.
26. If the policyholder cancels the primary insurance, this results in cancellation of the secondary insurance.
27. If the policyholder withdraws from the additional insurance, this does not result in withdrawal from the primary insurance.
28. If the policyholder withdraws from the additional group insurance for severe illness of the insured, this shall also result in the withdrawal from the additional insurance.
29. If the policyholder withdraws from the additional insurance, this does not result in the withdrawal from the additional group insurance for severe illness of the insured.

TERMINATION OF SUPPLEMENTARY INSURANCE

– i.e. the manner in which the policyholder can cancel the supplementary insurance

- 30. The termination of the supplementary insurance is carried out in accordance with the rules outlined in the basic insurance.
- 31. In the event the policyholder terminates the primary insurance, this results in the termination of the secondary insurance.
- 32. If the policyholder terminates the additional insurance, this does not result in termination of the primary insurance.
- 33. If the policyholder terminates the additional group insurance for severe illness of the insured, this results in the termination of the additional insurance.
- 34. If the policyholder terminates the additional insurance, this does not result in the termination of the additional group insurance for severe illness of the insured.

THE BEGINNING OF OUR PROTECTION

– When our insurance protection starts

- 35. Coverage under the supplementary insurance commences as described in the basic insurance.
- 36. Cover under the additional insurance shall only commence if the cover under the basic insurance and the additional group insurance in case of a severe illness of the insured is in force.

THE CESSATION OF OUR PROTECTION

– i.e. when the supplementary insurance ends

- 37. The cover under the supplementary insurance ceases:
 - 1) on the date of termination of cover in the primary insurance or supplementary group insurance in the even of a severe illness of the insured;
 - 2) from the date on which we receive the policyholder's declaration that he or she is withdrawing from the additional insurance;
 - 3) on the date of termination of cover under the supplementary insurance – if not renewed;
 - 4) on the last day of the month in which you cancel the supplementary insurance;
 - 5) at the end of the month of the supplementary insurance on the current terms and conditions, if you have not given the required consent to change the supplementary insurance;
 - 6) as from the date of expiry of the notice period of the supplementary insurance;
 - 7) as from the date on which the supplementary insurance is terminated.

PERSONS ENTITLED TO OBTAIN THE BENEFIT

– the person to whom the payment is due

- 38. In such case you have the right to receive the benefit.

PROVISION OF THE HEALTH BENEFIT

– when we pay the benefit

- 39. If you develop malignant cancer at an early stage, provide us with:
 - 1) a request for payment of a benefit,
 - 2) such medical documentation which confirms the presence of a malignant tumour at a pre-invasive stage – in particular histopathological or cytology examination.
- 40. He have the right to seek additional information by:
 - 1) asking for the opinion of the doctor identified by us;
 - 2) order medical examinations– if necessary to establish our liability or the amount of benefit due to you.
- 41. We cover the costs of the doctor's opinion and the medical tests we order.
- 42. If the documents provided are not sufficient to consider that you are entitled to a benefit payment and in what amount, we may ask you for other necessary documents.
- 43. If the documents we have requested are in a language other than Polish, you must provide us with a Polish translation. This translation must be carried out by a sworn translator.
- 44. We decide on the payment of the benefit on the basis of the documentation provided.

FINAL PROVISIONS

– what other matters are important

- 45. Any matters not regulated by the supplementary insurance shall be subject to the general terms and conditions of basic insurance, the provisions of the Civil Code, the Act on Insurance and Reinsurance Activity and any other applicable laws.



**INSURANCE PRODUCT INFORMATION DOCUMENT
AND GENERAL TERMS AND CONDITIONS
OF THE SUPPLEMENTARY GROUP INSURANCE AGAINST
THE SPOUSE'S OR LIFE PARTNER'S SERIOUS ILLNESS**



SUPPLEMENTARY GROUP INSURANCE AGAINST THE SPOUSE'S OR LIFE PARTNER'S SERIOUS ILLNESS

Terms and Conditions Code: MCGP56

Document version dated 22 November 2025

This document contains information about the insurance product. Full details of the insurance are provided in other documents, in particular in the General Terms and Conditions of the Supplementary Group Insurance against the Spouse's or Life Partner's Serious Illness, Terms and Conditions Code: MCGP56 (the GTC). Before deciding whether to enter into the insurance contract, please read the GTC carefully. Definitions used in the GTC may differ from their commonly accepted meaning; therefore, please pay particular attention to them.

The conclusion of the contract is voluntary.

THIS DOCUMENT:

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

SUBJECT MATTER AND SCOPE OF COVER

We provide cover for an insured event occurring in the life of the Insured Person, namely the occurrence of an event affecting the spouse or life partner as described in the GTC.

The scope of the Insurance covers an insured event occurring in the life of the Insured Person, namely the occurrence, during the period of insurance, of an event affecting the spouse or life partner that satisfies all of the following conditions:

- meets the definition set out in the Appendix to the GTC;
- it falls within the scope of insured events covered under the insurance contract (policy);
- it occurred before the spouse or life partner reached the age of 70. The insurance is available under four levels of cover:
- Basic;
- Extended;
- Extended Plus;
- Extended Extra.

Information on the events covered under each level of cover is provided in the Appendix to the GTC. The scope of insured events is confirmed in the policy and in the individual certificate of insurance.

PRODUCT FEATURES – THE MAIN FEATURES OF OUR INSURANCE

If an insured event occurs in respect of your spouse or life partner, we shall pay the Insured Person a benefit equal to the percentage of the Sum Insured applicable on the date of occurrence of the insured event, as specified in the policy and in the individual certificate of insurance.

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

Premiums are paid by the Policyholder on a monthly basis together with the premium for the principal insurance policy.

COMMENCEMENT AND TERMINATION OF INSURANCE COVER

Cover under the supplementary insurance commences in accordance with the terms set out in the principal insurance policy. Cover under the Supplementary Insurance shall commence only if cover under the Principal Insurance is in force.

Insurance cover under the supplementary insurance shall terminate:

- on the date cover under the Principal Insurance terminates;
- on the date we receive the Policyholder's notice of withdrawal from the supplementary insurance;
- on the expiry date of the supplementary insurance cover, where it is not renewed;
- on the last day of the month in which you opt out of the supplementary insurance;
- at the end of the month during which the supplementary insurance remains in force on its existing terms and conditions, if you have not provided the required consent to a change in the supplementary insurance;
- on the date the notice period for termination of the supplementary insurance expires;
- on the date the supplementary insurance contract is terminated.

MAIN EXCLUSIONS AND LIMITATIONS OF INSURANCE COVER

No benefit will be payable in the following circumstances:

- the recurrence of the same insured event affecting the spouse or life partner, if a benefit has already been paid in respect of the previous occurrence of that insured event;
- failure to provide the documents necessary to determine the validity of the claim;
- the absence of our cover on the date of occurrence of the insured event affecting the spouse or life partner.

In addition, we shall not be liable if the insured event is not covered under the scope of the Insurance, does not meet the definition set out in the insurance contract, our liability has ceased, or in any other cases specified in the GTC.

TERMINATION OF THE CONTRACT

The Policyholder may withdraw from the supplementary insurance contract within:

- 7 days of entering into the contract, if the Policyholder is a business undertaking;
- 30 days of entering into the contract, if the Policyholder is not a business undertaking.

After this period, the Policyholder may terminate the contract by giving written notice.

The Policyholder may elect not to renew the supplementary insurance by submitting a written declaration of non-renewal no later than 30 days before the expiry of the insurance period.

INSURANCE DISTRIBUTOR'S REMUNERATION

Under the proposed contract, the insurance distributor receives commission-based remuneration.

COMPLAINTS, GRIEVANCES AND APPEALS

1. A complaint, grievance or appeal may be submitted at any of our customer service offices.
2. A complaint, grievance or appeal may be made:
 - 1) in writing – in person or by post within the meaning of the Postal Law Act, for example by writing to: PZU Życie SA ul. Postępu 18A, 02-676 Warsaw (correspondence address only), or by submitting correspondence through a postal or delivery service provider operating within the European Union;
 - 2) in writing – by sending it to the electronic delivery address of PZU Życie SA within the meaning of the Electronic Deliveries Act: AE:PL-50066-37983-FBWRA-37, as registered in the electronic address database referred to in the Act on Electronic Delivery;
 - 3) verbally – by telephone, for example by calling our helpline on 801 102 102, or in person at one of our offices, in which case the submission will be recorded in a written report;

- 4) electronically – by sending an email to reklamacje@pzu.pl or by completing the online form available at pzu.pl or www.moje.pzu.pl.
3. We will respond to any complaint or grievance as soon as possible and no later than 30 days from the date of receipt. In particularly complex cases, where it is not possible to provide a response within 30 days, we will inform you:
 - 1) of the reasons for the delay;
 - 2) of the circumstances that still need to be established in order to resolve the matter;
 - 3) of the revised deadline for our response, which shall not exceed 60 days from the date on which we received the complaint, grievance or appeal.
4. Responses to complaints, grievances or appeals will be provided to the person who submitted them:
 - 1) where the customer is a natural person, in writing; however, the response may be provided by electronic mail solely at the customer's request;
 - 2) where the customer is an entity other than that referred to in item 1, in writing or by means of another durable medium.
5. If, following the investigation of the complaint:
 - 1) we have not upheld the claims submitted; or
 - 2) we have upheld the claims but have failed to carry out, within the timeframe specified in our response, the actions we undertook to perform,
 - the individual who submitted the complaint may refer the matter to the Financial Ombudsman by submitting an application.
6. Complaints, grievances and appeals are considered by the organisational units responsible for the subject matter of the case.
7. Further information regarding complaints can be found in the Act on the Handling of Complaints by Financial Market Entities, the Financial Ombudsman and the Financial Education Fund, as well as in the Insurance Distribution Act.
8. We provide for the possibility of resolving disputes through out-of-court dispute resolution procedures.
9. For the purposes of the Act on Out-of-Court Consumer Dispute Resolution, the entity authorised to conduct out-of-court dispute resolution proceedings in relation to PZU Życie SA is the Financial Ombudsman. Financial Ombudsman's website: rf.gov.pl.
10. Where the Insured Person, the Policyholder, the Beneficiary or any entitled person is a consumer, they may also seek assistance from their municipal or district Consumer Ombudsman.
11. The language used by us in our dealings with consumers is Polish.
12. PZU Życie SA is supervised by the Polish Financial Supervision Authority (KNF).

The table below sets out the provisions of the General Terms and Conditions of the Supplementary Group Insurance against the Spouse's or Life Partner's Serious Illness, Terms and Conditions Code MCGP56 (the GTC), which specify the principal terms and conditions of the insurance contract.

This information forms part of the GTC and is provided pursuant to statutory requirements (Article 17(1) of the Insurance and Reinsurance Activity Act).

No.	Type of information	Clause reference
1.	Conditions for benefit payment	Clauses 1–2 Clauses 4–6 Clauses 16–18 Clause 40 Clauses 41–46 Clause 47
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 7–12 Clauses 13–15 Clauses 37–38 Clause 39 Clause 40 Clause 47

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 SPOUSE'S OR LIFE PARTNER'S SERIOUS ILLNESS



GTC Code: MCGP56

The Management Board of PZU Życie SA adopted these General Terms and Conditions of the Supplementary Group Insurance against the Spouse's or Life Partner's Serious Illness by Resolution No. UZ/165/2025 dated 14 October 2025 (hereinafter referred to as the GTC).

These GTC come into force on 22 November 2025 and apply to insurance contracts concluded from 1 December 2025 onwards.

Before entering into the insurance contract, the Policyholder should carefully review the GTC and provide a copy of the GTC to each person wishing to join the insurance scheme.

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

GLOSSARY

– what the terms used in these GTC mean

1. In these GTC, we use the following terms:
 - 1) **Cover Period** – the period during which we are liable to the Insured Person under the supplementary insurance;
 - 2) **Diagnostic and Therapeutic Procedure** – a medical process consisting of a medical history, physical examination of the patient and any additional diagnostic investigations required to establish a diagnosis, or any medical treatment provided for therapeutic purposes;
 - 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.
2. Other terms used in these GTC are defined in the General Terms and Conditions of the Principal Insurance and shall have the same meaning when used in these GTC.

SUBJECT-MATTER INSURED

– what is insured

3. We provide cover for an insured event occurring in your life, namely the occurrence of an event affecting your spouse or life partner as described in the GTC.

SCOPE OF COVER AND BENEFIT AMOUNT

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

4. The scope of the Supplementary Insurance covers an insured event occurring in your life, namely the occurrence, during the period of insurance, of an event affecting your spouse or life partner that satisfies all of the following conditions:
 - 1) meets the definition set out in the Appendix to these GTC;
 - 2) it falls within the scope of insured events covered under the insurance contract (policy);
 - 3) it occurred before the spouse or life partner reached the age of 70.
5. The Supplementary Insurance is available under four levels of cover:
 - 1) Basic;
 - 2) Extended;
 - 3) Extended Plus;
 - 4) Extended Extra.Information on the events covered under each level of cover is provided in the Appendix to the GTC. The selected level of cover is confirmed in the policy and in the individual certificate of insurance.
6. If an event specified in the Appendix to these GTC occurs in your spouse or life partner, we shall pay you a benefit equal to the percentage of the Sum Insured applicable on the date of occurrence of the event, as specified in the policy and in the individual certificate of insurance.

EXCLUSIONS OF COVER

– the circumstances in which no benefit will be payable

7. Our liability does not extend to any event affecting your spouse or life partner specified in the Appendix to these GTC if the event occurred:
 - 1) as a result of acts of war;

- 2) as a result of the spouse's or life partner's active participation in acts of terrorism or civil disturbances;
 - 3) as a result of the spouse or life partner committing or attempting to commit an act constituting an intentional criminal offence;
 - 4) where the spouse or life partner was involved in a traffic accident while driving a vehicle:
 - a) without the driving licence or other authorisation required by law; or
 - b) after consuming alcohol or while under the influence of alcohol, within the meaning of the Act on Upbringing in Sobriety and Counteracting Alcoholism; or
 - c) after using narcotic drugs, intoxicating substances, psychotropic substances, substitute substances or new psychoactive substances within the meaning of the Act on Counteracting Drug Addiction, provided that any of these circumstances contributed to the occurrence of the road traffic accident;
 - 5) where the spouse or life partner was under the influence of alcohol, within the meaning of the Act on Upbringing in Sobriety and Counteracting Alcoholism, or had used narcotic drugs, intoxicating substances, psychotropic substances, substitute substances or new psychoactive substances within the meaning of the Act on Counteracting Drug Addiction, provided that any of these circumstances contributed to the occurrence of the insured event;
 - 6) as a result of the spouse or life partner intentionally injuring himself or herself or attempting suicide;
 - 7) directly as a result of poisoning of the spouse's or life partner's body by alcohol consumed or by the use of narcotic drugs, intoxicating substances, psychotropic substances, substitute substances or new psychoactive substances, within the meaning of the provisions on counteracting drug addiction;
 - 8) where the spouse or life partner had reached the age of 70.
- 8. Our liability also excludes:**
- 1) events specified in the Appendix to these GTC resulting from an accident that occurred before the commencement of the cover period;
 - 2) total loss of hearing in both ears, where, before the commencement of the period of insurance, the spouse or life partner had been diagnosed with cancer or otosclerosis, which caused the hearing loss;
 - 3) total loss of sight in both eyes, where, before the commencement of the period of insurance, the spouse or life partner had been diagnosed with macular degeneration, glaucoma or diabetes that caused the loss of sight;
 - 4) coronary artery disease treated by coronary artery bypass graft surgery, where, before the commencement of the period of insurance, the spouse or life partner had been diagnosed with coronary artery disease or myocardial infarction;
 - 5) chronic kidney disease requiring renal replacement therapy, where, before the commencement of the period of insurance, the spouse or life partner had been diagnosed with an abnormality in the structure or function of the kidneys that caused the need for renal replacement therapy;
 - 6) disseminated intravascular coagulation (DIC), where, before the commencement of the cover period, the spouse or life partner had been diagnosed with thromboembolic disease;
 - 7) coma with severe neurological sequelae resulting from brain injury, where, before the commencement of the cover period, the spouse or life partner had been diagnosed with cancer, diabetes, kidney failure or liver failure, which was the cause of the coma with severe neurological sequelae;
 - 8) transplantation, where, before the commencement of the period of insurance, the spouse or life partner had been placed on a transplant waiting list;
 - 9) stroke resulting in permanent neurological deficit, where, before the commencement of the cover period, the spouse or life partner had been diagnosed with stroke, transient ischaemic attack (TIA) or cerebral atherosclerosis;
 - 10) loss of a limb, where, before the commencement of the cover period, the spouse or life partner had been diagnosed with diabetes or peripheral arterial disease, which was the cause of the amputation;
 - 11) infected pancreatic necrosis, where, before the commencement of the cover period, the spouse or life partner had been diagnosed with acute or chronic pancreatitis;
 - 12) heart valve disease treated surgically by valve implantation, where, before the commencement of the cover period, the spouse or life partner had been diagnosed with heart valve disease, which was the reason for the surgical treatment;
 - 13) pulmonary embolism, where, before the commencement of the period of insurance, the spouse or life partner had been diagnosed with thromboembolic disease;
 - 14) myocardial infarction, where, before the commencement of the cover period, the spouse or life partner had been diagnosed with coronary artery disease or a previous myocardial infarction had occurred;
 - 15) short bowel syndrome, where, before the commencement of the cover period, the spouse or life partner had been diagnosed with Crohn's disease.
- 9. Our liability does not extend to any event specified in the Appendix to these GTC that occurred, or in respect of which diagnostic and therapeutic procedures were commenced in relation to the spouse or life partner, during the three-year period preceding the commencement of the period of insurance. This exclusion does not apply to Clause 8.**
- 10. The exclusion referred to in Clause 9 does not apply:**
- 1) where the diagnostic and therapeutic procedure commenced and was completed before the spouse or life partner reached the age of 18; or
 - 2) where there is no causal relationship between the previous occurrence and the current occurrence of the same event.
- 11. In the case of malignant cancer, only one benefit shall be payable, irrespective of the location, number or type of malignant tumours.**
- 12. Once a benefit has been paid in respect of a particular event specified in the Appendix to these GTC, our cover in respect of that event shall cease.**

WAITING PERIOD

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

13. We shall not be liable during the first 180 days following your enrolment in the Supplementary Insurance.
14. We shall be liable if the insured event occurring in the life of the Insured Person, namely an event affecting the spouse or life partner specified in the Appendix to these GTC, resulted from an accident that occurred during the first 180 days following your enrolment in the Supplementary Insurance, subject to the exclusions set out in Clauses 7 and 8.
15. If you change the scope of insured events, we shall not be liable during the first 180 days in respect of those insured events affecting the spouse or life partner that were not covered under the previous scope of insured events. In such a case, the 180-day period shall be calculated from the commencement of cover under the new level of cover.

AMOUNT INSURED

– definition and amount

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

19. The premium for the Supplementary Insurance:
 - 1) reflects the waiting periods applicable under the Supplementary Insurance;
 - 2) is fixed, although it may be changed by mutual agreement between the parties;
 - 3) depends on:
 - a) the Sum Insured;
 - b) the scope of insurance;
 - c) the amount of the benefit;
 - d) the number of persons joining the insurance, their age and gender profile, and the nature of the work they perform.
20. The amount of the premium for the Supplementary Insurance is specified in the application for insurance and in the policy.
21. 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

22. The Supplementary Insurance may be taken out either at the same time as the Principal Insurance or during its term.
23. The Supplementary Insurance is available to Insured Persons who have joined the Principal Insurance.
24. Under the selected insurance option, the Policyholder may choose one of four scopes of serious illnesses: Basic, Extended, Extended Plus or Extended Extra.
25. The Policyholder may change the level of cover at any time.
26. To change the level of cover, the Policyholder must submit an application. The new level of cover takes effect on the first day of the month following the month in which the application is submitted.
27. Where you change your level of cover, the cover period applicable to the previous level of cover ends at the close of the day immediately preceding the commencement of the cover period under the new level of cover, subject to Clause 15.

DURATION OF THE SUPPLEMENTARY INSURANCE

– the period for which the Supplementary Insurance is taken out

28. 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

29. 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.

30. 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

31. Withdrawal from the Supplementary Insurance shall be governed by the rules set out in the Principal Insurance.
32. If the Policyholder withdraws from the Principal Insurance, this shall automatically result in withdrawal from the Supplementary Insurance.
33. 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

34. Termination of the Supplementary Insurance shall be governed by the rules set out in the Principal Insurance.
35. If the Policyholder terminates the Principal Insurance, this shall automatically result in termination of the Supplementary Insurance.
36. 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

37. Cover under the supplementary insurance commences in accordance with the terms set out in the principal insurance policy.
38. 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

39. Insurance cover under the supplementary insurance shall terminate:
- 1) on the date cover under the Principal Insurance terminates;
 - 2) on the date we receive the Policyholder's notice of withdrawal from the Supplementary Insurance;
 - 3) on the expiry date of the Supplementary Insurance cover, where it is not renewed;
 - 4) on the last day of the month in which you opt out of the Supplementary Insurance;
 - 5) at the end of the month during which the Supplementary Insurance remains in force on its existing terms and conditions, where you have not provided the required consent to a change in the Supplementary Insurance;
 - 6) on the date the notice period for termination of the Supplementary Insurance expires;
 - 7) on the date the supplementary insurance contract is terminated.

PERSON ENTITLED TO THE BENEFIT

– who is entitled to receive the benefit

40. You are entitled to receive the benefit. You are not entitled to a benefit in respect of an event affecting your life partner if, on the date of occurrence of the event affecting your life partner, you are married.

PAYMENT OF THE BENEFIT

– when we will pay the benefit

41. If an event specified in the Appendix to these GTC occurs in your spouse or life partner, please provide us with:
- 1) a completed benefit claim form;
 - 2) your marriage certificate, if the claim relates to an event affecting your spouse;
 - 3) medical documentation confirming the occurrence of the event affecting your spouse or life partner and, in the case of burns, confirming their degree and extent;
 - 4) documentation confirming the circumstances of the accident, if the serious illness resulted from an accident;
 - 5) the hospital treatment discharge summary, if your spouse or life partner stayed in hospital.
42. We may also request an opinion from a physician designated by us if this is necessary to determine our liability.
43. We will bear the cost of any medical opinion that we request.
44. If the documents you provide are insufficient for us to determine your entitlement to the benefit, we may ask you to submit any additional documents required.
45. If any documents requested by us are in a language other than Polish, you must provide a Polish translation prepared by a sworn translator.

46. Our decision on payment of the benefit will be based on the documentation provided.

FINAL PROVISIONS

– other important information

47. In matters not governed by the Supplementary Insurance, the General Terms and Conditions of the Principal Insurance, the provisions of the Polish Civil Code, the Insurance and Reinsurance Activity Act, and any other applicable laws and regulations shall apply.

APPENDIX
TO THE GENERAL TERMS AND CONDITIONS OF THE SUPPLEMENTARY GROUP
INSURANCE AGAINST THE SPOUSE'S OR LIFE PARTNER'S SERIOUS ILLNESS

1. Insured events covered under this insurance and the date on which an insured event is deemed to have occurred:
- 1) **Bacterial encephalitis or bacterial meningitis** – an infectious bacterial disease of the nervous system involving inflammation of the brain, spinal cord or meninges. We shall provide cover only where bacterial encephalitis or bacterial meningitis has been diagnosed on the basis of a test identifying the causative pathogen and has required hospitalisation. The date of occurrence of the insured event shall be the date on which, according to the medical records, the following conditions were met:
 - a) bacterial encephalitis or bacterial meningitis was diagnosed in the manner described above; and
 - b) hospitalisation was required.
 - 2) **Bacterial endocarditis** – inflammation of the endocardium caused by a bacterial infection. We shall provide cover only where the bacterial endocarditis affects the native heart valves or cardiac chambers, without prosthetic material or medical devices, and has been diagnosed on the basis of a test identifying the causative pathogen, or by diagnostic imaging or histopathological examination confirming endocardial damage. The date of occurrence of the insured event shall be the date on which, according to the medical records, the diagnostic imaging was performed or the specimen was obtained for the examinations referred to above, confirming bacterial endocarditis.
 - 3) **Cerebral echinococcosis** – an infectious disease caused by the Echinococcus tapeworm, characterised by the presence of hydatid cysts within the brain. We shall provide cover only where cerebral echinococcosis has been diagnosed on the basis of a test identifying the causative pathogen and the presence of hydatid cysts within the brain has been confirmed. The date of occurrence of the insured event shall be the date on which cerebral echinococcosis was diagnosed in the manner described above, according to the medical records.
 - 4) **Lyme carditis** – an infectious disease caused by Borrelia spirochaetes resulting in cardiac involvement. We shall provide cover only where Lyme carditis has been diagnosed on the basis of a test identifying the causative pathogen and at least one of the following clinical manifestations has been confirmed:
 - a) myocarditis;
 - b) pericarditis;
 - c) cardiac arrhythmia;
 - d) cardiac conduction disorder.The date of occurrence of the insured event shall be the date on which, according to the medical records, the following conditions were met:
 - a) Lyme carditis was diagnosed in the manner described above; and
 - b) at least one of the clinical manifestations listed above was confirmed.
 - 5) **Neuroborreliosis (neurological Lyme disease)** – an infectious disease caused by Borrelia spirochaetes resulting in involvement of the nervous system. We shall provide cover only where neuroborreliosis has been diagnosed on the basis of a test identifying the causative pathogen and has resulted in at least one of the following clinical manifestations:
 - a) encephalomyelitis;
 - b) meningitis;
 - c) cranial neuritis;
 - d) polyradiculitis.The date of occurrence of the insured event shall be the date on which, according to the medical records, the following conditions were met:
 - a) neuroborreliosis was diagnosed in the manner described above; and
 - b) at least one of the clinical manifestations listed above was confirmed;
 - 6) **Total loss of speech** – the permanent and irreversible loss of the ability to produce speech sounds and articulate intelligible language. We shall provide cover only where the total loss of speech results from disease or injury to the larynx and cannot be corrected, even partially, by any method. The date of occurrence of the insured event shall be the date on which total loss of speech was diagnosed in the manner described above, according to the medical records.
 - 7) **Total loss of hearing in both ears** – the permanent and irreversible bilateral loss of hearing. We shall provide cover only where the hearing loss has been diagnosed on the basis of an examination confirming that the average bilateral hearing threshold for speech frequencies is at least 90 dB. The date of occurrence of the insured event shall be the date on which total loss of hearing in both ears was diagnosed in the manner described above, according to the medical records.
 - 8) **Total loss of sight in both eyes** – the permanent and irreversible bilateral loss of vision. We shall provide cover only where the loss of sight has been diagnosed on the basis of an examination confirming that, after optical correction, visual acuity in both eyes is less than 0.1 (5/50) or the visual field is less than 20 degrees. The date of occurrence of the insured event shall be the date on which total loss of sight in both eyes was diagnosed in the manner described above, according to the medical records.
 - 9) **Borrelial lymphocytoma** – a manifestation of Lyme disease, an infectious disease caused by Borrelia spirochaetes. We shall provide cover only where the diagnosis of borrelial lymphocytoma has been confirmed by histopathological examination and serological blood tests. The date of occurrence of the insured event shall be the date on which borrelial lymphocytoma was diagnosed in the manner described above, according to the medical records.

- 10) **Addison's disease** – a clinical syndrome caused by prolonged deficiency of adrenal cortex hormones resulting from direct damage to the adrenal glands.
We shall provide cover only where Addison's disease has been diagnosed by an endocrinologist and treatment with hormone replacement therapy has been initiated.
The date of occurrence of the insured event shall be the date on which, according to the medical records, the following conditions were met:
- Addison's disease was diagnosed in the manner described above; and
 - the treatment referred to above was commenced.
- 11) **Alzheimer's disease** – a disease characterised by progressive impairment of memory and other cognitive functions leading to dementia.
We shall provide cover only where Alzheimer's disease has been diagnosed by a neurologist, psychiatrist or geriatrician on the basis of clinical findings and recognised diagnostic tests and assessment tools for Alzheimer's disease, and dementia has been confirmed.
The date of occurrence of the insured event shall be the date on which, according to the medical records, the following conditions were met:
- Alzheimer's disease was diagnosed in the manner described above; and
 - dementia, as described above, was confirmed.
- 12) **Creutzfeldt-Jakob disease** – a neurodegenerative disease of the central nervous system caused by prions. We shall provide cover only where Creutzfeldt-Jakob disease has been diagnosed by a neurologist and both dementia and impairment of motor function have been confirmed.
The date of occurrence of the insured event shall be the date on which, according to the medical records, the following conditions were met:
- Creutzfeldt-Jakob disease was diagnosed in the manner described above; and
 - the consequences described above were confirmed.
- 13) **Huntington's disease** – an inherited disorder of the central nervous system.
We shall provide cover only where Huntington's disease has been diagnosed by a neurologist on the basis of genetic testing and at least one of the following manifestations has been confirmed:
- motor impairment;
 - mood disorders; or
 - cognitive impairment.
- The date of occurrence of the insured event shall be the date on which, according to the medical records, the following conditions were met:
- Huntington's disease was diagnosed in the manner described above; and
 - at least one of the manifestations listed above was confirmed.
- 14) **Crohn's disease with complications** – a chronic, non-specific inflammation of the intestinal wall in the course of which complications have developed.
We are liable only for cases of Crohn's disease that have been diagnosed on the basis of a histopathological examination and in the course of which one of the following complications has been identified:
- intestinal fistula;
 - intestinal abscess;
 - intestinal stricture.
- The date of occurrence of the insured event shall be the date on which, according to the medical records, the following conditions were met:
- Crohn's disease was diagnosed in the manner described above; and
 - at least one of the complications of Crohn's disease listed above was confirmed.
- 15) **Motor neurone disease (amyotrophic lateral sclerosis)** – a neurodegenerative disease of the central and peripheral nervous systems caused by selective degeneration of motor neurones.
We shall provide cover only where motor neurone disease has been diagnosed by a neurologist on the basis of electromyography (EMG) and the following have been confirmed:
- muscle weakness or muscle wasting; and
 - limitation of voluntary movements.
- The date of occurrence of the insured event shall be the date on which, according to the medical records, the following conditions were met:
- motor neurone disease was diagnosed in the manner described above; and
 - muscle weakness or muscle wasting and limitation of voluntary movements were confirmed.
- 16) **Coronary artery disease treated by coronary artery bypass grafting** – coronary artery disease requiring the insertion of a bypass graft to circumvent a narrowed or occluded section of a coronary artery.
The date of occurrence of the insured event shall be the date on which, according to the medical records, the following conditions were met:
- coronary artery disease was diagnosed; and
 - the treatment referred to above was carried out.
- 17) **Parkinson's disease** – a neurodegenerative disease of the central nervous system caused by degeneration of nerve cells responsible for motor function.
We shall provide cover only where Parkinson's disease has been diagnosed by a neurologist and at least two of the following manifestations have been confirmed:
- resting tremor;
 - bradykinesia;
 - increased muscle tone.
- Our cover does not extend to secondary parkinsonism.
The date of occurrence of the insured event shall be the date on which, according to the medical records, the following conditions were met:
- Parkinson's disease was diagnosed in the manner described above; and
 - at least two of the manifestations of Parkinson's disease listed above were confirmed.

- 18) **Cardiac conduction system disease treated surgically by implantation of a cardiac pacing device** – sinus node dysfunction or a disorder of the cardiac conduction system requiring permanent implantation of a cardiac pacing device.
Our cover does not extend to procedures involving repositioning, revision or replacement of pacing leads or the cardiac pacing device
The date of occurrence of the insured event shall be the date on which, according to the medical records, the following conditions were met:
- a) cardiac conduction system disease was diagnosed; and
 - b) the treatment referred to above was carried out.
- 19) **Pituitary adenoma** – a tumour arising from hormone-producing cells of the anterior pituitary gland.
We shall provide cover only where the pituitary adenoma has been diagnosed by an endocrinologist or radiologist on the basis of diagnostic imaging.
The date of occurrence of the insured event shall be the date on which, according to the medical records, the pituitary adenoma was diagnosed in the manner described above.
- 20) **Tuberculosis requiring hospital treatment** – an infectious disease caused by *Mycobacterium tuberculosis* requiring hospital treatment.
We shall provide cover only where tuberculosis has been diagnosed on the basis of a test identifying the causative pathogen and has required both anti-tuberculosis therapy and hospitalisation.
The date of occurrence of the insured event shall be the date on which, according to the medical records, the following conditions were met:
- a) tuberculosis was diagnosed in the manner described above; and
 - b) both of the treatment methods referred to above were initiated.
- 21) **Phaeochromocytoma** – a tumour arising from chromaffin cells, located either in the adrenal glands or at an extra-adrenal site, the symptoms of which are associated with excessive secretion of catecholamines.
We shall provide cover only where the phaeochromocytoma has been diagnosed by an endocrinologist or radiologist on the basis of diagnostic imaging.
The date of occurrence of the insured event shall be the date on which, according to the medical records, the phaeochromocytoma was diagnosed in the manner described above.
- 22) **Idiopathic pulmonary arterial hypertension** – a syndrome of clinical manifestations caused by a spontaneous increase in pressure within the pulmonary artery.
We shall provide cover only where the mean resting pulmonary arterial pressure, measured by right heart catheterisation, is at least 25 mmHg.
Our cover does not extend to secondary pulmonary hypertension, including pulmonary hypertension resulting from other diseases or reactions to toxic substances, or to drug-induced pulmonary hypertension.
The date of occurrence of the insured event shall be the date on which, according to the medical records, idiopathic pulmonary arterial hypertension was diagnosed in the manner described above.
- 23) **Hypertrophic cardiomyopathy** – a genetically determined primary disorder of the heart muscle characterised by thickening of the walls of the left ventricle that is not caused by abnormal loading conditions.
We shall provide cover only where hypertrophic cardiomyopathy has been diagnosed by a cardiologist and has resulted in a left ventricular ejection fraction of less than 40%, or where an implantable cardioverter-defibrillator has been implanted as a result of the condition.
Our cover does not extend to left ventricular hypertrophy secondary to other cardiac diseases or systemic diseases.
The date of occurrence of the insured event shall be the date on which, according to the medical records, the following conditions were met:
- a) hypertrophic cardiomyopathy was diagnosed in the manner described above; and
 - b) the consequence referred to above was confirmed or the treatment referred to above was carried out.
- 24) **Takotsubo cardiomyopathy** – transient impairment of left ventricular wall contractility associated with elevated cardiac troponin levels above the upper limit of normal, in the absence of haemodynamically significant coronary artery stenosis
We shall provide cover only where Takotsubo cardiomyopathy has been diagnosed by a cardiologist and has required hospitalisation.
The date of occurrence of the insured event shall be the date on which, according to the medical records, the following conditions were met:
- a) Takotsubo cardiomyopathy was diagnosed in the manner described above; and
 - b) hospitalisation was required.
- 25) **Tick-borne encephalitis** – a viral infectious disease transmitted by ticks, characterised by inflammatory involvement of the brain or spinal cord.
We shall provide cover only where tick-borne encephalitis has been diagnosed on the basis of a test identifying the causative pathogen and has required hospitalisation.
The date of occurrence of the insured event shall be the date on which, according to the medical records, the following conditions were met:
- a) tick-borne encephalitis was diagnosed in the manner described above; and
 - b) hospitalisation was required.
- 26) **Intracranial haematoma treated surgically** – intracranial haemorrhage resulting in the formation of an intracerebral, subdural or epidural haematoma that has been surgically removed.
We shall provide cover only where the intracranial haematoma has been removed by craniotomy or through a burr hole.
The date of occurrence of the insured event shall be the date on which, according to the medical records, the following conditions were met:
- a) an intracranial haematoma was diagnosed; and
 - b) one of the treatment methods referred to above was carried out.

- 27) **Myasthenia gravis** – an autoimmune disorder of the neuromuscular junction characterised by fluctuating muscle weakness and fatigability.
We shall provide cover only where myasthenia gravis has been diagnosed by a neurologist.
The date of occurrence of the insured event shall be the date on which, according to the medical records, myasthenia gravis was diagnosed in the manner described above.
- 28) **Aplastic anaemia** – chronic and irreversible bone marrow failure resulting from depletion of all granulocytic, erythroid and megakaryocytic cell lines. We shall provide cover only where aplastic anaemia has been diagnosed on the basis of a bone marrow examination. The date of occurrence of the insured event shall be the date on which, according to the medical records, aplastic anaemia was diagnosed in the manner described above.
- 29) **Benign brain tumour** – a benign intracranial tumour of the brain, meninges or intracranial portions of the cranial nerves. We shall provide cover only where the benign brain tumour has been diagnosed on the basis of brain imaging or histopathological examination and has been removed or, where removal of the tumour was not possible, neurological deficits have been confirmed. Our cover does not extend to cysts, granulomas, vascular malformations, cerebral haematomas or pituitary tumours.
The date of occurrence of the insured event shall be the date on which, according to the medical records, the following conditions were met:
- brain imaging was performed or a specimen was obtained for the examinations referred to above, confirming the benign brain tumour; and
 - the treatment referred to above was carried out or the neurological deficits referred to above were confirmed.
- 30) **Benign spinal cord tumour** – a benign intradural tumour of the spinal cord or spinal meninges. We shall provide cover only where the benign spinal cord tumour has been diagnosed on the basis of imaging or histopathological examination and has been removed or, where removal of the tumour was not possible, neurological deficits have been confirmed.
Our cover does not extend to cysts, granulomas, vascular malformations or spinal cord haematomas.
The date of occurrence of the insured event shall be the date on which, according to the medical records, the following conditions were met:
- imaging was performed or a specimen was obtained for the examinations referred to above, confirming the benign spinal cord tumour; and
 - the treatment referred to above was carried out or the neurological deficits referred to above were confirmed.
- 31) **Malignant tumour** – uncontrolled proliferation of malignant cells capable of invading and destroying surrounding tissues and forming distant metastases, diagnosed on the basis of histopathological examination. We shall also provide cover for metastatic malignant cancer where no specimen has been obtained for histopathological examination, provided that the clinical presentation and diagnostic investigations clearly confirm the malignant nature of the neoplastic process.
Our cover does not extend to:
- cutaneous melanoma staged as T1aNO0M0 according to the TNM classification, or any skin cancer, including cutaneous lymphoma;
 - papillary thyroid carcinoma staged as T1aNO0M0 according to the TNM classification;
 - prostate cancer with a Gleason score of 6 or classified as ISUP Grade Group 1;
 - cervical cancer and cervical dysplasia classified as CIN1, CIN2 or CIN3;
 - Hodgkin lymphoma classified as Stage I;
 - malignant cancers classified as pre-invasive (carcinoma in situ);
 - malignant cancers associated with AIDS or HIV infection;
 - tumours of borderline malignancy, tumours of low malignant potential, non-invasive tumours, dysplasia and benign tumours.
- The date of occurrence of the insured event shall be the date on which, according to the medical records, the specimen for histopathological examination was obtained.
- 32) **Frostbite requiring hospital treatment** – localised damage to the skin and underlying tissues caused by exposure to low temperatures, resulting in tissue necrosis and tissue loss (i.e. third- or fourth-degree frostbite) and requiring hospitalisation. The date of occurrence of the insured event shall be the date on which, according to the medical records, the frostbite occurred and the the hospital treatment was provided as described above.
- 33) **Peripartum loss of the uterus** – loss of the entire uterus or removal of the uterine body while preserving the cervix as a result of complications of pregnancy or childbirth.
The date of occurrence of the insured event shall be the date on which, according to the medical records, the peripartum loss of the uterus occurred.
- 34) **Oesophageal burn with perforation** – injury to the oesophagus caused by a thermal or chemical agent, resulting in perforation (a full-thickness tear) of the oesophageal wall.
The date of occurrence of the insured event shall be the date on which, according to the medical records, the severe oesophageal burn and perforation occurred.
- 35) **Burn requiring hospital treatment** – localised injury to the skin and underlying tissues caused by a thermal, chemical or electrical agent, requiring hospitalisation, involving:

- a) burns affecting more than 60% of the body surface area, where only second-degree burns are present; or
 - b) burns affecting more than 60% of the body surface area, where second- and third-degree burns are present in combination; or
 - c) burns affecting more than 15% of the body surface area, where only third-degree burns are present.
- The date of occurrence of the insured event shall be the date on which, according to the medical records, one of the burns described above occurred and the hospital treatment was provided as described above.
- 36) **Primary sclerosing cholangitis** – a chronic disease characterised by autoimmune inflammation and secondary fibrosis of the bile ducts.
We shall provide cover only where primary sclerosing cholangitis has been diagnosed on the basis of imaging of the bile ducts.
The date of occurrence of the insured event shall be the date on which, according to the medical records, primary sclerosing cholangitis was diagnosed in the manner described above.
- 37) **Fulminant viral hepatitis** – rapidly progressive acute hepatitis caused by a viral infection.
We shall provide cover only where fulminant viral hepatitis has been diagnosed on the basis of a test identifying the causative pathogen and has required hospitalisation.
The date of occurrence of the insured event shall be the date on which, according to the medical records, the following conditions were met:
- a) fulminant viral hepatitis was diagnosed in the manner described above; and
 - b) hospitalisation was required.
- 38) **Kidney or partial liver donation for transplantation** – a surgical procedure to remove an organ from a donor for transplantation into a recipient.
We shall provide cover only for a donor who has undergone surgical removal of:
- a) a kidney; or
 - b) part of the liver, for transplantation.
- The date of occurrence of the insured event shall be the date on which, according to the medical records, one of the above organs was removed for transplantation.
- 39) **Paralysis of the limbs resulting from spinal cord injury** – complete loss of motor function in the limbs. We shall provide cover only where such paralysis affects at least two limbs and has persisted for at least three months or, before the end of that three-month period, it has been confirmed that there is no reasonable prospect of recovery of complete motor function.
The date of occurrence of the insured event shall be the date on which, according to the medical records, the following conditions were met:
- a) the paralysis referred to above had persisted for three months; or
 - b) before the expiry of that three-month period, it was confirmed that there was no reasonable prospect of recovery from the paralysis.
- 40) **Progressive supranuclear palsy** – a neurodegenerative disease of the central nervous system characterised by the accumulation of abnormal protein and degeneration of brain nerve cells.
We shall provide cover only where progressive supranuclear palsy has been diagnosed by a neurologist and impairment of motor function has been confirmed during the course of the disease.
The date of occurrence of the insured event shall be the date on which, according to the medical records, the following conditions were met:
- a) progressive supranuclear palsy was diagnosed in the manner described above; and
 - b) the consequences of progressive supranuclear palsy referred to above were confirmed.
- 41) **Chronic kidney disease requiring renal replacement therapy** – an abnormality in the structure or function of the kidneys requiring permanent dialysis or kidney transplantation.
The date of occurrence of the insured event shall be the first day on which, according to the medical records, one of the above methods of renal replacement therapy for chronic kidney disease was initiated.
- 42) **Rheumatoid arthritis with disability** – a chronic systemic connective tissue disease characterised by symmetrical involvement of the peripheral joints, resulting in disability.
We shall provide cover only where rheumatoid arthritis with disability has been diagnosed by a consultant rheumatologist and has resulted in the inability, without the assistance of another person, to perform at least one of the following four activities of daily living:
- a) moving between rooms within the home;
 - b) eating prepared meals independently;
 - c) dressing and undressing;
 - d) washing and maintaining personal hygiene.
- The date of occurrence of the insured event shall be the date on which, according to the medical records, the following conditions were met:
- a) rheumatoid arthritis was diagnosed in the manner described above; and
 - b) the inability, without the assistance of another person, to perform at least one of the above activities of daily living had persisted for three months.
- 43) **Surgically treated brain abscess** – a localised intracranial infection resulting in the formation of a collection of pus within a vascularised capsule, which has been surgically removed.
We shall provide cover only where the brain abscess has been removed by craniotomy or through a burr hole.
The date of occurrence of the insured event shall be the date on which, according to the medical records, the following conditions were met:
- a) a brain abscess was diagnosed; and
 - b) at least one of the methods of treatment described above was carried out.
- 44) **Disseminated intravascular coagulation (DIC)** – a disorder of blood coagulation resulting in microvascular thrombosis and haemorrhage, leading to failure of the internal organs.

We shall provide cover only where disseminated intravascular coagulation (DIC) required hospitalisation and the diagnosis is unequivocally confirmed by the medical records.

The date of occurrence of the insured event shall be the date on which, according to the medical records, the following conditions were met:

- a) disseminated intravascular coagulation (DIC) was diagnosed in the manner described above; and
- b) hospitalisation was required.

- 45) **Idiopathic pulmonary fibrosis** – a chronic, progressive interstitial lung disease of unknown cause, resulting in fibrosis confined to the lungs.

We shall provide cover only where idiopathic pulmonary fibrosis has been diagnosed by a consultant respiratory physician on the basis of lung imaging or a lung biopsy.

Our cover does not include hypersensitivity pneumonitis, pneumoconiosis, pulmonary fibrosis occurring in the course of connective tissue diseases, or drug-induced pulmonary fibrosis.

The date of occurrence of the insured event shall be the date on which, according to the medical records, idiopathic pulmonary fibrosis was diagnosed in the manner described above.

- 46) **Sarcoidosis** – a systemic granulomatous disease characterised by involvement of the lymph nodes and internal organs.

We shall provide cover only where sarcoidosis has been diagnosed by a consultant respiratory physician, cardiologist or rheumatologist and has involved the heart or at least one lung.

The date of occurrence of the insured event shall be the date on which, according to the medical records:

- a) sarcoidosis was diagnosed in the manner described above; and
- b) involvement of one of the organs referred to above was confirmed.

- 47) **End-stage respiratory failure** – impairment of the respiratory system caused by chronic respiratory disease, resulting in a permanent reduction in blood oxygenation.

We shall provide cover only where end-stage respiratory failure has resulted in a partial pressure of oxygen in arterial blood of less than 55 mmHg and has been treated by continuous daily oxygen therapy for a period of at least three months.

The date of occurrence of the insured event shall be the date on which, according to the medical records, the following conditions were met:

- a) end-stage respiratory failure was diagnosed in the manner described above; and
- b) the above method of treatment had been used continuously for three months.

- 48) **End-stage liver failure** – the final stage of impaired liver function.

We shall provide cover only where end-stage liver failure is accompanied by at least two of the following complications:

- a) hepatic encephalopathy;
- b) ascites;
- c) persistent jaundice.

Our cover does not include end-stage liver failure caused by alcohol, the misuse of medicines, or other substances toxic to the liver.

The date of occurrence of the insured event shall be the date on which, according to the medical records, end-stage liver failure was confirmed in the manner described above.

- 49) **Sepsis** – a systemic, non-specific response of the body to microorganisms and their toxins present in the bloodstream. We shall provide cover only where the diagnosis of sepsis is unequivocally confirmed by the medical records and has resulted in failure of at least two of the following organ systems or organs:

- a) central nervous system;
- b) cardiovascular system;
- c) respiratory system;
- d) haematopoietic system;
- e) kidneys;
- f) liver.

The date of occurrence of the insured event shall be the date on which, according to the medical records, the following conditions were met:

- a) sepsis was diagnosed in the manner described above; and
- b) failure of at least two of the organ systems or organs listed above was confirmed.

- 50) **Pseudoarthrosis** – failure of a fractured bone to unite or failure of fracture healing to progress within the period in which complete bone union would normally be expected.

We shall provide cover only where non-union fracture (pseudoarthrosis) has been diagnosed by a consultant orthopaedic surgeon on the basis of imaging studies and involves one of the following bones:

- a) humerus;
- b) ulna;
- c) radius;
- d) femur;
- e) tibia.

The date of occurrence of the insured event shall be the date on which, according to the medical records, pseudoarthrosis was diagnosed in the manner described above.

- 51) **Multiple sclerosis** – a disease of the central nervous system characterised by neurological deficits resulting from disseminated demyelinating lesions.

We shall provide cover only where multiple sclerosis has been diagnosed by a consultant neurologist on the basis of neurological symptoms and magnetic resonance imaging (MRI) demonstrating dissemination of demyelinating lesions in both time and anatomical location within the central nervous system.

The date of occurrence of the insured event shall be the date on which, according to the medical records, multiple sclerosis was diagnosed in the manner described above.

- 52) **Coma with severe neurological sequelae resulting from brain injury** – a state of profound impairment of consciousness caused by brain injury, characterised by the absence of response to external auditory or painful stimuli.
We shall provide cover only where the coma has persisted continuously for at least 96 hours and, 30 days after its onset:
- a) a neurological examination confirms the persistence of a neurological deficit; or
 - b) a score of less than 24 points is obtained on the Mini-Mental State Examination (MMSE).
- Our cover does not include coma resulting from alcohol, the misuse of medicines, or other substances toxic to the brain.
The date of occurrence of the insured event shall be the date on which, according to the medical records, the following conditions were met:
- a) coma was diagnosed in the manner described above; and
 - b) at least one of the consequences referred to above was confirmed.
- 53) **Surgically treated abdominal aortic aneurysm** – a localised dilatation of the abdominal aorta beyond its normal diameter, which may be accompanied by dissection of the aortic wall and has been treated surgically.
The date of occurrence of the insured event shall be the date on which, according to the medical records, the following conditions were met:
- a) an abdominal aortic aneurysm was diagnosed; and
 - b) the method of treatment described above was carried out.
- 54) **Surgically treated thoracic aortic aneurysm** – a localised dilatation of the thoracic aorta beyond its normal diameter, which may be accompanied by dissection of the aortic wall and has been treated surgically.
The date of occurrence of the insured event shall be the date on which, according to the medical records, the following conditions were met:
- a) a thoracic aortic aneurysm was diagnosed; and
 - b) the method of treatment described above was carried out.
- 55) **Interventionally treated cerebral aneurysm** – an intracranial aneurysm that has been excluded from the circulation. We shall provide cover only where the cerebral aneurysm has been treated by neurosurgical clipping following craniotomy or by endovascular occlusion without craniotomy.
The date of occurrence of the insured event shall be the date on which, according to the medical records, the following conditions were met:
- a) a cerebral aneurysm was diagnosed; and
 - b) one of the methods of treatment described above was carried out.
- 56) **Tetanus** – an infectious disease caused by the neurotoxin produced by *Clostridium tetani*.
We shall provide cover only where tetanus has been diagnosed on the basis of a test identifying the causative pathogen and has required hospitalisation.
The date of occurrence of the insured event shall be the date on which, according to the medical records, the following conditions were met:
- a) tetanus was diagnosed in the manner described above; and
 - b) hospitalisation was required.
- 57) **Systemic lupus erythematosus with internal organ involvement** – a chronic systemic connective tissue disease characterised by involvement of the skin, joints and internal organs.
We shall provide cover only where systemic lupus erythematosus with internal organ involvement has been diagnosed by a consultant rheumatologist and has involved at least one of the following organs or organ systems:
- a) kidneys;
 - b) heart;
 - c) nervous system.
- The date of occurrence of the insured event shall be the date on which, according to the medical records, the following conditions were met:
- a) systemic lupus erythematosus was diagnosed in the manner described above; and
 - b) involvement of one of the organs or organ systems listed above was confirmed.
- 58) **Transplantation** – the surgical transplantation into the recipient's body of a human organ or tissue obtained from a donor.
We shall provide cover only where the recipient has undergone:
- a) heart transplantation;
 - b) lung transplantation;
 - c) liver or partial liver transplantation;
 - d) pancreas or partial pancreas transplantation;
 - e) intestinal or partial intestinal transplantation; or
 - f) allogeneic bone marrow transplantation.
- The date of occurrence of the insured event shall be the date on which one of the above transplant procedures was performed, according to the medical records.
- 59) **Systemic sclerosis with internal organ involvement** – a chronic systemic connective tissue disease characterised by damage to blood vessels, progressive fibrosis of the skin and involvement of the internal organs.
We shall provide cover only where systemic sclerosis has been diagnosed by a consultant dermatologist or consultant rheumatologist and has involved at least one of the following organs:
- a) lungs;
 - b) gastrointestinal tract;
 - c) kidneys;
 - d) heart.
- Our cover does not include localised, generalised, bullous, linear or deep scleroderma.

The date of occurrence of the insured event shall be the date on which, according to the medical records, the following conditions were met:

- a) systemic sclerosis was diagnosed in the manner described above; and
- b) involvement of at least one of the organs listed above was confirmed.

- 60) **Stroke resulting in a permanent neurological deficit** – a sudden focal or global disturbance of brain function caused solely by occlusion of a cerebral blood vessel or rupture of its wall, resulting in a permanent neurological deficit.

We shall only cover a stroke with permanent neurological deficit where:

- a) brain imaging has unequivocally confirmed acute vascular changes or the stroke was treated with thrombolytic therapy, and
- b) a neurological examination performed 3 months after the stroke confirmed the persistence of the neurological deficit resulting from the stroke.

Our cover 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 the insured event shall be the date on which, according to the medical records, the following conditions were met:

- a) stroke resulting in a permanent neurological deficit was diagnosed in the manner described above, or the thrombolytic treatment referred to above was administered; and
- b) the consequences of the stroke referred to above were confirmed.

- 61) **Traumatic brain injury** – injury to the skull associated with damage to the brain, the intracranial portions of the cranial nerves, or the meninges.

We shall provide cover only where the traumatic brain injury required hospitalisation and, for a period of at least three months, resulted in the inability, without the assistance of another person, to perform at least three of the following five activities of daily living:

- a) moving between rooms within the home;
- b) eating prepared meals independently;
- c) dressing and undressing;
- d) washing and maintaining personal hygiene;
- e) maintaining bowel and bladder continence.

The date of occurrence of the insured event shall be the date on which, according to the medical records, three months had elapsed during which the Insured Person remained unable, without the assistance of another person, to perform at least three of the activities of daily living listed above.

- 62) **Loss of a limb** – the loss of all or part of a limb.

We shall provide cover only for the loss of an upper limb above the wrist or a lower limb above the ankle.

The date of occurrence of the insured event shall be the date on which, according to the medical records, the loss of the limb occurred.

- 63) **Neurosurgically treated hydrocephalus** – enlargement of the cerebral ventricular system resulting from impaired production or absorption of cerebrospinal fluid, treated surgically.

We shall provide cover only where hydrocephalus has been treated by insertion of an extracranial ventricular shunt with valve implantation.

The date of occurrence of the insured event shall be the date on which, according to the medical records, the following conditions were met:

- a) hydrocephalus was diagnosed; and
- b) the method of treatment described above was carried out.

- 64) **Ulcerative colitis with complications** – chronic non-specific inflammation of the wall of the large intestine resulting in complications.

We shall provide cover only where ulcerative colitis has been diagnosed on the basis of histopathological examination and at least one of the following complications has been confirmed:

- a) pseudopolypoidosis of the colon;
- b) toxic megacolon.

The date of occurrence of the insured event shall be the date on which, according to the medical records, the following conditions were met:

- a) ulcerative colitis was diagnosed in the manner described above; and
- b) at least one of the complications listed above was confirmed.

- 65) **Rabies** – an infectious disease caused by the rabies virus or related viruses.

We shall provide cover only where rabies has been diagnosed on the basis of a test identifying the causative pathogen and has resulted in encephalitis or myelitis.

The date of occurrence of the insured event shall be the date on which, according to the medical records, the following conditions were met:

- a) rabies was diagnosed in the manner described above; and
- b) at least one of the above complications of rabies was confirmed.

- 66) **HIV infection resulting from blood transfusion** – infection with the human immunodeficiency virus acquired as a result of the transfusion of blood or blood products.

The date of occurrence of the insured event shall be the date on which, according to the medical records, HIV infection resulting from blood transfusion was diagnosed.

- 67) **Occupational HIV infection** – infection with the human immunodeficiency virus acquired in the course of performing occupational duties.

The date of occurrence of the insured event shall be the date on which, according to the medical records, HIV infection acquired in the course of performing occupational duties was diagnosed.

- 68) **Infected pancreatic necrosis** – infection of necrotic pancreatic or peripancreatic tissue occurring during acute pancreatitis.

We shall provide cover only where necrotic pancreatic or peripancreatic tissue has been surgically removed. The date of occurrence of the insured event shall be the date on which, according to the medical records, the method of treatment described above was carried out.

- 69) **Valvular heart disease treated by surgical valve replacement** – an anatomical abnormality of a native heart valve requiring surgical replacement with a prosthetic or biological valve.
The date of occurrence of the insured event shall be the date on which, according to the medical records, the following conditions were met:
- valvular heart disease was diagnosed; and
 - the method of treatment described above was carried out.
- 70) **Pulmonary embolism** – obstruction of the pulmonary artery caused by a thrombus.
We shall provide cover only where the thrombus is located in the main pulmonary artery. The date of occurrence of the insured event shall be the date on which, according to the medical records, pulmonary embolism was diagnosed.
- 71) **Myocardial infarction** – damage to part of the heart muscle resulting from acute myocardial ischaemia.
We shall provide cover only where the diagnosis of myocardial infarction is confirmed by a rise and/or fall in cardiac troponin levels, with at least one value above the upper reference limit, together with at least one of the following:
- clinical symptoms of myocardial ischaemia;
 - new ischaemic changes on the ECG;
 - new loss of viable myocardium or new regional wall motion abnormality on imaging consistent with an ischaemic cause;
 - 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 cardiac troponin levels increase to:
- at least five times the upper reference limit following percutaneous coronary intervention; or
 - at least ten times the upper reference limit following coronary artery bypass grafting. The date of occurrence of the insured event shall be the date on which, according to the medical records, myocardial infarction was diagnosed in the manner described above.
- 72) **Short bowel syndrome** – a condition following resection of, or loss of function of, all or part of the small intestine, resulting in malabsorption requiring permanent parenteral nutrition, i.e. intravenous administration of nutrients. We shall provide cover only where permanent parenteral nutrition has been instituted.
The date of occurrence of the insured event shall be the date on which permanent parenteral nutrition commenced.
- 73) **Ankylosing spondylitis** – spondyloarthropathy characterised by involvement of the sacroiliac and spinal joints, leading to spinal ankylosis.
We shall provide cover only where ankylosing spondylitis has been diagnosed by a consultant rheumatologist.
The date of occurrence of the insured event shall be the date on which, according to the medical records, ankylosing spondylitis was diagnosed in the manner described above.
- 74) **Gas gangrene** – an infectious disease caused by Clostridium species responsible for gas gangrene, occurring as a result of severe wound infection.
We shall provide cover only where gas gangrene has been diagnosed on the basis of a test identifying the causative pathogen and has resulted in muscle necrosis and systemic toxemia requiring hospitalisation. The date of occurrence of the insured event shall be the date on which, according to the medical records, the following conditions were met:
- gas gangrene was diagnosed in the manner described above;
 - the complications referred to above were confirmed; and
 - the method of treatment described above was provided.
- 75) **Granulomatosis with polyangiitis (Wegener's granulomatosis)** – an autoimmune disease characterised by involvement of small and medium-sized blood vessels in the respiratory system or kidneys.
We shall provide cover only where granulomatosis with polyangiitis has been diagnosed by a consultant respiratory physician, consultant rheumatologist or consultant nephrologist.
The date of occurrence of the insured event shall be the date on which, according to the medical records, granulomatosis with polyangiitis was diagnosed in the manner described above.

2. The table below sets out the insured events included within each level of cover.

EVENT		BASIC COVER	BASIC COVER	EXTENDED PLUS COVER	EXTENDED EXTRA COVER
1	bacterial encephalitis or meningitis			✓	✓
2	Bacterial endocarditis			✓	✓
3	Cerebral echinococcosis	✓	✓	✓	✓
4	Lyme carditis			✓	✓
5	Neuroborreliosis (neurological Lyme disease)			✓	✓
6	Total loss of speech	✓	✓	✓	✓
7	Total bilateral hearing loss			✓	✓
8	Total bilateral loss of vision		✓	✓	✓
9	Borrelial lymphoma				✓
10	Addison's disease				✓
11	Alzheimer disease		✓	✓	✓
12	Creutzfeldt-Jakob disease	✓	✓	✓	✓
13	Huntington's disease			✓	✓
14	Crohn's disease with complications	✓	✓	✓	✓
15	Motor neurone disease (amyotrophic lateral sclerosis)			✓	✓
16	Coronary artery disease treated with coronary artery bypass grafting	✓	✓	✓	✓
17	Parkinson's disease		✓	✓	✓
18	Cardiac conduction system disease treated by surgical implantation of a cardiac pacing system				✓
19	Pituitary adenoma				✓
20	Tuberculosis requiring hospital treatment			✓	✓
21	Phaeochromocytoma				✓
22	Idiopathic pulmonary hypertension				✓
23	Hypertrophic cardiomyopathy				✓
24	Takotsubo cardiomyopathy				✓
25	Tick-borne encephalitis	✓	✓	✓	✓
26	Intracranial haematoma treated surgically				✓
27	Myasthenia gravis				✓
28	Aplastic anaemia	✓	✓	✓	✓
29	Benign brain tumour		✓	✓	✓
30	Benign spinal cord tumour				✓
31	Malignant tumour	✓	✓	✓	✓
32	Frostbite requiring hospital treatment				✓
33	Peripartum loss of the uterus				✓
34	Oesophageal burn with perforation				✓
35	Burns requiring hospital treatment		✓	✓	✓
36	Primary sclerosing cholangitis				✓
37	Fulminant viral hepatitis				✓
38	Kidney or partial liver donation for transplantation				✓
39	Paralysis of the limbs due to spinal cord injury		✓	✓	✓

EVENT		BASIC COVER	BASIC COVER	EXTENDED PLUS COVER	EXTENDED EXTRA COVER
40	Progressive supranuclear palsy				✓
41	Chronic kidney disease requiring renal replacement therapy	✓	✓	✓	✓
42	Rheumatoid arthritis with disability		✓	✓	✓
43	Brain abscess treated surgically	✓	✓	✓	✓
44	Disseminated intravascular coagulation (DIC)				✓
45	Idiopathic pulmonary fibrosis				✓
46	Sarcoidosis				✓
47	End-stage respiratory failure				✓
48	End-stage liver failure			✓	✓
49	Sepsis	✓	✓	✓	✓
50	Pseudoarthrosis				✓
51	Multiple sclerosis			✓	✓
52	Coma with severe sequelae due to brain injury	✓	✓	✓	✓
53	Abdominal aortic aneurysm treated surgically			✓	✓
54	Thoracic aortic aneurysm treated surgically			✓	✓
55	Cerebral aneurysm treated by intervention				✓
56	Tetanus	✓	✓	✓	✓
57	Systemic lupus erythematosus with internal organ involvement		✓	✓	✓
58	Transplantation		✓	✓	✓
59	Systemic sclerosis with internal organ involvement				✓
60	Stroke with permanent neurological deficit	✓	✓	✓	✓
61	Traumatic brain injury		✓	✓	✓
62	Loss of a limb			✓	✓
63	Hydrocephalus treated neurosurgically				✓
64	Ulcerative colitis with complications		✓	✓	✓
65	Rabies	✓	✓	✓	✓
66	HIV infection resulting from a blood transfusion	✓	✓	✓	✓
67	Occupational HIV infection	✓	✓	✓	✓
68	Infected pancreatic necrosis			✓	✓
69	Valvular heart disease treated by surgical valve implantation			✓	✓
70	Pulmonary embolism	✓	✓	✓	✓
71	Myocardial infarction	✓	✓	✓	✓
72	Short bowel syndrome				✓
73	Ankylosing spondylitis				✓
74	Gas gangrene	✓	✓	✓	✓
75	Granulomatosis with polyangiitis (Wegener's granulomatosis)				✓



**INSURANCE PRODUCT INFORMATION DOCUMENT AND
GENERAL TERMS AND CONDITIONS
IN THE EVENT OF A SPOUSE OR LIFE PARTNER
DEVELOPING EARLY-STAGE MALIGNANT TUMOUR**



ADDITIONAL GROUP INSURANCE IN THE EVENT OF A SPOUSE OR LIFE PARTNER DEVELOPING EARLY-STAGE MALIGNANT TUMOUR

Condition code: RMGP55

Version dated: 20.11.2021

This is the key information material. Full details of the insurance can be found in other documents, in particular in the general terms and conditions of the additional group insurance for early-stage malignant cancer in a spouse or life partner, conditions code: RMGP55 (GTC). Please read the GTCs before deciding to conclude the agreement. The definitions used in the GTC can have meanings that deviate from their common meanings, so please make sure to pay particular attention to them. The conclusion of the agreement is voluntary.

PRODUCT INFORMATION

- is presented for information purposes,
- is not part of the insurance agreement (agreement),
- does not constitute a trade offer within the meaning of article 66 of the Civil Code,
- should not be the sole basis for a decision on insurance.

THE SCOPE AND OBJECT OF INSURANCE – WHAT IS INSURED?

We insure an event in the life of the insured during the period of cover, which is the occurrence of a spouse or life partner during the period of cover:

- the first time a malignant tumour is diagnosed at a pre-invasive stage (so-called in situ) within any of the eight in situ categories set out in the GTCs; or
- the first time a malignant tumour is diagnosed at an early stage of invasion as listed in the GTC.
 - before the spouse or life partner reaches the age of 70.

PRODUCT CHARACTERISTICS – WHAT ARE THE MAIN FEATURES OF OUR INSURANCE?

If your spouse or life partner develops an early stage malignant tumour, we will pay you a benefit equal to a percentage of the sum insured current at the date of the early stage malignant tumour.

Supplementary insurance may be taken out either with or during the conclusion of the basic – Group insurance PZU Na Życie Plus or during its duration, provided that an additional group insurance contract for critical illness of a spouse or life partner is concluded or in force at the same time.

WHO CAN CONCLUDE AN AGREEMENT WITH US, WHO DO WE INSURE?

The additional insurance is concluded by the policyholder who pays the insurance premiums.

The supplementary insurance can be taken out by insureds who have joined the basic insurance and the supplementary group insurance for serious illness of a spouse or life partner.

WHAT IS THE DURATION OF THE INSURANCE?

The policyholder may take out supplementary insurance with us for a limited period. We confirm the duration of the additional insurance in the policy. If the additional insurance is taken out between policy anniversaries, our cover continues until the next policy anniversary.

WHAT LOCATION DOES THE INSURANCE COVER?

The insurance cover operates worldwide, 24 hours a day.

HOW AND WHEN SHOULD THE CONTRIBUTIONS BE PAID?

The premium is transferred by the policyholder together with the premium for the basic insurance.

WHEN DOES THE INSURANCE COVERAGE BEGIN AND END?

Coverage under the supplementary insurance commences as described in the basic insurance. Cover under the additional insurance shall only commence if the cover under the basic insurance and the additional group insurance in case of a severe illness of the spouse or life partner is in force.

The cover under the supplementary insurance ceases:

- from the date of termination of cover in the basic insurance or supplementary group insurance for critical illness of the spouse or life partner,
- from the date on which we receive the policyholder's declaration that he or she is withdrawing from the additional insurance;
- on the date of termination of cover under the supplementary insurance – if not renewed;
- on the last day of the month in which you cancel the supplementary insurance;
- at the end of the month of the supplementary insurance on the current terms and conditions, if they have not given the required consent to change the supplementary insurance;
- as from the date of expiry of the notice period of the supplementary insurance;
- as from the date on which the supplementary insurance is terminated.

MAIN EXCLUSIONS AND LIMITATIONS OF THE INSURANCE COVERAGE – WHAT IS NOT COVERED BY THE INSURANCE?

We will not pay the benefit in the event of:

- reoccurrence of pre-invasive malignant neoplasm in the spouse or life partner in the category concerned,
- failure to provide documents required to establish the validity of the claim.

In addition, we are not liable if a situation is not covered, it does not meet the definition set out in the agreement or our liability has ended (e.g. due to non-payment of premiums as well as in other cases indicated in the GTC).

HOW TO TERMINATE THE AGREEMENT?

The policyholder has the right to cancel the supplementary insurance agreement within 30 days after its conclusion or, if the policyholder is an entrepreneur, within 7 days from the conclusion of the agreement. After this period, the policyholder has the right to terminate the agreement by a written notice. The policyholder has right to cancel the extension of the additional insurance by sending us a written notice of non-renewal no later than 30 days prior to its termination.

REMUNERATION FOR THE DISTRIBUTOR OF THE INSURANCE

The distributor shall receive a commission in connection with the proposed agreement.

COMPLAINTS, OBJECTIONS AND GRIEVANCES

1. A claim, complaint or grievance shall be submitted to any of our units where we serve our customers.
2. A complaint, grievance or complaint can be submitted:
 - 1) in writing – in person or by mail, within the meaning of the Postal Law Act, for example by writing to the following address: PZU Życie SA 18A Postępu St., 02-676 Warsaw (address for correspondence only);
 - 2) in writing – sent to the address for electronic delivery of PZU Życie SA, within the meaning of the Electronic Delivery Act, from the date of entering that address into the database of electronic addresses;
 - 3) verbally – by phone, for instance by calling the telephone helpline on 801 102 102, or in person, confirmed by means of a protocol during a visit to our unit;
 - 4) electronically – by sending an e-mail to reklamacje@pzu.pl or by filling in the form at www.pzu.pl.
3. We respond to complaints, grievances and complaints as soon as possible, however no later than 30 days after the day on which we receive them. If we are unable to respond in particularly complex cases within 30 days, we will inform you:
 - 1) why the response is delayed;
 - 2) what circumstances we still need to establish in order to process the case;
 - 3) what is the new time limit for our response – it may not exceed 60 days from the date on which we received the complaint, claim or grievance.
4. We respond to complaints, claims and grievances to the person who made them:
 - 1) in cases where the customer is a natural person – in writing, except that the response may be delivered by e-mail only at the customer's request;
 - 2) where the customer is an entity other than those referred to in item 1 – in writing or using another durable medium.

5. If, after the complaint has been investigated:
 - 1) we have not honoured the claims made or
 - 2) we have accepted the claim, but within the time limit specified in the reply to that claim we have not carried out the acts we obliged to take
- the individual who has made a complaint has the right to write to the Financial Ombudsman to request this.
6. We deal with complaints, grievances and complaints in our units, which have authority over the subject matter.
7. Additional information on complaints are provided in the Act on Complaints Handling by Financial Market Entities and Financial Ombudsman and in the Act on Insurance Distribution.
8. PZU provides for the possibility of resolving conflicts out of court.
9. The entity authorized within the meaning of the Act on out-of-court handling of consumer disputes, competent for PZU Życie SA to handle disputes out of court is the Financial Ombudsman. The website address: rf.gov.pl.
10. In the event that the insured or the policyholder, beneficiary and the rights holder are consumers, they can turn to the Municipal and District Consumer Ombudsmen for assistance.
11. PZU communicates with its consumers in Polish.
12. PZU is supervised by the Financial Supervision Authority.



**GENERAL TERMS
ADDITIONAL GROUP INSURANCE
IN THE EVENT OF A SPOUSE OR LIFE PARTNER DEVELOPING EARLY-
STAGE MALIGNANT TUMOUR**

The table below presents the provisions of the general terms and conditions of additional group insurance in the case in a spouse or life partner of a spouse or life partner of an early stage malignant neoplasm, condition code RMGP55 (GTC), which govern the exclusion and limitation of the insurance company's liability.

These provisions constitute a part of the GTC, and their indications are a result of the legal regulations (Article 17, section 1 of the Insurance and Reinsurance Act).

No.	Type of information	Record number
1.	Conditions for benefit payment	item 1-2 item 4-6 item 14-16 item 38 item 39-44 item 45
2.	Restrictions and exemptions of the facility's liability insurance granting the right to refuse or reduce the payment of benefits or to reduce them	item 1-2 item 7-11 item 12-13 item 35-36 item 37 item 45

Information about the insurance are available from:

 at pzu.pl



at the helpline 801 102 102
(charged according to the operator's tariff)



GENERAL CONDITIONS FOR SUPPLEMENTARY GROUP INSURANCE IN THE EVENT OF A SPOUSE OR LIFE PARTNER DEVELOPING EARLY-STAGE MALIGNANT TUMOUR

GTC code: RMGP55

The Board of Directors of PZU Życie SA established the general terms and conditions of additional group insurance in the event of the occurrence of an in situ malignant tumour in the spouse or a life partner of the insured by resolution no. UZ/202/2021 of 9 November 2021 (hereinafter referred to as the GTC).

These General Terms and Conditions shall enter into force on 01 December 2021 and shall apply to insurance agreements concluded from 1 January 2022.

The policyholder shall read the GTC carefully before concluding the contract and communicate the GTC to anyone who wishes to take out insurance.

Please read the GTC you have received from your policyholder carefully before you take out insurance.

GLOSSARY

– i.e. what do the terms actually mean

1. the GTC uses the following terminology:

- 1) **additional group insurance for critical illness of a spouse or life partner** – additional insurance in case of serious illness of a spouse or life partner, as indicated by PZU Życie SA in the agreement;
- 2) **malignant tumour at an early stage** – means a malignant neoplasm at a pre-invasive stage (so-called in situ) or a malignant neoplasm at an early stage of invasion;
- 3) **pre-invasive malignant neoplasm, so-called in situ** – it is a malignant neoplasm diagnosed in its early form, without features of crossing the basement membrane, which is a limitation for the spread of cancer cells through the blood and lymphatic system.

We are only responsible for such a malignant tumour in the pre-invasive stage (so-called in situ), which is placed in one of the following categories of the International Statistical Classification of Diseases and Related Health Problems ICD-10:

- a) D00 – carcinoma in situ of the mouth, oesophagus and stomach,
- b) D01 – carcinoma in situ of other and unspecified parts of digestive organs,
- c) D02 – carcinoma in situ of the middle ear and respiratory system,
- d) D03 – melanoma in situ,
- e) D05 – carcinoma in situ of a nipple,
- f) D06 – carcinoma in situ of uterine cervix,
- g) D07 – carcinoma in situ of other and unspecified genital organs,
- h) D09 – carcinoma in situ of other and unspecified sites,

subject to the condition that our cover under this insurance does not include pre-invasive malignant neoplasm (so-called in situ neoplasm), which falls under category D04 – skin cancer of the International Statistical Classification of Diseases and Health Problems.

The stage of malignant tumour in the pre-invasive stage (so-called in situ) is confirmed by histopathological or cytological examination;

- 4) **malignant neoplasm at an early stage of invasion** – malignant neoplasm diagnosed at an early stage, without signs of metastasis. We shall be solely responsible for:
 - a) papillary thyroid carcinoma – the advancement level of which was described according to TNM scale as T1aN0M0,
 - b) malignant melanoma of the skin – the advancement level of which was described according to TNM scale as T1aN0M0,
 - c) malignant neoplasm of the prostate gland (prostate, steroid) – the advancement level of which described according to the TNM scale as T1aN0M0 or T1bN0M0,
 - d) malignant neoplasm of the cervix – described according to the CIN scale as CIN1, CIN2 or CIN3.
 - e) malignant granulomatosis (Hodgkin's disease) – discovered in the initial stadium,The stage of malignant tumour in the early invasive phase from a) to d) is confirmed by histopathological or cytological examination. The stage of malignant granulomatosis is confirmed by histopathological examination and the localisation of the lymph nodes involved in the neoplastic process;
- 5) **insurance protection period** – the period of time during which our liability to the insured under the supplementary insurance continues;
- 6) **diagnostic and treatment procedure** – medical procedure consisting of the patient's medical history, physical examination of the patient and additional examinations to establish the diagnosis or medical procedure aimed at treatment;
- 7) **supplementary insurance** – the insurance agreement to which these GTC apply;
- 8) **basic insurance** – PZU Na Życie Plus group insurance agreement, to which the policyholder has the right to take out additional insurance;
- 9) **occurrence of malignant tumour at an early stage** – diagnosis of early-stage malignant neoplasm confirmed by histopathological or cytological examination during the protection period.

2. The other terms used in these GTC are defined in the general terms and conditions of the basic insurance and the additional group insurance in case of severe illness of a spouse or a life partner – the same terms retain the same meaning.

OBJECT OF INSURANCE

– what do we insure

3. We insure an event in your life, which is the occurrence of early-stage malignant cancer in your spouse or life partner.

ZAKRES UBEZPIECZENIA I WYSOKOŚĆ WYPŁATY ŚWIADCZENIA

– czyli za jakie zdarzenie zapłacimy i ile

4. Supplementary cover covers an event in your life which is the occurrence of your spouse or life partner during the period of cover:
- 1) the first time a malignant tumour is diagnosed at a pre-invasive stage (so-called in situ) within any of the eight in situ categories set out in item 1(3)(a) to (h) or
 - 2) the first time a malignant tumour is diagnosed at an early stage of invasion listed in points 1(4)(a) to (e).
– before the spouse or life partner reaches the age of 70.
5. Cover is also provided where material for histopathology or cytology examination of the spouse or life partner is taken during the period of cover in respect of the insured person and the date of the examination histopathological or cytological examination confirming the diagnosis of early-stage malignant neoplasm fell after the expiry of protection.
6. If your spouse or life partner develops early-stage malignant cancer, we will pay you a benefit equal to the percentage of the sum insured current at the date of the early-stage malignant cancer as shown in your policy and individual confirmation of insurance.

EXCLUSIONS OF PROTECTION

– i.e. cases in which you are not eligible for a benefit

7. Our liability does not cover the occurrence of a spouse or life partner:
- 1) a malignant tumour in the pre-invasive stage (so-called in situ) that has arisen as a direct result of radioactive or ionising radiation from thermonuclear reactions, a nuclear explosion;
 - 2) pre-invasive (so-called in situ) malignant tumours associated with HIV infection or AIDS;
 - 3) pre-invasive malignant neoplasm (so-called in situ neoplasm) of the oral cavity - if leucoplakia of the oral mucosa was diagnosed before the onset of protection;
 - 4) malignant tumour in the pre-invasive (so-called in situ) stage of the oesophagus - if so-called Barrett's oesophagus was diagnosed before the onset of protection;
 - 5) pre-invasive (so-called in situ) malignant tumour of the stomach - if intestinal metaplasia was diagnosed before the onset of protection;
 - 6) pre-invasive malignant neoplasm (so-called in situ neoplasm) of the colon - if familial polyposis of the colon or ulcerative colitis was diagnosed before the start of protection;
 - 7) pre-invasive (so-called in situ) malignant neoplasm of the cervix - if cervical dysplasia or human papilloma virus (HPV) infection has been diagnosed before the start of protection;
 - 8) malignant neoplasm in the early stage of cervical invasion - if cervical dysplasia or human papilloma virus (HPV) infection has been diagnosed before the onset of protection;
 - 9) early-stage malignant neoplasm – if, at the date of the early-stage malignant neoplasm, the spouse or life partner was at least 70 years old.
8. Our liability does not cover early-stage malignant tumours which have occurred or for which diagnostic and treatment proceedings have begun in your spouse or life partner before the start of the period of cover.
9. The exemption under section 8 shall not apply:
- 1) situations where the diagnostic and therapeutic procedure began and ended before the spouse or life partner reached the age of 18;
 - 2) an early-stage malignant neoplasm for which there is no causal relationship between a previous and a current occurrence of the same early-stage malignant neoplasm.
10. Our liability is limited to the payment of one benefit for each category of malignant neoplasm in pre-invasive stadium (so-called in situ) listed in 1(3)(a) to (h).
11. After the occurrence of a malignant neoplasm:
- 1) in the pre-invasive stage (so-called in situ) listed in point 1(3)(a) to (h), our coverage ends for cancers located in that category;
 - 2) in the early stage of invasion listed under 1(4)(a) to (e), our cover will lapse in respect of that cancer.

GRACE PERIOD

– the period of the lack of or limited liability of the insurance company after you have taken out supplementary insurance

12. We are not liable for the first 180 days counted from the moment you join the supplementary insurance.

13. We are liable if the early-stage malignant tumour was the result of an accident occurring within the first 180 days of you taking out supplementary insurance.

SUM INSURED

– what is it, and where is it indicated

14. The sum insured is the amount which we use as the basis for determining the benefit due.
15. The amount of the sum insured can be included in the policy and in the individual confirmation of insurance.
16. The sum insured does not change throughout the duration of the agreement. The sum insured is fixed, but may be changed by mutual agreement;

PREMIUM

– what does it depend on and when to pay it

17. Amount of the premium per the insured:
1) takes into account the grace periods that apply in supplementary insurance;
2) it is fixed, but may be changed by mutual agreement;
3) it depends on:
a) the sum insured,
b) benefit amount
c) the number, age structure and gender of those who take out insurance, as well as the type of work they do.
18. The amount of the premium applicable to the additional insurance agreement is specified in the application for conclusion of the agreement as well as in the policy.
19. The policyholder pays us the premiums for the supplementary insurance on a monthly basis, together with the premium for the primary insurance.

TAKING OUT AND JOINING SUPPLEMENTARY INSURANCE

– i.e., How do we insure you

20. Supplementary insurance may be taken out either at the same time as or during the conclusion of the basic insurance, provided that an additional group insurance contract for critical illness of the spouse or life partner is taken out at the same time or is in force with the policyholder.
21. The supplementary insurance can be taken out by insured persons who have joined the basic insurance and the supplementary group insurance for serious illness of a spouse or life partner.

DURATION OF SUPPLEMENTARY INSURANCE

– i.e., which period we take out the supplementary insurance for

22. The policyholder may take out supplementary insurance with us for a limited period. We confirm the duration of the additional insurance in the policy. If the additional insurance is taken out between policy anniversaries, our cover continues until the next policy anniversary.

EXTENSION OF SUPPLEMENTARY INSURANCE

– what are the rules for extending supplementary insurance

23. Unless otherwise agreed by either contractual party and provided that the basic insurance and additional group insurance for critical illness of the spouse or life partner are in force, the additional insurance is extended for the next policy year automatically - under the same conditions. In this case, as an insured, you do not have to re-submit the declaration of membership.
24. Either party has the right to cancel the extension of the supplementary insurance, of which it shall notify the other party in writing. This must be done at the latest 30 days before the termination of this insurance.

WITHDRAWAL FROM SUPPLEMENTARY INSURANCE

– i.e. the conditions under which a policyholder may withdraw from the supplementary insurance

25. The cancellation of the additional insurance is carried out in accordance with the rules laid down in the basic insurance.
26. If the policyholder cancels the primary insurance, this results in cancellation of the secondary insurance.
27. If the policyholder withdraws from the additional insurance, this does not result in withdrawal from the primary insurance.
28. If the policyholder withdraws from the additional group insurance for critical illness of a spouse or life partner, this results in the withdrawal of the additional insurance.
29. If the policyholder withdraws from the supplementary insurance, this does not result in withdrawal from the supplementary group insurance for critical illness of a spouse or life partner.

TERMINATION OF SUPPLEMENTARY INSURANCE

– i.e. the manner in which the policyholder can cancel the supplementary insurance

- 30. The termination of the supplementary insurance is carried out in accordance with the rules outlined in the basic insurance.
- 31. In the event the policyholder terminates the primary insurance, this results in the termination of the additional insurance.
- 32. If the policyholder terminates the additional insurance, this does not result in termination of the primary insurance.
- 33. If the policyholder terminates the supplementary group insurance for serious illness of a spouse or life partner, this results in the termination of the supplementary insurance.
- 34. If the policyholder terminates the supplementary insurance, this does not result in the termination of the supplementary group insurance for critical illness of a spouse or life partner.

THE BEGINNING OF OUR PROTECTION

– When our insurance protection starts

- 35. Coverage under the supplementary insurance commences as described in the basic insurance.
- 36. Cover under the additional insurance shall only commence if the cover under the basic insurance and the additional group insurance in case of a severe illness of the spouse or life partner is in force.

THE CESSATION OF OUR PROTECTION

– i.e. when the supplementary insurance ends

- 37. The cover under the supplementary insurance ceases:
 - 1) from the date of termination of cover in the basic insurance or supplementary group insurance for critical illness of the spouse or life partner;
 - 2) from the date on which we receive the policyholder's declaration that he or she is withdrawing from the additional insurance;
 - 3) on the date of termination of cover under the supplementary insurance – if not renewed;
 - 4) on the last day of the month in which you cancel the supplementary insurance;
 - 5) at the end of the month of the supplementary insurance on the current terms and conditions, if they have not given the required consent to change the supplementary insurance;
 - 6) as from the date of expiry of the notice period of the supplementary insurance;
 - 7) as from the date on which the supplementary insurance is terminated.

PERSONS ENTITLED TO OBTAIN THE BENEFIT

– the person to whom the payment is due

- 38. In such case you have the right to receive the benefit.

PROVISION OF THE HEALTH BENEFIT

– when we pay the benefit

- 39. If your spouse or life partner develops malignant cancer at an early stage, provide us with:
 - 1) a request for payment of a benefit,
 - 2) consent to the processing of your spouse's or life partner's personal data;
 - 3) such medical documentation as confirms the occurrence of early-stage malignant tumours in the spouse or life partner – in particular, the results of a histopathological or cytological examination;
 - 4) Your marriage certificate – if it relates to the occurrence of early stage malignant cancer in your spouse.
- 40. We may additionally ask for the opinion of a doctor whom we designate - if this is necessary to establish our liability or the amount of benefit due to you.
- 41. We cover the costs of the doctor's opinion and the medical tests we order.
- 42. If the documents provided are not sufficient to consider that you are entitled to a benefit payment and in what amount, we may ask you for other necessary documents.
- 43. If the documents we have requested are in a language other than Polish, you must provide us with a Polish translation. This translation must be carried out by a sworn translator.
- 44. We decide on the payment of the benefit on the basis of the documentation provided.

FINAL PROVISIONS

– what other matters are important

- 45. Any matters not regulated by the supplementary insurance shall be subject to the general terms and conditions of basic insurance, the provisions of the Civil Code, the Act on Insurance and Reinsurance Activity and any other applicable laws.



**INSURANCE PRODUCT INFORMATION DOCUMENT
AND GENERAL TERMS AND CONDITIONS
OF THE SUPPLEMENTARY GROUP HOSPITAL
TREATMENT INSURANCE FOR THE INSURED PERSON**



SUPPLEMENTARY GROUP HOSPITAL TREATMENT INSURANCE FOR THE INSURED PERSON

Terms and Conditions Code: LSGP56

Document version dated 22 November 2025

This document contains information about the insurance product. Full details of the insurance are provided in other documents, in particular in the General Terms and Conditions of the Supplementary Group Hospital Treatment Insurance for the Insured Person, Terms and Conditions Code: LSGP56 (the GTC). Before deciding whether to enter into the insurance contract, please read the GTC carefully. Definitions used in the GTC may differ from their commonly accepted meaning; therefore, please pay particular attention to them.

The conclusion of the contract is voluntary.

THIS DOCUMENT:

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

SUBJECT MATTER AND SCOPE OF COVER

We insure the health of the Insured Person.

The scope of the Insurance covers the following insured events occurring during the period of insurance:

- hospital stay due to illness;
- hospital stay resulting from an accident.

PRODUCT FEATURES – THE MAIN FEATURES OF OUR INSURANCE

For each day of your hospital stay due to an illness or an accident (provided that the hospital stay lasted continuously for at least 4 days and was for the purpose of inpatient hospital treatment), we shall pay you a benefit equal to the percentage of the Sum Insured specified in the policy and in the individual certificate of insurance.

If your hospital stay commenced more than 12 months after the date of the accident, it shall be treated as a hospital stay due to an illness.

For each day of your first hospital stay for rehabilitation necessary to eliminate the direct consequences of an accident or an illness (provided that such hospital stay commenced no later than 12 months after the end of the Insured Person's hospital stay for which we paid a benefit and that it was related, as applicable, to the same accident or the same illness), we shall pay you a benefit at the same rate as for a hospital stay due to an illness.

The amount of the benefit shall be determined on the basis of the Sum Insured applicable on the date of the hospital stay.

If you stay in one or more hospitals without interruption, we shall treat it as a single hospital stay.

We shall pay the benefit for a maximum of 365 days of the Insured Person's hospital stay during each 12-month period between policy anniversaries.

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

ELIGIBILITY TO ENTER INTO THE CONTRACT AND PERSONS COVERED

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

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

DURATION OF THE CONTRACT

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

TERRITORIAL SCOPE OF COVER

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

PAYMENT OF PREMIUMS

Premiums are paid by the Policyholder on a monthly basis together with the premium for the principal insurance policy.

COMMENCEMENT AND TERMINATION OF INSURANCE COVER

Cover under the supplementary insurance commences in accordance with the terms set out in the principal insurance policy. Cover under the Supplementary Insurance shall commence only if cover under the Principal Insurance is in force.

Insurance cover under the supplementary insurance shall terminate:

- on the date cover under the Principal Insurance terminates;
- on the date we receive the Policyholder's notice of withdrawal from the supplementary insurance;
- on the expiry date of the supplementary insurance cover, where it is not renewed;
- on the last day of the month in which you opt out of the supplementary insurance;
- at the end of the month during which the supplementary insurance remains in force on its existing terms and conditions, if you have not provided the required consent to a change in the supplementary insurance;
- on the date the notice period for termination of the supplementary insurance expires;
- on the date the supplementary insurance contract is terminated.

MAIN EXCLUSIONS AND LIMITATIONS OF INSURANCE COVER

No benefit will be payable in the following circumstances:

- a hospital stay lasting fewer than 4 days;
- the absence of our insurance cover during the hospital stay;
- failure to provide the documents necessary to assess the validity of the claim.

In addition, we shall not be liable where the event concerned falls outside the scope of cover, does not meet the definition specified in the Contract, where our liability has ceased, or in any other circumstances specified in the GTC.

TERMINATION OF THE CONTRACT

The Policyholder may withdraw from the supplementary insurance contract within:

- 7 days of entering into the contract, if the Policyholder is a business undertaking;
- 30 days of entering into the contract, if the Policyholder is not a business undertaking.

After this period, the Policyholder may terminate the contract by giving written notice.

The Policyholder may elect not to renew the supplementary insurance by submitting a written declaration of non-renewal no later than 30 days before the expiry of the insurance period.

INSURANCE DISTRIBUTOR'S REMUNERATION

Under the proposed contract, the insurance distributor receives commission-based remuneration.

COMPLAINTS, GRIEVANCES AND APPEALS

1. A complaint, grievance or appeal may be submitted at any of our customer service offices.
2. A complaint, grievance or appeal may be made:
 - 1) in writing – in person or by post within the meaning of the Postal Law Act, for example by writing to: PZU Życie SA ul. Postępu 18A, 02-676 Warsaw (correspondence address only), or by submitting correspondence through a postal or delivery service provider operating within the European Union;
 - 2) in writing – by sending it to the electronic delivery address of PZU Życie SA within the meaning of the Electronic Deliveries Act: AE:PL-50066-37983-FBWRA-37, as registered in the electronic address database referred to in the Act on Electronic Delivery;
 - 3) verbally – by telephone, for example by calling our helpline on 801 102 102, or in person at one of our offices, in which case

- the submission will be recorded in a written report;
- 4) electronically – by sending an email to reklamacje@pzu.pl or by completing the online form available at pzu.pl or www.moje.pzu.pl.
3. We will respond to any complaint or grievance as soon as possible and no later than 30 days from the date of receipt. In particularly complex cases, where it is not possible to provide a response within 30 days, we will inform you:
- 1) of the reasons for the delay;
 - 2) of the circumstances that still need to be established in order to resolve the matter;
 - 3) of the revised deadline for our response, which shall not exceed 60 days from the date on which we received the complaint, grievance or appeal.
4. Responses to complaints, grievances or appeals will be provided to the person who submitted them:
- 1) where the customer is a natural person, in writing; however, the response may be provided by electronic mail solely at the customer's request;
 - 2) where the customer is an entity other than that referred to in item 1, in writing or by means of another durable medium.
5. If, following the investigation of the complaint:
- 1) we have not upheld the claims submitted; or
 - 2) we have upheld the claims but have failed to carry out, within the timeframe specified in our response, the actions we undertook to perform,
 - the individual who submitted the complaint may refer the matter to the Financial Ombudsman by submitting an application.
6. Complaints, grievances and appeals are considered by the organisational units responsible for the subject matter of the case.
7. Further information regarding complaints can be found in the Act on the Handling of Complaints by Financial Market Entities, the Financial Ombudsman and the Financial Education Fund, as well as in the Insurance Distribution Act.
8. We provide for the possibility of resolving disputes through out-of-court dispute resolution procedures.
9. For the purposes of the Act on Out-of-Court Consumer Dispute Resolution, the entity authorised to conduct out-of-court dispute resolution proceedings in relation to PZU Życie SA is the Financial Ombudsman. Financial Ombudsman's website: rf.gov.pl.
10. Where the Insured Person, the Policyholder, the Beneficiary or any entitled person is a consumer, they may also seek assistance from their municipal or district Consumer Ombudsman.
11. The language used by us in our dealings with consumers is Polish.
12. PZU Życie SA is supervised by the Polish Financial Supervision Authority (KNF).

The table below sets out the provisions of the General Terms and Conditions of the Supplementary Group Hospital Treatment Insurance for the Insured Person, Terms and Conditions Code LSGP56 (the GTC), which specify the principal terms and conditions of the insurance contract. This information forms part of the GTC and is provided pursuant to statutory requirements (Article 17(1) of the Insurance and Reinsurance Activity Act).

No.	Type of information	Clause reference
1.	Conditions for benefit payment	Clauses 1–2 Clauses 4–11 Clauses 17–19 Clause 37 Clauses 38–41 Clause 42
2.	Limitations and exclusions of the insurer's liability entitling it to refuse payment of benefits or to reduce the amount payable	Clauses 1–2 Clauses 12–14 Clauses 15–16 Clauses 34–35 Clause 36 Clause 42

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 HOSPITAL TREATMENT INSURANCE FOR THE INSURED PERSON

GTC Code: LSGP56

The Management Board of PZU Życie SA adopted these General Terms and Conditions of the Supplementary Group Hospital Treatment Insurance for the Insured Person by Resolution No. UZ/165/2025 dated 14 October 2025 (hereinafter referred to as the GTC).

These GTC come into force on 22 November 2025 and apply to insurance contracts concluded from 1 December 2025 onwards.

Before entering into the insurance contract, the Policyholder should carefully review the GTC and provide a copy of the GTC to each person wishing to join the insurance scheme.

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

GLOSSARY

– what the terms used in these GTC mean

1. In these GTC, we use the following terms:
 - 1) **Illness** – a condition of the body consisting in an abnormal response of its systems or organs to external or internal stimuli;
 - 2) **Hospital treatment** – inpatient treatment provided in a hospital for:
 - a) emergency conditions where delay in medical assistance may result in loss of health or life; or
 - b) conditions for which the therapeutic objective cannot be achieved through outpatient treatment;
 - 3) **Cover Period** – the period during which we are liable to the Insured Person under the supplementary insurance;
 - 4) **Hospital stay** – a stay in hospital lasting continuously for at least 4 days for the purpose of inpatient hospital treatment. The first day of the hospital stay shall be the date of admission, and the last day shall be the date of discharge from hospital;
 - 5) **Leave of absence during a hospital stay** – a temporary, documented absence of the Insured Person from hospital, authorised by the attending physician and confirmed by an appropriate entry in the medical records;
 - 6) **Hospital** – an inpatient healthcare facility providing round-the-clock healthcare services consisting of diagnosis, treatment, nursing care and rehabilitation that cannot be provided on an outpatient basis;
 - 7) **Supplementary Insurance** – the insurance contract to which these GTC apply;
 - 8) **Principal Insurance** – the PZU Na Życie Plus Group Insurance contract under which the Policyholder may take out the Supplementary Insurance.
2. Other terms used in these GTC are defined in the General Terms and Conditions of the Principal Insurance and shall have the same meaning when used in these GTC.

SUBJECT-MATTER INSURED

– what is insured

3. We insure your health.

SCOPE OF COVER AND BENEFIT AMOUNT

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

4. The scope of the Supplementary Insurance covers the following insured events occurring during the period of insurance:
 - 1) hospital stay due to illness;
 - 2) hospital stay resulting from an accident.
5. Our insurance cover applies to hospital stays anywhere in the world.
6. For each day of your hospital stay due to an illness or an accident, we shall pay you a benefit equal to the percentage of the Sum Insured specified in the policy and in the individual certificate of insurance, subject to the following clause.
7. If your hospital stay commenced more than 12 months after the date of the accident, it shall be treated as a hospital stay due to an illness.

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

EXCLUSIONS OF COVER

– the circumstances in which no benefit will be payable

12. Our liability does not cover a hospital stay that commenced before the beginning of the cover period or a hospital stay resulting from:
 - 1) as a result of acts of war;
 - 2) disasters causing radioactive, chemical or biological contamination;
 - 3) as a result of the Insured Person's active participation in acts of terrorism or civil unrest;
 - 4) the Insured Person's attempted commission or commission of an act constituting an intentional criminal offence under applicable law;
 - 5) a traffic accident, where the Insured Person was driving a vehicle:
 - a) without the driving licence or other authorisation required by law; or
 - b) after consuming alcohol or while under the influence of alcohol, within the meaning of the Act on Upbringing in Sobriety and Counteracting Alcoholism; or
 - c) after using narcotic drugs, intoxicating substances, psychotropic substances, substitute substances or new psychoactive substances within the meaning of the Act on Counteracting Drug Addiction, provided that any of these circumstances contributed to the occurrence of the road traffic accident;
 - 6) where the Insured Person was under the influence of alcohol, within the meaning of the Act on Upbringing in Sobriety and Counteracting Alcoholism, or had used narcotic drugs, intoxicating substances, psychotropic substances, substitute substances or new psychoactive substances, within the meaning of the Act on Counteracting Drug Addiction, provided that any of these circumstances contributed to the occurrence of the insured event referred to in Clause 4;
 - 7) as a result of the Insured Person's self-inflicted injury or attempted suicide;
 - 8) directly as a result of poisoning caused by alcohol consumed or by the use of narcotic drugs, intoxicating substances, psychotropic substances, substitute substances or new psychoactive substances, within the meaning of the Act on Counteracting Drug Addiction, or as a result of conditions caused by the abuse of the aforementioned substances;
 - 9) the Insured Person's use of medicinal products contrary to a physician's instructions or contrary to the information contained in the package leaflet accompanying the medicinal product, or illnesses resulting from the abuse of such medicinal products;
 - 10) in connection with the treatment of mental disorders or behavioural disorders classified under categories F00–F99 of the International Statistical Classification of Diseases and Related Health Problems (ICD-10) or categories 6A00–6E8Z of the International Classification of Diseases (ICD-11), as specified in Appendix No. 3 to these GTC;
 - 11) infertility treatment;
 - 12) cosmetic or aesthetic surgery, except where such surgery is necessary to remove the consequences of:
 - a) an accident occurring during the period of insurance; or
 - b) a malignant neoplasm occurring during the period of insurance;
 - 13) in connection with gender reassignment surgery;
 - 14) in connection with rehabilitation, except for the Insured Person's first hospital stay for rehabilitation necessary to eliminate the direct consequences of an accident or an illness, provided that such hospital stay commenced no later than 12 months after the end of the Insured Person's hospital stay for which we paid a benefit and that it was related, as applicable, to the same accident or the same illness;
 - 15) as a result of an accident, where the Insured Person was participating in any of the following sports: motor sports, powerboat sports, air sports, rock climbing or mountaineering (defined as any climbing above 2,000 metres above sea level), caving, scuba diving using specialised breathing equipment (excluding snorkelling), diving, or bungee jumping, provided that any of these circumstances contributed to the occurrence of the accident.
13. We shall not be liable for any stay:
 - 1) in hospices, addiction treatment facilities, chronic care facilities or nursing care facilities;
 - 2) in health resort treatment facilities, including sanatoria and health resort hospitals;
 - 3) in rehabilitation centres, rehabilitation hospitals or rehabilitation wards, except for the stay referred to in item 12(14);
 - 4) in day-care wards;
 - 5) in healthcare facilities that are not intended to provide inpatient hospital treatment.
14. No benefit is payable for full days during which the Insured Person was on authorised leave during the hospital stay. The benefit is payable for the day on which the child commenced authorised leave and the day on which the child returned from such leave.

WAITING PERIOD

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

15. We shall not be liable during the first 30 days following your enrolment in the Supplementary Insurance.
16. We shall be liable if the insured hospital stay results from an accident that occurred during the first 30 days following your enrolment in the Supplementary Insurance subject to the exclusions set out in Clauses 12-14.

AMOUNT INSURED

– definition and amount

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

20. The premium for the Supplementary Insurance:
 - 1) reflects the waiting periods applicable under the Supplementary Insurance;
 - 2) is fixed, although it may be changed by mutual agreement between the parties;
 - 3) depends on:
 - a) the Sum Insured;
 - b) the number of persons joining the insurance, their age and gender profile, and the nature of the work they perform.
21. The amount of the premium for the Supplementary Insurance is specified in the application for insurance and in the policy.
22. 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

23. The Supplementary Insurance may be taken out either at the same time as the Principal Insurance or during its term.
24. 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

25. 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

26. 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.
27. 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

28. Withdrawal from the Supplementary Insurance shall be governed by the rules set out in the Principal Insurance.
29. If the Policyholder withdraws from the Principal Insurance, this shall automatically result in withdrawal from the Supplementary Insurance.
30. 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

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

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

- 36. Insurance cover under the supplementary insurance shall terminate:
 - 1) on the date cover under the Principal Insurance terminates;
 - 2) on the date we receive the Policyholder's notice of withdrawal from the Supplementary Insurance;
 - 3) on the expiry date of the Supplementary Insurance cover, where it is not renewed;
 - 4) on the last day of the month in which you opt out of the Supplementary Insurance;
 - 5) at the end of the month during which the Supplementary Insurance remains in force on its existing terms and conditions, where you have not provided the required consent to a change in the Supplementary Insurance;
 - 6) on the date the notice period for termination of the Supplementary Insurance expires;
 - 7) on the date the supplementary insurance contract is terminated.

PERSON ENTITLED TO THE BENEFIT

– who is entitled to receive the benefit

- 37. You are entitled to receive the benefit.

PAYMENT OF THE BENEFIT

– when we will pay the benefit

- 38. In the event of your stay in a hospital, please provide us with:
 - 1) an application for payment of the benefit. You may submit the application:
 - a) after your hospital stay has ended;
 - b) during your hospital stay – the first application may be submitted after the first 30 days of the hospital stay, and each subsequent application after 60 days from the commencement of the hospital stay;
 - 2) the hospital discharge summary, if your hospital stay has ended;
 - 3) a document confirming the reason for the hospital stay, issued by the attending physician, if you submit a claim for payment of the benefit during your hospital stay.
- 39. If the documents you provide are insufficient for us to determine your entitlement to the benefit, we may ask you to submit any additional documents required.
- 40. If any documents requested by us are in a language other than Polish, you must provide a Polish translation prepared by a sworn translator.
- 41. Our decision on payment of the benefit will be based on the documentation provided.

FINAL PROVISIONS

– other important information

- 42. In matters not governed by the Supplementary Insurance, the General Terms and Conditions of the Principal Insurance, the provisions of the Polish Civil Code, the Insurance and Reinsurance Activity Act, and any other applicable laws and regulations shall apply.

APPENDIX

TO THE GENERAL TERMS AND CONDITIONS OF THE SUPPLEMENTARY GROUP HOSPITAL TREATMENT INSURANCE FOR THE INSURED PERSON

I. Mental and behavioural disorders classified in accordance with the International Statistical Classification of Diseases and Related Health Problems (ICD-10):	
F00	Dementia in Alzheimer's disease
F01	Vascular dementia
F02	Dementia in other diseases classified elsewhere
F03	Unspecified dementia
F04	Organic amnesic syndrome, not induced by alcohol or other psychoactive substances
F05	Delirium, not induced by alcohol or other psychoactive substances
F06	Other mental disorders due to brain damage and dysfunction and to physical disease
F07	Personality and behavioural disorders due to brain disease, damage and dysfunction
F09	Unspecified organic or symptomatic mental disorder
F10	Mental and behavioural disorders due to use of alcohol
F11	Mental and behavioural disorders due to use of opioids
F12	Mental and behavioural disorders due to use of cannabinoids
F13	Mental and behavioural disorders due to use of sedatives or hypnotics
F14	Mental and behavioural disorders due to use of cocaine
F15	Mental and behavioural disorders due to use of other stimulants, including caffeine
F16	Mental and behavioural disorders due to use of hallucinogens
F17	Mental and behavioural disorders due to use of tobacco
F18	Mental and behavioural disorders due to use of volatile solvents
F19	Mental and behavioural disorders due to multiple drug use and use of other psychoactive substances
F20	Schizophrenia
F21	Schizotypal disorder
F22	Persistent delusional disorders
F23	Acute and transient psychotic disorders
F24	Induced delusional disorder
F25	Schizoaffective disorders
F28	Other non-organic psychotic disorders
F29	Unspecified non-organic psychosis
F30	Manic episode
F31	Bipolar affective disorder
F32	Depressive episode
F33	Recurrent depressive disorder
F34	Persistent mood [affective] disorders
F38	Other mood [affective] disorders
F39	Unspecified mood [affective] disorder
F40	Phobic anxiety disorders
F41	Other anxiety disorders
F42	Obsessive-compulsive disorder
F43	Reaction to severe stress, and adjustment disorders
F44	Dissociative [conversion] disorders
F45	Somatoform disorders
F48	Other neurotic disorders

F50	Eating disorders
F51	Non-organic sleep disorders
F52	Sexual dysfunction, not caused by organic disorder or disease
F53	Mental and behavioural disorders associated with the puerperium, not elsewhere classified
F54	Psychological and behavioural factors associated with disorders or diseases classified elsewhere
F55	Abuse of non-dependence-producing substances
F59	Unspecified behavioural syndromes associated with physiological disturbances and physical factors
F60	Specific personality disorders
F61	Mixed and other personality disorders
F62	Enduring personality changes, not attributable to brain damage and disease
F63	Habit and impulse disorders
F64	Gender identity disorders
F65	Disorders of sexual preference
F66	Psychological and behavioural disorders associated with sexual development and orientation
F68	Other disorders of adult personality and behaviour
F69	Unspecified disorder of adult personality and behaviour
F70	Mild mental retardation
F71	Moderate mental retardation
F72	Severe mental retardation
F73	Profound mental retardation
F78	Other mental retardation
F79	Unspecified mental retardation
F80	Specific developmental disorders of speech and language
F81	Specific developmental disorders of scholastic skills
F82	Specific developmental disorder of motor function
F83	Mixed specific developmental disorders
F84	Pervasive developmental disorders
F88	Other disorders of psychological development
F90	Hyperkinetic disorders
F91	Conduct disorders
F92	Mixed disorders of conduct and emotions
F93	Emotional disorders with onset specific to childhood
F94	Disorders of social functioning with onset specific to childhood and adolescence
F95	Tic disorders
F98	Other behavioural and emotional disorders with onset usually occurring in childhood and adolescence
F99	Unspecified mental disorder

II. II. Mental, behavioural or neurodevelopmental disorders classified in accordance with the International Classification of Diseases for Mortality and Morbidity Statistics (ICD-11):

6A00	Disorders of intellectual development
6A01	Developmental speech or language disorders
6A02	Autism spectrum disorder
6A03	Developmental learning disorder
6A04	Developmental motor coordination disorder
6A05	Attention deficit hyperactivity disorder
6A06	Stereotyped movement disorder
6A0Y	Other specified neurodevelopmental disorders
6A0Z	Neurodevelopmental disorders, unspecified
6A20	Schizophrenia
6A21	Schizophrenia
6A22	Schizotypal disorder

6A23	Acute and transient psychotic disorder
6A24	Delusional disorder
6A25	Symptomatic manifestations of primary psychotic disorders
6A2Y	Other specified primary psychotic disorder
6A2Z	Schizophrenia or other primary psychotic disorders, unspecified
6A40	Catatonia associated with another mental disorder
6A41	Substance-induced or medication-induced catatonia
6A4Z	Catatonia, unspecified
6A60	Bipolar type I disorder
6A61	Bipolar type II disorder
6A62	Cyclothymic disorder
6A6Y	Other specified bipolar or related disorders
6A6Z	Bipolar or related disorders, unspecified
6A70	Single episode depressive disorder
6A71	Recurrent depressive disorder
6A72	Dysthymic disorder
6A73	Mixed depressive and anxiety disorder
6A7Y	Other specified depressive disorders
6A7Z	Depressive disorders, unspecified
6A80	Mood episode symptoms and manifestations in mood disorders
6A8Y	Other specified mood disorders
6A8Z	Mood disorders, unspecified
6B00	Generalized anxiety disorder
6B01	Panic disorder
6B02	Agoraphobia
6B03	Specific phobia
6B04	Social anxiety disorder
6B05	Separation anxiety disorder
6B06	Selective mutism
6B0Y	Other specified fear-related or anxiety disorders
6B0Z	Fear-related or anxiety disorders, unspecified
6B20	Obsessive-compulsive disorder
6B21	Body dysmorphic disorder
6B22	Olfactory reference disorder
6B23	Hypochondriasis
6B24	Hoarding disorder
6B25	Body-focused repetitive behaviour disorders
6B2Y	Other specified obsessive-compulsive or related disorders
6B2Z	Obsessive-compulsive or related disorders, unspecified
6B40	Post traumatic stress disorder
6B41	Complex post traumatic stress disorder
6B42	Prolonged grief disorder
6B43	Adjustment disorder
6B44	Reactive attachment disorder
6B45	Disinhibited social engagement disorder
6B4Y	Other specified disorders specifically associated with stress
6B4Z	Disorders specifically associated with stress, unspecified
6B60	Dissociative neurological symptom disorder
6B61	Dissociative amnesia
6B62	Trance disorder

6B63	Trance possession disorder
6B64	Dissociative identity disorder
6B65	Partial dissociative identity disorder
6B66	Depersonalization-derealization disorder
6B6Y	Other specified dissociative disorders
6B6Z	Dissociative disorders, unspecified
6B80	Anorexia nervosa
6B81	Bulimia nervosa
6B82	Binge eating disorder
6B83	Avoidant-restrictive food intake disorder
6B84	Pica
6B85	Rumination-regurgitation disorder
6B8Y	Other specified feeding or eating disorders
6B8Z	Feeding or eating disorders, unspecified
6C00	Enuresis
6C01	Encopresis
6C0Z	Elimination disorders, unspecified
6C20	Bodily distress disorder
6C21	Body integrity dysphoria
6C2Y	Other specified bodily distress or bodily experience disorders
6C2Z	Bodily distress or bodily experience disorders, unspecified
6C40	Disorders due to use of alcohol
6C41	Disorders due to use of cannabis
6C42	Disorders due to use of synthetic cannabinoids
6C43	Disorders due to use of opioids
6C44	Disorders due to use of sedatives, hypnotics or anxiolytics
6C45	Disorders due to use of cocaine
6C46	Disorders due to use of stimulants, including amphetamine, methamphetamine or methcathinone
6C47	Disorders due to use of synthetic cathinones
6C48	Disorders due to use of caffeine
6C49	Disorders due to use of hallucinogens
6C4A	Disorders due to use of nicotine
6C4B	Disorders due to use of volatile inhalants
6C4C	Disorders due to use of MDMA or related drugs, including MDA
6C4D	Disorders due to use of dissociative drugs, including ketamine and phencyclidine (PCP)
6C4E	Disorders due to use of other specified psychoactive substances, including medications
6C4F	Disorders due to use of multiple specified psychoactive substances, including medications
6C4G	Disorders due to use of unknown or unspecified psychoactive substances
6C4H	Disorders due to use of non-psychoactive substances
6C4Y	Other specified disorders due to substance use
6C4Z	Disorders due to substance use, unspecified
6C50	Gambling disorder
6C51	Gaming disorder
6C5Y	Other specified disorders due to addictive behaviours
6C5Z	Disorders due to addictive behaviours, unspecified
6C70	Pyromania
6C71	Kleptomania
6C72	Compulsive sexual behaviour disorder
6C73	Intermittent explosive disorder
6C7Y	Other specified impulse control disorders

6C7Z	Impulse control disorders, unspecified
6C90	Oppositional defiant disorder
6C91	Conduct-dissocial disorder
6C9Y	Other specified disruptive or dissocial behaviour disorders
6C9Z	Disruptive or dissocial behaviour disorders, unspecified
6D10	Personality disorder
6D11	Personality difficulty
6D30	Exhibitionistic disorder
6D31	Voyeuristic disorder
6D32	Paedophilic disorder
6D33	Coercive sexual sadism disorder
6D34	Frotteuristic disorder
6D35	Other paraphilic disorder involving non-consenting individuals
6D36	Paraphilic disorder involving solitary behaviour or consenting individuals
6D3Z	Paraphilic disorders, unspecified
6D50	Factitious disorder imposed on self
6D51	Factitious disorder imposed on another
6D5Z	Factitious disorders, unspecified
6D70	Delirium
6D71	Mild neurocognitive disorder
6D72	Amnesic disorder
6D80	Dementia due to Alzheimer's disease
6D81	Dementia due to cerebrovascular disease
6D82	Dementia due to Lewy body disease
6D83	Frontotemporal dementia
6D84	Dementia due to psychoactive substances, including medications
6D85	Dementia due to diseases classified elsewhere
6D86	Behavioural or psychological disturbances in dementia
6D8Y	Dementia due to other specified cause
6D8Z	Dementia due to unknown or unspecified cause
6E0Y	Other specified neurocognitive disorders
6E0Z	Neurocognitive disorders, unspecified
6E20	Mental or behavioural disorders associated with pregnancy, childbirth or the puerperium, without psychotic symptoms
6E21	Mental or behavioural disorders associated with pregnancy, childbirth or the puerperium, with psychotic symptoms
6E2Z	Mental or behavioural disorders associated with pregnancy, childbirth or the puerperium, unspecified
6E40	Psychological or behavioural factors affecting disorders or diseases classified elsewhere
6E60	Secondary neurodevelopmental syndrome
6E61	Secondary psychotic syndrome
6E62	Secondary mood syndrome
6E63	Secondary anxiety syndrome
6E64	Secondary obsessive-compulsive or related syndrome
6E65	Secondary dissociative syndrome
6E66	Secondary impulse control syndrome
6E67	Secondary neurocognitive syndrome
6E68	Secondary personality change
6E69	Secondary catatonia syndrome
6E6Y	Other specified secondary mental or behavioural syndrome
6E6Z	Secondary mental or behavioural syndrome, unspecified
6E8Y	Other specified mental, behavioural or neurodevelopmental disorders
6E8Z	Mental, behavioural or neurodevelopmental disorders, unspecified



INSURANCE PRODUCT INFORMATION DOCUMENT
AND GENERAL TERMS AND CONDITIONS
OF THE SUPPLEMENTARY GROUP HOSPITAL TREATMENT
INSURANCE FOR THE INSURED PERSON PLUS



SUPPLEMENTARY GROUP HOSPITAL TREATMENT INSURANCE FOR THE INSURED PERSON PLUS

Terms and Conditions Code: LPGP56

Document version dated 22 November 2025

This document contains information about the insurance product. Full details of the insurance are provided in other documents, in particular in the General Terms and Conditions of the Supplementary Group Hospital Treatment Insurance for the Insured Person Plus, Terms and Conditions Code: LPGP56 (the GTC). Before deciding whether to enter into the insurance contract, please read the GTC carefully. Definitions used in the GTC may differ from their commonly accepted meaning; therefore, please pay particular attention to them.

The conclusion of the contract is voluntary.

THIS DOCUMENT:

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

SUBJECT MATTER AND SCOPE OF COVER

We insure the health of the Insured Person.

The scope of the Supplementary Insurance covers, depending on the option selected by the Policyholder, the following insured events occurring during the period of insurance:

- hospital stay resulting from
 - an accident;
 - a traffic accident;
 - an occupational accident;
 - a myocardial infarction or stroke;
- stay in an intensive care unit;
- convalescence, provided that your hospital stay lasted for at least 14 days and we have paid a benefit in respect of your hospital stay under the Supplementary Group Hospital Treatment Insurance for the Insured Person;
- stay in a psychiatric ward;
- stay in a rehabilitation ward;
- stay in a sanatorium.

PRODUCT FEATURES – THE MAIN FEATURES OF OUR INSURANCE

Depending on the scope of cover under the insurance contract:

1. We shall pay a benefit equal to the percentage of the Sum Insured specified in the policy and in the individual certificate of insurance for each day of the hospital stay resulting from an accident (provided that the hospital stay lasted continuously for at least 4 days), during the first 14 days of such hospital stay, provided that the hospital stay commenced no later than 12 months after the date of the accident.
2. We shall pay a benefit equal to the percentage of the Sum Insured specified in the policy and in the individual certificate of insurance for each day of the hospital stay resulting from a traffic accident (provided that the hospital stay lasted continuously for at least 4 days), during the first 14 days of such hospital stay, provided that the hospital stay commenced no later than 12 months after the date of the traffic accident.
3. We shall pay a benefit equal to the percentage of the Sum Insured specified in the policy and in the individual certificate of insurance for each day of the hospital stay resulting from an occupational accident (provided that the hospital stay lasted continuously for at least 4 days), during the first 14 days of such hospital stay, provided that the hospital stay commenced no later than 12 months after the date of the occupational accident.
4. We shall pay a benefit equal to the percentage of the Sum Insured specified in the policy and in the individual certificate of insurance for each day of the hospital stay resulting from a myocardial infarction or stroke (provided that the hospital stay lasted continuously for at least 4 days), during the first 14 days of such hospital stay, provided that the hospital stay:
 - is your first hospital stay resulting from that myocardial infarction or stroke; and
 - commenced no later than 12 months after the date of the myocardial infarction or stroke.
5. If you stay in an intensive care unit, we shall pay a one-off benefit equal to the percentage of the Sum Insured specified in the policy and in the individual certificate of insurance.

6. We shall pay a benefit equal to the percentage of the Sum Insured specified in the policy and in the individual certificate of insurance for each day of convalescence.
7. We shall pay a benefit equal to the percentage of the Sum Insured specified in the policy and in the individual certificate of insurance for each day of your stay in a psychiatric ward (provided that the stay in the psychiatric ward lasted continuously for at least 4 days).
8. We shall pay a benefit equal to the percentage of the Sum Insured specified in the policy and in the individual certificate of insurance for each day of your stay in a rehabilitation ward (provided that the stay in the rehabilitation ward lasted continuously for at least 4 days). Our cover applies to stay in a rehabilitation ward due to an illness or an accident, provided that such stay commenced no later than 12 months after the end of the Insured Person's hospital stay for which we paid a benefit under the Supplementary Group Hospital Treatment Insurance for the Insured Person, and that it was related, as applicable, to the same illness or the same accident.
9. If you stay in a sanatorium, we shall pay a one-off benefit equal to the percentage of the Sum Insured specified in the policy and in the individual certificate of insurance (provided that the stay in the sanatorium lasted continuously for at least 7 days). Our cover applies to stay in a sanatorium due to an illness or an accident, based on a referral issued no later than 12 months after the end of the Insured Person's hospital stay for which we paid a benefit under the Supplementary Group Hospital Treatment Insurance for the Insured Person, and that was related, as applicable, to the same illness or the same accident. A health resort hospital shall also be deemed to be a sanatorium.

During each 12-month period between policy anniversaries, we shall pay a maximum of:

- o 365 days of hospital stay;
- o 30 days of stay in a psychiatric ward;
- o 30 days of stay in a rehabilitation ward;
- o 90 days of convalescence;
- o one benefit for stay in a sanatorium.

If you stay in a hospital or an intensive care unit during the period of convalescence, we shall pay, at your option, either:

- o the benefit for the hospital stay and the stay in an intensive care unit (if you stayed in an intensive care unit); or
 - o the benefit for convalescence.
- at your option.

You shall make your choice by submitting a claim for payment of:

- o the benefit for the hospital stay and the stay in an intensive care unit (if you stayed in an intensive care unit); or
- o the benefit for convalescence.

The amount of the benefit shall be determined on the basis of the Sum Insured applicable, as appropriate, on the date of the hospital stay, the date on which the stay in an intensive care unit commenced, the date of convalescence, the date of the stay in a psychiatric ward, the date of the stay

in a rehabilitation ward, or the date on which the stay in a sanatorium commenced.

The supplementary insurance may be taken out either at the same time as the principal insurance policy – PZU Na Życie Plus Group Insurance – or during its term, provided that the supplementary group hospital treatment insurance for the Insured Person is entered into simultaneously or is already in force with the Policyholder.

ELIGIBILITY TO ENTER INTO THE CONTRACT AND PERSONS COVERED

The supplementary insurance contract is entered into by the Policyholder, who is responsible for paying the insurance premiums.

The supplementary insurance is available to Insured Persons who have joined both the principal insurance policy and the supplementary group hospital treatment insurance for the Insured Person.

DURATION OF THE CONTRACT

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

TERRITORIAL SCOPE OF COVER

Our cover applies to:

- o hospital stay, stay in an intensive care unit, stay in a psychiatric ward or stay in a rehabilitation ward anywhere in the world;
- o stay in a sanatorium located in a health resort locality in Poland.

PAYMENT OF PREMIUMS

Premiums are paid by the Policyholder on a monthly basis together with the premium for the principal insurance policy.

COMMENCEMENT AND TERMINATION OF INSURANCE COVER

Cover under the supplementary insurance commences in accordance with the terms set out in the principal insurance policy. Cover under the supplementary insurance will commence only if cover under both the principal insurance policy and the supplementary group hospital treatment insurance for the Insured Person is in force.

Insurance cover under the supplementary insurance shall terminate:

- on the date cover under the principal insurance policy or the supplementary group hospital treatment insurance for the Insured Person terminates;
- on the date we receive the Policyholder's notice of withdrawal from the supplementary insurance;
- on the expiry date of the supplementary insurance cover, where it is not renewed;
- on the last day of the month in which you opt out of the supplementary insurance;
- at the end of the month during which the supplementary insurance remains in force on its existing terms and conditions, if you have not provided the required consent to a change in the supplementary insurance;
- on the date the notice period for termination of the supplementary insurance expires;
- on the date the supplementary insurance contract is terminated.

MAIN EXCLUSIONS AND LIMITATIONS OF INSURANCE COVER

No benefit will be payable in the following circumstances:

- a hospital stay lasting fewer than 4 days;
- the absence of our insurance cover during the hospital stay;
- failure to provide the documents necessary to assess the validity of the claim.

In addition, we shall not be liable where the event concerned falls outside the scope of cover, does not meet the definition specified in the Contract, where our liability has ceased, or in any other circumstances specified in the GTC.

TERMINATION OF THE CONTRACT

The Policyholder may withdraw from the supplementary insurance contract within:

- 7 days of entering into the contract, if the Policyholder is a business undertaking;
- 30 days of entering into the contract, if the Policyholder is not a business undertaking.

After this period, the Policyholder may terminate the contract by giving written notice.

The Policyholder may elect not to renew the supplementary insurance by submitting a written declaration of non-renewal no later than 30 days before the expiry of the insurance period.

INSURANCE DISTRIBUTOR'S REMUNERATION

Under the proposed contract, the insurance distributor receives commission-based remuneration.

COMPLAINTS, GRIEVANCES AND APPEALS

1. A complaint, grievance or appeal may be submitted at any of our customer service offices.
2. A complaint, grievance or appeal may be made:
 - 1) in writing – in person or by post within the meaning of the Postal Law Act, for example by writing to: PZU Życie SA ul. Postępu 18A, 02-676 Warsaw (correspondence address only), or by submitting correspondence through a postal or delivery service provider operating within the European Union;
 - 2) in writing – by sending it to the electronic delivery address of PZU Życie SA within the meaning of the Electronic Deliveries Act: AE:PL-50066-37983-FBWRA-37, as registered in the electronic address database referred to in the Act on Electronic Delivery;
 - 3) verbally – by telephone, for example by calling our helpline on 801 102 102, or in person at one of our offices, in which case the submission will be recorded in a written report;
 - 4) electronically – by sending an email to reklamacje@pzu.pl or by completing the online form available at pzu.pl or www.moje.pzu.pl.
3. We will respond to any complaint or grievance as soon as possible and no later than 30 days from the date of receipt. In particularly complex cases, where it is not possible to provide a response within 30 days, we will inform you:
 - 1) of the reasons for the delay;
 - 2) of the circumstances that still need to be established in order to resolve the matter;
 - 3) of the revised deadline for our response, which shall not exceed 60 days from the date on which we received the complaint, grievance or appeal.
4. Responses to complaints, grievances or appeals will be provided to the person who submitted them:
 - 1) where the customer is a natural person, in writing; however, the response may be provided by electronic mail solely at the customer's request;

- 2) where the customer is an entity other than that referred to in item 1, in writing or by means of another durable medium.
5. If, following the investigation of the complaint:
- 1) we have not upheld the claims submitted; or
 - 2) we have upheld the claims but have failed to carry out, within the timeframe specified in our response, the actions we undertook to perform,
 - the individual who submitted the complaint may refer the matter to the Financial Ombudsman by submitting an application.
6. Complaints, grievances and appeals are considered by the organisational units responsible for the subject matter of the case.
7. Further information regarding complaints can be found in the Act on the Handling of Complaints by Financial Market Entities, the Financial Ombudsman and the Financial Education Fund, as well as in the Insurance Distribution Act.
8. We provide for the possibility of resolving disputes through out-of-court dispute resolution procedures.
9. For the purposes of the Act on Out-of-Court Consumer Dispute Resolution, the entity authorised to conduct out-of-court dispute resolution proceedings in relation to PZU Życie SA is the Financial Ombudsman. Financial Ombudsman's website: rf.gov.pl.
10. Where the Insured Person, the Policyholder, the Beneficiary or any entitled person is a consumer, they may also seek assistance from their municipal or district Consumer Ombudsman.
11. The language used by us in our dealings with consumers is Polish.
12. PZU Życie SA is supervised by the Polish Financial Supervision Authority (KNF).

The table below sets out the provisions of the General Terms and Conditions of the Supplementary Group Hospital Treatment Insurance for the Insured Person Plus, Terms and Conditions Code LPGP56 (the GTC), which specify the principal terms and conditions of the insurance contract. This information forms part of the GTC and is provided pursuant to statutory requirements (Article 17(1) of the Insurance and Reinsurance Activity Act).

No.	Type of information	Clause reference
1.	Conditions for benefit payment	Clauses 1–2 Clauses 4–16 Clauses 26–28 Clause 50 Clauses 51–55 Clause 56
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 17–20 Clauses 21–22 Clauses 23–25 Clauses 47–48 Clause 49 Clause 56

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 HOSPITAL TREATMENT INSURANCE FOR THE INSURED PERSON PLUS

GTC Code: LPGA56

The Management Board of PZU Życie SA adopted these General Terms and Conditions of the Supplementary Group Hospital Treatment Insurance for the Insured Person Plus by Resolution No. UZ/165/2025 dated 14 October 2025 (hereinafter referred to as the GTC).

These GTC come into force on 22 November 2025 and apply to insurance contracts concluded from 1 December 2025 onwards.

Before entering into the insurance contract, the Policyholder should carefully review the GTC and provide a copy of the GTC to each person wishing to join the insurance scheme.

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

GLOSSARY

– what the terms used in these GTC mean

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

- 1) **Supplementary Group Hospital Treatment Insurance for the Insured Person** – the supplementary hospital treatment insurance designated by PZU Życie SA in the insurance contract;
- 2) **Intensive care unit** – a hospital ward established within the hospital structure for the treatment of patients requiring intensive care and equipped with facilities enabling continuous monitoring of vital functions or the replacement of failing organs or organ systems, while ensuring the continuous and direct supervision of a physician and a nurse. An intensive care room established within a hospital ward for the treatment of patients requiring intensive care, equipped with facilities enabling continuous monitoring of vital functions or the replacement of failing organs or organ systems, and ensuring the continuous and direct supervision of a physician and a nurse, shall also be deemed to be an intensive care unit;
- 3) **Rehabilitation ward** – a ward established within the hospital structure for the provision of medical rehabilitation services;
- 4) **Cover Period** – the period during which we are liable to the Insured Person under the supplementary insurance;
- 5) **Stay in an intensive care unit** – a stay in an intensive care unit lasting continuously for at least 24 hours;
- 6) **Stay in a psychiatric ward** – an inpatient stay in a psychiatric ward established within the hospital structure, lasting continuously for at least 4 days. Our cover applies exclusively to a stay in a psychiatric ward for the purpose of receiving healthcare services in connection with the diagnosis of:
 - a) mental and behavioural disorders classified in accordance with the International Statistical Classification of Diseases and Related Health Problems ICD-10 (codes F00–F99), excluding mental and behavioural disorders due to psychoactive substance use (codes F10–F19); or
 - b) mental, behavioural or neurodevelopmental disorders classified in accordance with the International Classification of Diseases for Mortality and Morbidity Statistics ICD-11 (codes 6A00–6E8Z), excluding disorders due to substance use or addictive behaviours (codes 6C40–6C5Z).

The above disorders are listed in the Appendix to these GTC;

- 7) **Stay in a rehabilitation ward** – an inpatient stay in a rehabilitation ward lasting continuously for at least 4 days. Our cover applies exclusively to a stay in a rehabilitation ward due to an illness or an accident, provided that such stay commenced no later than 12 months after the end of your hospital stay in respect of which we paid a benefit under the Supplementary Group Hospital Treatment Insurance for the Insured Person, and that it was related, as applicable, to the same illness or the same accident.
- 8) **Stay in a sanatorium** – an inpatient stay in a sanatorium lasting continuously for at least 7 days.. Our cover applies exclusively to your stay in a sanatorium resulting from an illness or an accident, based on a referral issued no later than 12 months after the end of your hospital stay in respect of which we paid a benefit under the Supplementary Group Hospital Treatment Insurance for the Insured Person, and that it was related, as applicable, to the same illness or the same accident.
- 9) **Convalescence** – a continuous period of sick leave lasting no more than 30 days, taken immediately after the hospital stay;
- 10) **Sanatorium** – a health resort treatment facility located in a health resort locality in Poland that provides medical rehabilitation services and ensures medical care together with 24-hour nursing care. A health resort hospital shall also be deemed to be a sanatorium;

- 11) **Vessel** – a passenger or cargo seagoing vessel or inland waterway vessel powered by an engine or sails; warships are not regarded as vessels;
 - 12) **Legal relationship** – an employment relationship or another civil-law relationship under which, on the date of the accident at work, there is a legal obligation to pay accident insurance contributions within the meaning of the provisions on the social insurance system;
 - 13) **Hospital** – an inpatient healthcare facility providing round-the-clock healthcare services consisting of diagnosis, treatment, nursing care and rehabilitation that cannot be provided on an outpatient basis;
 - 14) **Supplementary Insurance** – the insurance contract to which these GTC apply;
 - 15) **Principal Insurance** – the PZU Na Życie Plus Group Insurance contract under which the Policyholder may take out the Supplementary Insurance;
 - 16) **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;
 - 17) **Traffic accident** – only such a traffic accident that constitutes an accident caused by:
 - a) the movement of a vehicle on a public road (a vehicle also includes a tram), provided that you participated in the traffic as a road user (within the meaning of the Road Traffic Act);
 - b) the movement of a railway vehicle hauled by a traction vehicle (a self-propelled vehicle) or the movement of a metro train, provided that you were a passenger or a member of the crew of that vehicle. A traffic accident does not include an accident involving internal industrial rail transport or cable and funicular transport;
 - c) the movement of a passenger aircraft operated by a licensed airline, provided that you were a passenger or a member of the crew, where the aircraft:
 - was damaged or destroyed; or
 - disappeared or is located in a place inaccessible to it;
 - d) the movement of a vessel, provided that you were a passenger or a member of the crew, where the vessel:
 - sank or was damaged; or
 - disappeared or is located in a place inaccessible to it;
 - 18) **Accident at work** – only an accident that constitutes an accident and occurred while or in connection with the performance of:
 - a) your ordinary duties; or
 - b) instructions given by your superiors,

under the legal relationship in which you remain at the time of the accident at work. An accident occurring on the way to or from work shall not be regarded as an accident at work.
 - 19) **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 the Supplementary Group Insurance against the Insured Person's Hospital Treatment and shall have the same meaning 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 scope of the Supplementary Insurance covers, depending on the option selected by the Policyholder, the following insured events occurring during the period of insurance:
 - 1) hospital stay resulting from
 - a) an accident;
 - b) a traffic accident;
 - c) an occupational accident;
 - d) myocardial infarction or stroke;
 - 2) stay in an intensive care unit;
 - 3) convalescence, provided that your hospital stay lasted for at least 14 daysprovided that we have paid a benefit for your hospital stay under the Supplementary Group Insurance against the Insured Person's Hospital Treatment;
 - 4) stay in a psychiatric ward;
 - 5) stay in a rehabilitation ward;
 - 6) stay in a sanatorium.
5. Our cover applies to hospital stay, stay in an intensive care unit, stay in a psychiatric ward and stay in a rehabilitation ward anywhere in the world.
6. The scope of the Supplementary Insurance is confirmed in the policy and in the individual certificate of insurance.
7. We shall pay a benefit equal to the percentage of the Sum Insured specified in the policy and in the individual certificate of insurance for each day of the hospital stay resulting from an accident, during the first 14 days of such hospital stay, provided that the hospital stay commenced no later than 12 months after the date of the accident.
8. We shall pay a benefit equal to the percentage of the Sum Insured specified in the policy and in the individual certificate of insurance for each day of the hospital stay resulting from a traffic accident, during the first 14 days of such hospital stay, provided that the hospital stay commenced no later than 12 months after the date of the traffic accident.
9. We shall pay a benefit equal to the percentage of the Sum Insured specified in the policy and in the individual certificate of insurance for each day of the hospital stay resulting from an occupational accident, during the first 14 days of such hospital stay, provided that the hospital stay commenced no later than 12 months after the date of the occupational accident.
10. We shall pay a benefit equal to the percentage of the Sum Insured specified in the policy and in the individual certificate of insurance for each day of the hospital stay resulting from a myocardial infarction or stroke, during the first 14 days of such hospital stay, provided that the hospital stay:
 - 1) is your first hospital stay resulting from that myocardial infarction or stroke; and
 - 2) commenced no later than 12 months after the date of the myocardial infarction or stroke.
11. If you stay in an intensive care unit, we shall pay a one-off benefit equal to the percentage of the Sum Insured specified in the policy and in the individual certificate of insurance.
12. We shall pay a benefit equal to the percentage of the Sum Insured specified in the policy and in the individual certificate of insurance for each day of convalescence.
13. We shall pay a benefit equal to the percentage of the Sum Insured specified in the policy and in the individual certificate of insurance for each day of your stay in a psychiatric ward.
14. We shall pay a benefit equal to the percentage of the Sum Insured specified in the policy and in the individual certificate of insurance for each day of your stay in a rehabilitation ward.
15. If you stay in a sanatorium, we shall pay a one-off benefit equal to the percentage of the Sum Insured specified in the policy and in the individual certificate of insurance.
16. The amount of the benefit shall be determined on the basis of the Sum Insured applicable, as appropriate, on the date of the hospital stay, the date on which the stay in an intensive care unit commenced, the date of convalescence, the date of the stay in a psychiatric ward, the date of the stay in a rehabilitation ward, or the date on which the stay in a sanatorium commenced.

EXCLUSIONS OF COVER

– the circumstances in which no benefit will be payable

17. We shall not be liable for any hospital stay, stay in an intensive care unit, stay in a rehabilitation ward, stay in a psychiatric ward or stay in a sanatorium that commenced before the beginning of the period of insurance, or for any hospital stay, stay in an intensive care unit, stay in a rehabilitation ward, stay in a psychiatric ward or stay in a sanatorium resulting from:
 - 1) as a result of acts of war;
 - 2) disasters causing radioactive, chemical or biological contamination;
 - 3) as a result of the Insured Person's active participation in acts of terrorism or civil unrest;
 - 4) the Insured Person's attempted commission or commission of an act constituting an intentional criminal offence under applicable law;
 - 5) a traffic accident, where the Insured Person was driving a vehicle:
 - a) without the driving licence or other authorisation required by law; or
 - b) after consuming alcohol or while under the influence of alcohol, within the meaning of the Act on Upbringing in Sobriety and Counteracting Alcoholism; or

- c) after using narcotic drugs, intoxicating substances, psychotropic substances, substitute substances or new psychoactive substances within the meaning of the Act on Counteracting Drug Addiction, provided that any of these circumstances contributed to the occurrence of the road traffic accident;
- 6) where the Insured Person was under the influence of alcohol, within the meaning of the Act on Upbringing in Sobriety and Counteracting Alcoholism, or had used narcotic drugs, intoxicating substances, psychotropic substances, substitute substances or new psychoactive substances, within the meaning of the Act on Counteracting Drug Addiction, provided that any of these circumstances contributed to the occurrence of the insured event referred to in Clause 4;
- 7) as a result of the Insured Person's self-inflicted injury or attempted suicide;
- 8) directly as a result of poisoning caused by alcohol consumed or by the use of narcotic drugs, intoxicating substances, psychotropic substances, substitute substances or new psychoactive substances, within the meaning of the Act on Counteracting Drug Addiction, or as a result of conditions caused by the abuse of the aforementioned substances;
- 9) the Insured Person's use of medicinal products contrary to a physician's instructions or contrary to the information contained in the package leaflet accompanying the medicinal product, or illnesses resulting from the abuse of such medicinal products;
- 10) in connection with the treatment of mental disorders or behavioural disorders classified under categories F00–F99 of the International Statistical Classification of Diseases and Related Health Problems (ICD-10) or categories 6A00–6E8Z of the International Classification of Diseases (ICD-11), as specified in Appendix No. 3 to these GTC. If the scope of the Supplementary Insurance includes stay in a psychiatric ward, this exclusion shall not apply to stay in a psychiatric ward;
- 11) infertility treatment;
- 12) cosmetic or aesthetic surgery, except where such surgery is necessary to remove the consequences of:
 - a) an accident occurring during the period of insurance; or
 - b) a malignant neoplasm occurring during the period of insurance;
- 13) in connection with gender reassignment surgery;
- 14) in connection with rehabilitation. If the scope of the Supplementary Insurance includes stay in a rehabilitation ward or stay in a sanatorium, this exclusion shall not apply, as applicable, to stay in a rehabilitation ward or stay in a sanatorium;
- 15) as a result of an accident, where the Insured Person was participating in any of the following sports: motor sports, powerboat sports, air sports, rock climbing or mountaineering (defined as any climbing above 2,000 metres above sea level), caving, scuba diving using specialised underwater breathing equipment (excluding snorkelling), diving, bungee jumping, provided that any of these circumstances contributed to the occurrence of the accident.
- 18. We shall not be liable for any stay:
 - 1) in hospices, addiction treatment facilities, chronic care facilities, long-term care facilities or nursing care facilities;
 - 2) in health resort treatment facilities, including sanatoria and health resort hospitals. If the scope of the Supplementary Insurance includes stay in a sanatorium, this exclusion shall not apply to stay in a sanatorium;
 - 3) in rehabilitation centres;
 - 4) in rehabilitation hospitals or rehabilitation wards. If the scope of the Supplementary Insurance includes stay in a rehabilitation ward, this exclusion shall not apply to stay in a rehabilitation ward;
 - 5) in day-care wards;
 - 6) in healthcare facilities that are not intended to provide inpatient hospital treatment.
- 19. Our liability shall not cover convalescence if:
 - 1) your hospital stay immediately preceding the convalescence resulted from infertility treatment;
 - 2) the convalescence took place during your health leave or medical rehabilitation leave.
- 20. No benefit shall be payable for full days during which the Insured Person was on authorised leave during the hospital stay (including during a stay in a psychiatric ward or a rehabilitation ward). The benefit is payable for the day on which the child commenced authorised leave and the day on which the child returned from such leave.

LIMITATIONS OF COVER

– the circumstances and the maximum amount payable under the Supplementary Insurance

- 21. During each 12-month period between policy anniversaries, we shall pay a maximum of:
 - 1) 365 days of hospital stay;
 - 2) 30 days of stay in a psychiatric ward;
 - 3) 30 days of stay in a rehabilitation ward;
 - 4) 90 days of convalescence;
 - 5) one benefit for stay in a sanatorium.
- 22. If you stay in a hospital or an intensive care unit during the period of convalescence, we shall pay, at your option, either:
 - 1) the benefit for the hospital stay and the stay in an intensive care unit (if you stayed in an intensive care unit); or
 - 2) the benefit for convalescence.
 – at your option.
 You shall make your choice by submitting a claim for payment of:
 - 1) the benefit for the hospital stay and the stay in an intensive care unit (if you stayed in an intensive care unit); or
 - 2) the benefit for convalescence.

WAITING PERIOD

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

23. We shall not be liable for any hospital stay, stay in an intensive care unit, convalescence or stay in a psychiatric ward during the first 30 days following your enrolment in the Supplementary Insurance.
24. We shall be liable if the hospital stay, the stay in an intensive care unit, the convalescence or the stay in a psychiatric ward resulted from:
 - 1) an accident,
 - 2) a traffic accident;
 - 3) an occupational accident– occurring during the first 30 days following your enrolment in the Supplementary Insurance, subject to the exclusions set out in Clauses 17–20.
25. If you change the scope of the insurance, we shall not be liable during the first 30 days in respect of those insured events referred to in Clause 4 that were not covered under the previous scope of insurance. In such a case, the 30-day period shall be calculated from the commencement of cover under the new scope of insurance. We shall be liable if the insured event referred to in Clause 4 resulted from an accident occurring during those 30 days.

AMOUNT INSURED

– definition and amount

26. The Sum Insured is the amount used as the basis for calculating the benefit payable.
27. The amount of the Sum Insured is specified in the policy and in the individual certificate of insurance.
28. 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

29. The premium for the Supplementary Insurance:
 - 1) reflects the waiting periods applicable under the Supplementary Insurance;
 - 2) is fixed, although it may be changed by mutual agreement between the parties;
 - 3) depends on:
 - a) the Sum Insured;
 - b) the scope of insurance;
 - c) the amount of the benefit;
 - d) the number of persons joining the insurance, their age and gender profile, and the nature of the work they perform.
30. The amount of the premium for the Supplementary Insurance is specified in the application for insurance and in the policy.
31. 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

32. The Supplementary Insurance may be taken out either at the same time as the Principal Insurance or during its term, provided that the Supplementary Group Hospital Treatment Insurance for the Insured Person is entered into simultaneously or is already in force with the Policyholder.
33. The supplementary insurance is available to Insured Persons who have joined both the principal insurance policy and the supplementary group hospital treatment insurance for the Insured Person.

DURATION OF THE SUPPLEMENTARY INSURANCE

– the period for which the Supplementary Insurance is taken out

34. 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

35. Unless either party decides otherwise, and provided that both the Principal Insurance and the Supplementary Group Hospital Treatment Insurance for the Insured Person remain 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.

36. 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

37. Withdrawal from the Supplementary Insurance shall be governed by the rules set out in the Principal Insurance.
38. If the Policyholder withdraws from the Principal Insurance, this shall automatically result in withdrawal from the Supplementary Insurance.
39. If the Policyholder withdraws from the Supplementary Insurance, this shall not result in withdrawal from the Principal Insurance.
40. If the Policyholder withdraws from the Supplementary Group Hospital Treatment Insurance for the Insured Person, this shall automatically result in withdrawal from the Supplementary Insurance.
41. If the Policyholder withdraws from the Supplementary Insurance, this shall not result in withdrawal from the Supplementary Group Hospital Treatment Insurance for the Insured Person.

TERMINATION OF THE SUPPLEMENTARY INSURANCE

– how the Policyholder may terminate the Supplementary Insurance

42. Termination of the Supplementary Insurance shall be governed by the rules set out in the Principal Insurance.
43. If the Policyholder terminates the Principal Insurance, this shall automatically result in termination of the Supplementary Insurance.
44. If the Policyholder terminates the Supplementary Insurance, this shall not result in termination of the Principal Insurance.
45. If the Policyholder terminates the Supplementary Group Hospital Treatment Insurance for the Insured Person, this shall automatically result in termination of the Supplementary Insurance.
46. If the Policyholder terminates the Supplementary Insurance, this shall not result in termination of the Supplementary Group Hospital Treatment Insurance for the Insured Person.

COMMENCEMENT OF COVER

– when your insurance cover begins

47. Cover under the supplementary insurance commences in accordance with the terms set out in the principal insurance policy.
48. Cover under the supplementary insurance will commence only if cover under both the principal insurance policy and the supplementary group hospital treatment insurance for the Insured Person is in force.

TERMINATION OF COVER

– when the Supplementary Insurance ends

49. Insurance cover under the supplementary insurance shall terminate:
- 1) on the date cover under the Principal Insurance or the Supplementary Group Hospital Treatment Insurance for the Insured Person 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

50. You are entitled to receive the benefit.

PAYMENT OF THE BENEFIT

– when we will pay the benefit

51. In the event of your hospital stay (including a stay in a psychiatric ward or a rehabilitation ward), please provide us with:
- 1) an application for payment of the benefit. You may submit the application:
 - a) after your hospital stay has ended, if it was not followed by convalescence;
 - b) after your hospital stay and convalescence have ended;

- c) during your hospital stay, after the 30th or 60th day from the commencement of the hospital stay;
 - 2) the hospital treatment discharge summary or the discharge summary from the intensive care unit – after your hospital stay and convalescence have ended;
 - 3) a document confirming your hospital stay and the discharge summary from the intensive care unit (if you stayed in an intensive care unit), issued by your attending physician – during your hospital stay;
 - 4) if you underwent convalescence, additionally, a copy or printout of your medical certificate confirming incapacity for work, certified as a true copy of the original by the Policyholder, or a certificate issued by the Policyholder confirming payment of sickness benefit in connection with your period of sick leave.
52. In the event of your stay in a sanatorium, please provide us with:
- 1) a completed benefit claim form;
 - 2) the referral (copy or printout);
 - 3) the health resort (sanatorium) treatment discharge summary.
53. 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.
54. If any documents requested by us are in a language other than Polish, you must provide a Polish translation prepared by a sworn translator.
55. Our decision on payment of the benefit will be based on the documentation provided.

FINAL PROVISIONS

– other important information

56. In matters not governed by the Supplementary Insurance, the General Terms and Conditions of the Principal Insurance, the provisions of the Polish Civil Code, the Insurance and Reinsurance Activity Act, and any other applicable laws and regulations shall apply.

APPENDIX**TO THE GENERAL TERMS AND CONDITIONS OF THE SUPPLEMENTARY GROUP HOSPITAL TREATMENT INSURANCE FOR THE INSURED PERSON PLUS**

I. Mental and behavioural disorders classified in accordance with the International Statistical Classification of Diseases and Related Health Problems (ICD-10):	
F00	Dementia in Alzheimer's disease
F01	Vascular dementia
F02	Dementia in other diseases classified elsewhere
F03	Unspecified dementia
F04	Organic amnesic syndrome, not induced by alcohol or other psychoactive substances
F05	Delirium, not induced by alcohol or other psychoactive substances
F06	Other mental disorders due to brain damage and dysfunction and to physical disease
F07	Personality and behavioural disorders due to brain disease, damage and dysfunction
F09	Unspecified organic or symptomatic mental disorder
F10	Mental and behavioural disorders due to use of alcohol
F11	Mental and behavioural disorders due to use of opioids
F12	Mental and behavioural disorders due to use of cannabinoids
F13	Mental and behavioural disorders due to use of sedatives or hypnotics
F14	Mental and behavioural disorders due to use of cocaine
F15	Mental and behavioural disorders due to use of other stimulants, including caffeine
F16	Mental and behavioural disorders due to use of hallucinogens
F17	Mental and behavioural disorders due to use of tobacco
F18	Mental and behavioural disorders due to use of volatile solvents
F19	Mental and behavioural disorders due to multiple drug use and use of other psychoactive substances
F20	Schizophrenia
F21	Schizotypal disorder
F22	Persistent delusional disorders
F23	Acute and transient psychotic disorders
F24	Induced delusional disorder
F25	Schizoaffective disorders
F28	Other non-organic psychotic disorders
F29	Unspecified non-organic psychosis
F30	Manic episode
F31	Bipolar affective disorder
F32	Depressive episode
F33	Recurrent depressive disorder
F34	Persistent mood [affective] disorders

F38	Other mood [affective] disorders
F39	Unspecified mood [affective] disorder
F40	Phobic anxiety disorders
F41	Other anxiety disorders
F42	Obsessive-compulsive disorder
F43	Reaction to severe stress, and adjustment disorders
F44	Dissociative [conversion] disorders
F45	Somatoform disorders
F48	Other neurotic disorders
F50	Eating disorders
F51	Non-organic sleep disorders
F52	Sexual dysfunction, not caused by organic disorder or disease
F53	Mental and behavioural disorders associated with the puerperium, not elsewhere classified
F54	Psychological and behavioural factors associated with disorders or diseases classified elsewhere
F55	Abuse of non-dependence-producing substances
F59	Unspecified behavioural syndromes associated with physiological disturbances and physical factors
F60	Specific personality disorders
F61	Mixed and other personality disorders
F62	Enduring personality changes, not attributable to brain damage and disease
F63	Habit and impulse disorders
F64	Gender identity disorders
F65	Disorders of sexual preference
F66	Psychological and behavioural disorders associated with sexual development and orientation
F68	Other disorders of adult personality and behaviour
F69	Unspecified disorder of adult personality and behaviour
F70	Mild mental retardation
F71	Moderate mental retardation
F72	Severe mental retardation
F73	Profound mental retardation
F78	Other mental retardation
F79	Unspecified mental retardation
F80	Specific developmental disorders of speech and language
F81	Specific developmental disorders of scholastic skills
F82	Specific developmental disorder of motor function
F83	Mixed specific developmental disorders
F84	Pervasive developmental disorders
F88	Other disorders of psychological development

F90	Hyperkinetic disorders
F91	Conduct disorders
F92	Mixed disorders of conduct and emotions
F93	Emotional disorders with onset specific to childhood
F94	Disorders of social functioning with onset specific to childhood and adolescence
F95	Tic disorders
F98	Other behavioural and emotional disorders with onset usually occurring in childhood and adolescence
F99	Unspecified mental disorder

II. II. Mental, behavioural or neurodevelopmental disorders classified in accordance with the International Classification of Diseases for Mortality and Morbidity Statistics (ICD-11):

6A00	Disorders of intellectual development
6A01	Developmental speech or language disorders
6A02	Autism spectrum disorder
6A03	Developmental learning disorder
6A04	Developmental motor coordination disorder
6A05	Attention deficit hyperactivity disorder
6A06	Stereotyped movement disorder
6A0Y	Other specified neurodevelopmental disorders
6A0Z	Neurodevelopmental disorders, unspecified
6A20	Schizophrenia
6A21	Schizophrenia
6A22	Schizotypal disorder
6A23	Acute and transient psychotic disorder
6A24	Delusional disorder
6A25	Symptomatic manifestations of primary psychotic disorders
6A2Y	Other specified primary psychotic disorder
6A2Z	Schizophrenia or other primary psychotic disorders, unspecified
6A40	Catatonia associated with another mental disorder
6A41	Substance-induced or medication-induced catatonia
6A4Z	Catatonia, unspecified
6A60	Bipolar type I disorder
6A61	Bipolar type II disorder
6A62	Cyclothymic disorder
6A6Y	Other specified bipolar or related disorders
6A6Z	Bipolar or related disorders, unspecified
6A70	Single episode depressive disorder
6A71	Recurrent depressive disorder

6A72	Dysthymic disorder
6A73	Mixed depressive and anxiety disorder
6A7Y	Other specified depressive disorders
6A7Z	Depressive disorders, unspecified
6A80	Mood episode symptoms and manifestations in mood disorders
6A8Y	Other specified mood disorders
6A8Z	Mood disorders, unspecified
6B00	Generalized anxiety disorder
6B01	Panic disorder
6B02	Agoraphobia
6B03	Specific phobia
6B04	Social anxiety disorder
6B05	Separation anxiety disorder
6B06	Selective mutism
6B0Y	Other specified fear-related or anxiety disorders
6B0Z	Fear-related or anxiety disorders, unspecified
6B20	Obsessive-compulsive disorder
6B21	Body dysmorphic disorder
6B22	Olfactory reference disorder
6B23	Hypochondriasis
6B24	Hoarding disorder
6B25	Body-focused repetitive behaviour disorders
6B2Y	Other specified obsessive-compulsive or related disorders
6B2Z	Obsessive-compulsive or related disorders, unspecified
6B40	Post traumatic stress disorder
6B41	Complex post traumatic stress disorder
6B42	Prolonged grief disorder
6B43	Adjustment disorder
6B44	Reactive attachment disorder
6B45	Disinhibited social engagement disorder
6B4Y	Other specified disorders specifically associated with stress
6B4Z	Disorders specifically associated with stress, unspecified
6B60	Dissociative neurological symptom disorder
6B61	Dissociative amnesia
6B62	Trance disorder
6B63	Trance possession disorder
6B64	Dissociative identity disorder

6B65	Partial dissociative identity disorder
6B66	Depersonalization-derealization disorder
6B6Y	Other specified dissociative disorders
6B6Z	Dissociative disorders, unspecified
6B80	Anorexia nervosa
6B81	Bulimia nervosa
6B82	Binge eating disorder
6B83	Avoidant-restrictive food intake disorder
6B84	Pica
6B85	Rumination-regurgitation disorder
6B8Y	Other specified feeding or eating disorders
6B8Z	Feeding or eating disorders, unspecified
6C00	Enuresis
6C01	Encopresis
6C0Z	Elimination disorders, unspecified
6C20	Bodily distress disorder
6C21	Body integrity dysphoria
6C2Y	Other specified bodily distress or bodily experience disorders
6C2Z	Bodily distress or bodily experience disorders, unspecified
6C40	Disorders due to use of alcohol
6C41	Disorders due to use of cannabis
6C42	Disorders due to use of synthetic cannabinoids
6C43	Disorders due to use of opioids
6C44	Disorders due to use of sedatives, hypnotics or anxiolytics
6C45	Disorders due to use of cocaine
6C46	Disorders due to use of stimulants, including amphetamine, methamphetamine or methcathinone
6C47	Disorders due to use of synthetic cathinones
6C48	Disorders due to use of caffeine
6C49	Disorders due to use of hallucinogens
6C4A	Disorders due to use of nicotine
6C4B	Disorders due to use of volatile inhalants
6C4C	Disorders due to use of MDMA or related drugs, including MDA
6C4D	Disorders due to use of dissociative drugs, including ketamine and phencyclidine (PCP)
6C4E	Disorders due to use of other specified psychoactive substances, including medications
6C4F	Disorders due to use of multiple specified psychoactive substances, including medications
6C4G	Disorders due to use of unknown or unspecified psychoactive substances
6C4H	Disorders due to use of non-psychoactive substances

6C4Y	Other specified disorders due to substance use
6C4Z	Disorders due to substance use, unspecified
6C50	Gambling disorder
6C51	Gaming disorder
6C5Y	Other specified disorders due to addictive behaviours
6C5Z	Disorders due to addictive behaviours, unspecified
6C70	Pyromania
6C71	Kleptomania
6C72	Compulsive sexual behaviour disorder
6C73	Intermittent explosive disorder
6C7Y	Other specified impulse control disorders
6C7Z	Impulse control disorders, unspecified
6C90	Oppositional defiant disorder
6C91	Conduct-dissocial disorder
6C9Y	Other specified disruptive or dissocial behaviour disorders
6C9Z	Disruptive or dissocial behaviour disorders, unspecified
6D10	Personality disorder
6D11	Personality difficulty
6D30	Exhibitionistic disorder
6D31	Voyeuristic disorder
6D32	Paedophilic disorder
6D33	Coercive sexual sadism disorder
6D34	Frotteuristic disorder
6D35	Other paraphilic disorder involving non-consenting individuals
6D36	Paraphilic disorder involving solitary behaviour or consenting individuals
6D3Z	Paraphilic disorders, unspecified
6D50	Factitious disorder imposed on self
6D51	Factitious disorder imposed on another
6D5Z	Factitious disorders, unspecified
6D70	Delirium
6D71	Mild neurocognitive disorder
6D72	Amnesic disorder
6D80	Dementia due to Alzheimer's disease
6D81	Dementia due to cerebrovascular disease
6D82	Dementia due to Lewy body disease
6D83	Frontotemporal dementia
6D84	Dementia due to psychoactive substances, including medications

6D85	Dementia due to diseases classified elsewhere
6D86	Behavioural or psychological disturbances in dementia
6D8Y	Dementia due to other specified cause
6D8Z	Dementia due to unknown or unspecified cause
6E0Y	Other specified neurocognitive disorders
6E0Z	Neurocognitive disorders, unspecified
6E20	Mental or behavioural disorders associated with pregnancy, childbirth or the puerperium, without psychotic symptoms
6E21	Mental or behavioural disorders associated with pregnancy, childbirth or the puerperium, with psychotic symptoms
6E2Z	Mental or behavioural disorders associated with pregnancy, childbirth or the puerperium, unspecified
6E40	Psychological or behavioural factors affecting disorders or diseases classified elsewhere
6E60	Secondary neurodevelopmental syndrome
6E61	Secondary psychotic syndrome
6E62	Secondary mood syndrome
6E63	Secondary anxiety syndrome
6E64	Secondary obsessive-compulsive or related syndrome
6E65	Secondary dissociative syndrome
6E66	Secondary impulse control syndrome
6E67	Secondary neurocognitive syndrome
6E68	Secondary personality change
6E69	Secondary catatonia syndrome
6E6Y	Other specified secondary mental or behavioural syndrome
6E6Z	Secondary mental or behavioural syndrome, unspecified
6E8Y	Other specified mental, behavioural or neurodevelopmental disorders
6E8Z	Mental, behavioural or neurodevelopmental disorders, unspecified



**INSURANCE PRODUCT INFORMATION
DOCUMENT
AND GENERAL TERMS AND CONDITIONS OF
THE SUPPLEMENTARY GROUP INSURANCE
WITH PHARMACY BENEFITS CARD**



SUPPLEMENTARY GROUP INSURANCE WITH PHARMACY BENEFITS CARD

Terms and Conditions Code: APGP56

Document version dated 22 November 2025

This document contains information about the insurance product. Full details of the insurance are provided in other documents, in particular in the General Terms and Conditions of the Supplementary Group Insurance with Pharmacy Benefits Card, Terms and Conditions Code: APGP56 (the GTC).

Before deciding whether to enter into the insurance contract, please read the GTC carefully. Definitions used in the GTC may differ from their commonly accepted meaning; therefore, please pay particular attention to them.

The conclusion of the contract is voluntary.

THIS DOCUMENT:

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

SUBJECT MATTER AND SCOPE OF COVER

We insure the health of the Insured Person.

The scope of the supplementary insurance covers the Insured Person's hospitalisation due to illness or an accident occurring during the cover period, provided that we have paid a benefit under the supplementary group hospital treatment insurance for the Insured Person.

PRODUCT FEATURES – THE MAIN FEATURES OF OUR INSURANCE

If you are hospitalised, we will issue you with a Pharmacy Benefits Card, which entitles you to collect pharmacy products up to the value of 100% of the sum insured applicable on the date your hospital stay commenced.

During each consecutive 12-month period between policy anniversaries, you may receive a Pharmacy Benefits Card in respect of a maximum of three hospital stays commenced during that period, provided that we have paid a benefit under the supplementary group hospital treatment insurance for the Insured Person. This means that you may receive a maximum of three Pharmacy Benefits Cards during any such period.

If you are transferred between one or more hospitals without interruption, we will treat this as a single hospital stay.

The supplementary insurance may be taken out either at the same time as the principal insurance policy – PZU Na Życie Plus Group Insurance – or during its term, provided that the supplementary group hospital treatment insurance for the Insured Person is entered into simultaneously or is already in force with the Policyholder.

ELIGIBILITY TO ENTER INTO THE CONTRACT AND PERSONS COVERED

The supplementary insurance contract is entered into by the Policyholder, who is responsible for paying the insurance premiums.

The supplementary insurance is available to Insured Persons who have joined both the principal insurance policy and the supplementary group hospital treatment insurance for the Insured Person.

DURATION OF THE CONTRACT

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

TERRITORIAL SCOPE OF COVER

Our insurance cover applies to hospital stays anywhere in the world. Pharmacy products may be collected using a Pharmacy Benefits Card issued following a hospital stay only from a pharmacy operating in Poland in accordance with the Pharmaceutical Law.

PAYMENT OF PREMIUMS

Premiums are paid by the Policyholder on a monthly basis together with the premium for the principal insurance policy.

COMMENCEMENT AND TERMINATION OF INSURANCE COVER

Cover under the supplementary insurance commences in accordance with the terms set out in the principal insurance policy. Cover under the supplementary insurance will commence only if cover under both the principal insurance policy and the supplementary group hospital treatment insurance for the Insured Person is in force.

Insurance cover under the supplementary insurance shall terminate:

- on the date cover under the principal insurance policy or the supplementary group hospital treatment insurance for the Insured Person 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 will not provide a benefit in the event of:

- a fourth or subsequent hospital stay during any annual period of the insurance contract;
- the absence of our insurance cover during the hospital stay;
- failure to provide the documents necessary to assess the validity of the claim.

In addition, we shall not be liable where the event concerned falls outside the scope of cover, does not meet the definition specified in the Contract, where our liability has ceased, or in any other circumstances specified in the GTC.

TERMINATION OF THE CONTRACT

The Policyholder may withdraw from the supplementary insurance contract within:

- 7 days of entering into the contract, if the Policyholder is a business undertaking;
- 30 days of entering into the contract, if the Policyholder is not a business undertaking.

After this period, the Policyholder may terminate the contract by giving written notice.

The Policyholder may elect not to renew the supplementary insurance by submitting a written declaration of non-renewal no later than 30 days before the expiry of the insurance period.

INSURANCE DISTRIBUTOR'S REMUNERATION

Under the proposed contract, the insurance distributor receives commission-based remuneration.

COMPLAINTS, GRIEVANCES AND APPEALS

1. A complaint, grievance or appeal may be submitted at any of our customer service offices.
2. A complaint, grievance or appeal may be made:
 - 1) in writing – in person or by post within the meaning of the Postal Law Act, for example by writing to: PZU Życie SA ul. Postępu 18A, 02-676 Warsaw (correspondence address only), or by submitting correspondence through a postal or delivery service provider operating within the European Union;
 - 2) in writing – by sending it to the electronic delivery address of PZU Życie SA within the meaning of the Electronic Deliveries Act: AE:PL-50066-37983-FBWRA-37, as registered in the electronic address database referred to in the Act on Electronic Delivery;

- 3) verbally – by telephone, for example by calling our helpline on 801 102 102, or in person at one of our offices, in which case the submission will be recorded in a written report;
 - 4) electronically – by sending an email to reklamacje@pzu.pl or by completing the online form available at pzu.pl or www.moje.pzu.pl.
3. We will respond to any complaint or grievance as soon as possible and no later than 30 days from the date of receipt. In particularly complex cases, where it is not possible to provide a response within 30 days, we will inform you:
- 1) of the reasons for the delay;
of the circumstances that still need to be established in order to resolve the matter;
 - 2) 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).

Further information about the insurance is available:



on pzu.pl



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

The table identifies the provisions of the General Terms and Conditions of the Supplementary Group Insurance with Pharmacy Benefits Card, Terms and Conditions Code APGP56 (the GTC), which set out the principal terms of the insurance contract.

This information forms part of the GTC and is provided pursuant to statutory requirements (Article 17(1) of the Insurance and Reinsurance Activity Act).

No.	Type of information	Clause reference
1.	Conditions for benefit payment	Clauses 1–2 Clauses 4–7 Clauses 8–9 Clauses 31–33 Clause 34
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 28–29 Clause 30 Clause 34

Further information about the insurance is available:

 on 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 WITH PHARMACY BENEFITS CARD



GTC Code: APGP56

The Management Board of PZU Życie SA adopted these General Terms and Conditions of the Supplementary Group Insurance with Pharmacy Benefits Card by Resolution No. UZ/165/2025 dated 14 October 2025 (hereinafter referred to as the GTC).

These GTC come into force on 22 November 2025 and apply to insurance contracts concluded from 1 December 2025 onwards.

Before entering into the insurance contract, the Policyholder should carefully review the GTC and provide a copy of the GTC to each person wishing to join the insurance scheme.

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

GLOSSARY

– what the terms used in these GTC mean

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

- 1) **Pharmacy** – any publicly accessible pharmacy or pharmacy outlet operating in Poland in accordance with the Pharmaceutical Law Act;
- 2) **Supplementary Group Hospital Treatment Insurance for the Insured Person** – the supplementary hospital treatment insurance designated by PZU Życie SA in the insurance contract;
- 3) **Pharmacy Benefits Card** – a card entitling the holder to collect pharmacy products. The rules governing its use are set out in the Pharmacy Benefits Card Regulations;
- 4) **Cover Period** – the period during which we are liable to the Insured Person under the supplementary insurance;
- 5) **Pharmacy Products / Products** – products offered and available through a pharmacy;
- 6) **Service Provider** – an entity that has entered into a cooperation agreement with us in relation to Pharmacy Benefits Cards. Such cooperation consists of organising the collection of products from pharmacies using Pharmacy Benefits Cards;
- 7) **Supplementary Insurance** – the insurance contract to which these GTC apply;
- 8) **Principal Insurance** – the PZU Na Życie Plus Group Insurance contract under which the Policyholder may take out the Supplementary Insurance.

2. Other terms used in these GTC are defined in the General Terms and Conditions of the Principal Insurance and the Supplementary Group Hospital Treatment Insurance for the Insured Person. Such terms shall have the same meaning when used in these GTC.

SUBJECT MATTER OF INSURANCE

– what is insured

3. We insure your health.

SCOPE OF INSURANCE AND BENEFITS UNDER THE CONTRACT

– when you may receive a Pharmacy Benefits Card

4. The Supplementary Insurance covers your hospitalisation due to illness or an accident occurring during the cover period, provided that we have paid a benefit under the Supplementary Group Hospital Treatment Insurance for the Insured Person.
5. If you are hospitalised, we will issue you with a Pharmacy Benefits Card, which entitles you to collect pharmacy products up to the value of 100% of the sum insured applicable on the date your hospital stay commenced, subject to the provisions of the following clause.
6. During each consecutive 12-month period between policy anniversaries, you may receive a Pharmacy Benefits Card in respect of a maximum of three hospital stays commenced during that period, provided that we have paid a benefit under the supplementary group hospital treatment insurance for the Insured Person. This means that you may receive a maximum of three Pharmacy Benefits Cards during any such period.
7. If you are transferred between one or more hospitals without interruption, we will treat this as a single hospital stay. The

continuity requirement shall be deemed satisfied where you are admitted to two or more hospital wards on consecutive days, regardless of the time of discharge from one ward or admission to another.

SUM INSURED

– definition and amount

8. The Sum Insured is the amount used as the basis for calculating the value of the benefit.
9. The amount of the Sum Insured is specified in the policy and in the individual certificate of insurance.

PREMIUM

– determination and payment of the premium

10. The premium for the Supplementary Insurance:
 - 1) is fixed, although it may be amended by agreement between the parties;
 - 2) depends on:
 - a) the Sum Insured;
 - b) the number of persons joining the insurance, their age and gender profile, and the nature of the work they perform.
11. The amount of the premium for the Supplementary Insurance is specified in the application for insurance and in the policy.
12. 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

13. The Supplementary Insurance may be taken out either at the same time as the Principal Insurance or during its term, provided that the Supplementary Group Hospital Treatment Insurance for the Insured Person is entered into simultaneously or is already in force with the Policyholder.
14. The supplementary insurance is available to Insured Persons who have joined both the principal insurance policy and the supplementary group hospital treatment insurance for the Insured Person.

DURATION OF THE SUPPLEMENTARY INSURANCE

– the period for which the Supplementary Insurance is taken out

15. 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

16. Unless either party decides otherwise and provided that both the Principal Insurance and the Supplementary Group Hospital Treatment Insurance for the Insured Person remain 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.
17. 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

18. Withdrawal from the Supplementary Insurance shall be governed by the rules set out in the Principal Insurance.
19. If the Policyholder withdraws from the Principal Insurance, this shall automatically result in withdrawal from the Supplementary Insurance.
20. If the Policyholder withdraws from the Supplementary Insurance, this shall not result in withdrawal from the Principal Insurance.
21. If the Policyholder withdraws from the Supplementary Group Hospital Treatment Insurance for the Insured Person, this shall automatically result in withdrawal from the Supplementary Insurance.
22. If the Policyholder withdraws from the Supplementary Insurance, this shall not result in withdrawal from the Supplementary Group Hospital Treatment Insurance for the Insured Person.

TERMINATION OF THE SUPPLEMENTARY INSURANCE

– how the Policyholder may terminate the Supplementary Insurance

23. Termination of the Supplementary Insurance shall be governed by the rules set out in the Principal Insurance.
24. If the Policyholder terminates the Principal Insurance, this shall automatically result in termination of the Supplementary Insurance.
25. If the Policyholder terminates the Supplementary Insurance, this shall not result in termination of the Principal Insurance.
26. If the Policyholder terminates the Supplementary Group Hospital Treatment Insurance for the Insured Person, this shall automatically result in termination of the Supplementary Insurance.
27. If the Policyholder terminates the Supplementary Insurance, this shall not result in termination of the Supplementary Group Hospital Treatment Insurance for the Insured Person.

COMMENCEMENT OF COVER

– when your insurance cover begins

28. Cover under the supplementary insurance commences in accordance with the terms set out in the principal insurance policy.
29. Cover under the supplementary insurance will commence only if cover under both the principal insurance policy and the supplementary group hospital treatment insurance for the Insured Person is in force.

TERMINATION OF COVER

– when the Supplementary Insurance ends

30. Insurance cover under the supplementary insurance shall terminate:
 - 1) on the date cover under the Principal Insurance or the Supplementary Group Hospital Treatment Insurance for the Insured Person 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.

ENTITLEMENT TO A PHARMACY BENEFITS CARD FOLLOWING HOSPITALISATION

– who is entitled to receive a Pharmacy Benefits Card and when it is issued

31. You are entitled to receive a Pharmacy Benefits Card.
32. A claim submitted for payment of a benefit under the Supplementary Group Hospital Treatment Insurance for the Insured Person shall also constitute an application for the issue of a Pharmacy Benefits Card under this Supplementary Insurance, subject to the provisions of the following clause.
33. We shall pay the benefit as a single lump-sum payment in the full amount due only in the following circumstances:
 - 1) termination of the cooperation agreement with the Service Provider in respect of Pharmacy Benefits Cards;
 - 2) inability to collect products from a pharmacy due to circumstances attributable to the service provider, including its liquidation or insolvency.

FINAL PROVISIONS

– other important information

34. 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.

PHARMACY BENEFITS CARD REGULATIONS

Appendix to the General Terms and Conditions of the Supplementary Group Insurance with Pharmacy

Benefits Card. These Regulations set out the rules governing:

- activation of the Pharmacy Benefits Card;
- use of the Pharmacy Benefits Card.

GLOSSARY

— what the terms used in these Regulations mean

1. In these Pharmacy Benefits Card Regulations, the following terms shall have the meanings set out below:
 - 1) **Expiry Date** – the last day of the month falling three years after the end of the month in which the decision to grant you a Pharmacy Benefits Card was issued;
 - 2) **Proof of Purchase** – evidence confirming the purchase of products from a pharmacy during the validity period of the Pharmacy Benefits Card (for example, a receipt or invoice);
 - 3) **Replacement Pharmacy Benefits Card** – a card issued in place of a blocked Pharmacy Benefits Card. It has the same characteristics as the blocked Pharmacy Benefits Card, including the same expiry date, and its available limit is reduced by the value of products already collected using either the original Pharmacy Benefits Card or the Replacement Pharmacy Benefits Card;
 - 4) **Limit** – the value of products which, under the insurance, you are entitled to collect from a pharmacy;
 - 5) **Collection of Products from a Pharmacy Without Using a Pharmacy Benefits Card** – the purchase of products from

PHARMACY BENEFITS CARD

— key information

2. The Pharmacy Benefits Card is used to collect products from a pharmacy.
3. Information regarding the following is available on our website at pzu.pl, via our helpline and at PZU branches:
 - 1) the current list of Pharmacies that accept the Pharmacy Benefits Card;
 - 2) the procedures for collecting Products from a Pharmacy both with and without the use of a Pharmacy Benefits Card.
4. The Pharmacy Benefits Card contains:
 - 1) an identification number;
 - 2) a barcode;
 - 3) an expiry date;
 - 4) a limit.
5. The Pharmacy Benefits Card will be activated once you submit an instruction requesting its activation. Activation will be carried out on the basis of your personal data and the Pharmacy Benefits Card identification number. The Pharmacy Benefits Card will be activated no later than the following day. Instructions on how to activate the Pharmacy Benefits Card will be included in the correspondence accompanying the Pharmacy Benefits Card.
6. The Pharmacy Benefits Card shall cease to be valid:
 - 1) on the date products are collected up to the full value of the limit;
 - 2) on its expiry date;
 - 3) on the date it is blocked, in accordance with Clauses 16 and 17.

RULES FOR USING THE PHARMACY BENEFITS CARD

— how to use it

7. The Pharmacy Benefits Card must be activated before products can be collected from a pharmacy.
8. To collect products using the Pharmacy Benefits Card, present your active Pharmacy Benefits Card at a pharmacy that accepts Pharmacy Benefits Cards.
9. To obtain reimbursement for products purchased from a pharmacy without using the Pharmacy Benefits Card, you must notify us and provide proof of purchase together with evidence that you hold an active Pharmacy Benefits Card. We will reimburse the cost of such products within 21 days of receiving your notification and confirmation that you hold an active Pharmacy Benefits Card, up to the amount of the remaining limit available on the Pharmacy Benefits Card.
10. The Pharmacy Benefits Card cannot be exchanged for cash.
11. Each time the Pharmacy Benefits Card is used, the available limit is reduced accordingly. Information regarding the remaining available limit may be obtained from any pharmacy that accepts the Pharmacy Benefits Card or through our helpline.
12. If the value of your purchases exceeds the available limit on the Pharmacy Benefits Card, you must pay the balance from your own funds.
13. Products collected using the Pharmacy Benefits Card cannot be returned, subject to Clauses 22 and 23.
14. We will pay you the cash equivalent of any unused limit remaining on the Pharmacy Benefits Card in the event of the liquidation or

insolvency of the service provider.

15. If your Pharmacy Benefits Card is lost, destroyed or damaged, you must notify our helpline immediately.

BLOCKING OF THE PHARMACY BENEFITS CARD

– procedure in such circumstances

16. We will block the Pharmacy Benefits Card if:
- 1) our helpline receives information that you have not received the Pharmacy Benefits Card within 30 days of dispatch for reasons beyond our control;
 - 2) you notify our helpline that the Pharmacy Benefits Card has been lost, destroyed or damaged in a manner that prevents its use.
17. The Pharmacy Benefits Card will be blocked no later than the day following receipt by our helpline of the information referred to in Clause 16.
18. Blocking of the Pharmacy Benefits Card is irreversible.
19. We shall not be liable for any unauthorised use of the Pharmacy Benefits Card occurring:
- 1) before notification of the loss, destruction or damage of the Pharmacy Benefits Card;
 - 2) as a result of the Pharmacy Benefits Card being made available to another person.

REPLACEMENT PHARMACY BENEFITS CARD

– when it is issued

20. A Replacement Pharmacy Card will be issued following the blocking of the original Pharmacy Benefits Card. The Replacement Pharmacy Benefits Card will have the remaining limit available at the time the original Pharmacy Benefits Card was blocked.
21. The Replacement Pharmacy Benefits Card will be issued with a new identification number and will initially be inactive. The Replacement Pharmacy Benefits Card must be activated in accordance with Clause 5.

COMPLAINTS RELATING TO THE USE OF THE PHARMACY BENEFITS CARD

– how to submit a complaint

22. Complaints relating to the use of the Pharmacy Benefits Card may be submitted through our helpline.
23. Complaints concerning products purchased using the Pharmacy Benefits Card due to defects in quality or incorrect dispensing shall be handled by the pharmacy in accordance with applicable law, in particular the provisions of pharmaceutical legislation.
24. Where a product is returned as a result of a complaint referred to in Clause 23, the pharmacy shall refund the amount corresponding to the value of the returned product.
25. In addition, the submission and handling of complaints and grievances shall be governed by the rules set out in the Principal Insurance.

FINAL PROVISIONS

– other important information

26. In matters not regulated by these Regulations, the General Terms and Conditions of Insurance, the provisions of the Polish Civil Code, the Insurance and Reinsurance Activity Act, and any other applicable laws and regulations shall apply.



**INSURANCE PRODUCT INFORMATION
DOCUMENT
AND GENERAL TERMS AND CONDITIONS
IN THE EVENT OF SPECIALIST TREATMENT
OF THE INSURED**



ADDITIONAL GROUP INSURANCE IN THE EVENT OF SPECIALIST TREATMENT OF THE INSURED

Condition code: LCGP55

Version dated: 20.11.2021

This is the key information material. Full details of the insurance can be found in other documents, in particular the General Terms and Conditions of the group insurance in the case of specialised treatment of the insured, conditions code LCGP55 (GTC). Please read the GTCs before deciding to conclude the agreement. The definitions used in the GTCs can have meanings that deviate from their common meanings, so please make sure to pay particular attention to them.
The conclusion of the agreement is voluntary.

PRODUCT INFORMATION

- is presented for information purposes,
- is not part of the insurance agreement (agreement),
- does not constitute a trade offer within the meaning of article 66 of the Civil Code,
- should not be the sole basis for a decision on insurance.

THE SCOPE AND OBJECT OF INSURANCE – WHAT IS INSURED?

We insure the health of the insured.

Coverage includes specialist treatment that has commenced during the period of cover, i.e.:

- ablation,
- chemotherapy,
- dialysis therapy,
- radiotherapy for cancer,
- Gamma Knife or Cyber Knife cancer radiotherapy,
- interferon treatment,
- radioiodine therapy for non-cancerous thyroid diseases,
- cardioversion / defibrillator engraftment,
- implantation of cardiac resynchronization stimulator,
- implantation of heart stimulator (pacemaker).

PRODUCT CHARACTERISTICS – WHAT ARE THE MAIN FEATURES OF OUR INSURANCE?

We will pay a percentage of the sum insured current at the date of cover if the insured has a specialist treatment which commenced during our period of cover:

- administration of the first dose of a drug – in the case of chemotherapy or interferon therapy,
- administration of the first dose of ionising radiation – in the case of radiotherapy for cancer,
- performing the first radioiodine therapy for non-cancerous thyroid diseases,
- the first cardioversion / defibrillator engraftment,
- implantation of heart stimulator (pacemaker),
- implantation of cardiac resynchronization stimulator,
- performing the first Gamma Knife or Cyber Knife radiotherapy,
- performing the first ablation,
- performing the first dialysis treatment.

Supplementary insurance may be taken out either at the conclusion of the basic insurance – Group Insurance PZU Na Życie Plus or at its duration.

WHO CAN CONCLUDE AN AGREEMENT WITH US, WHO DO WE INSURE?

The additional insurance is concluded by the policyholder who pays the insurance premiums.
The additional insurance may be joined by insured persons who joined the basic insurance.

WHAT IS THE DURATION OF THE INSURANCE?

The policyholder may take out supplementary insurance with us for a limited period. We confirm the duration of the additional insurance in the policy. If the additional insurance is taken out between policy anniversaries, our cover continues until the next policy anniversary.

WHAT LOCATION DOES THE INSURANCE COVER?

The insurance cover operates worldwide, 24 hours a day.

HOW AND WHEN SHOULD THE CONTRIBUTIONS BE PAID?

The policyholder transfers the premium together with the premium for the basic insurance.

WHEN DOES THE INSURANCE COVERAGE BEGIN AND END?

Coverage under the supplementary insurance commences as described in the basic insurance. Cover under the additional insurance shall only commence if the cover under the basic insurance is in force. The cover under the supplementary insurance ceases:

- from the date of termination of cover under the primary insurance,
- from the date on which we receive the policyholder's declaration that he or she is withdrawing from the additional insurance,
- on the date of termination of cover under the supplementary insurance – if not renewed,
- on the last day of the month in which you cancel the supplementary insurance,
- at the end of the month of the supplementary insurance on the current terms and conditions, if they have not given the required consent to change the supplementary insurance,
- as from the date of expiry of the notice period of the supplementary insurance,
- as from the date on which the supplementary insurance is terminated.

MAIN EXCLUSIONS AND LIMITATIONS OF THE INSURANCE COVERAGE – WHAT IS NOT COVERED BY THE INSURANCE?

We will not pay the benefit in the event of:

- our lack of protection on the date of specialist treatment,
- the administration to the insured of each subsequent dose of medication in the case of chemotherapy and interferon therapy,
- the administration of each subsequent dose to the insured person in the case of radiotherapy for cancer.

In addition, we are not liable if a situation is not covered, it does not meet the definition set out in the agreement or our liability has ended (e.g. due to non-payment of premiums as well as in other cases indicated in the GTC).

HOW TO TERMINATE THE AGREEMENT?

The policyholder has the right to cancel the supplementary insurance agreement within 30 days after its conclusion or, if the policyholder is an entrepreneur, within 7 days from the conclusion of the agreement. After this period, the policyholder has the right to terminate the agreement by a written notice. The policyholder has right to cancel the extension of the additional insurance by sending us a written notice of non-renewal no later than 30 days prior to its termination.

REMUNERATION FOR THE DISTRIBUTOR OF THE INSURANCE

The distributor shall receive a commission in connection with the proposed agreement.

COMPLAINTS, OBJECTIONS AND GRIEVANCES

1. A claim, complaint or grievance shall be submitted to any of our units where we serve our customers.
2. A complaint, grievance or complaint can be submitted:
 - 1) in writing – in person or by mail, within the meaning of the Postal Law Act, for example by writing to the following address: PZU Życie SA 18A Postępu St., 02-676 Warsaw (address for correspondence only);
 - 2) in writing – sent to the address for electronic delivery of PZU Życie SA, within the meaning of the Electronic Delivery Act, from the date of entering that address into the database of electronic addresses;
 - 3) verbally – by phone, for instance by calling the telephone helpline on 801 102 102, or in person, confirmed by means of a protocol during a visit to our unit;
 - 4) electronically – by sending an e-mail to reklamacje@pzu.pl or by filling in the form at www.pzu.pl.

3. We respond to complaints, grievances and complaints as soon as possible, however no later than 30 days after the day on which we receive them. If we are unable to respond in particularly complex cases within 30 days, we will inform you:
 - 1) why the response is delayed;
 - 2) what circumstances we still need to establish in order to process the case;
 - 3) what is the new time limit for our response – it may not exceed 60 days from the date on which we received the complaint, claim or grievance.
4. We respond to complaints, claims and grievances to the person who made them:
 - 1) in cases where the customer is a natural person – in writing, except that the response may be delivered by e-mail only at the customer's request;
 - 2) where the customer is an entity other than those referred to in item 1 – in writing or using another durable medium.
5. If, after the complaint has been investigated:
 - 1) we have not honoured the claims made or
 - 2) we have accepted the claim, but within the time limit specified in the reply to that claim we have not conducted the acts we obliged to take– the individual who has made a complaint has the right to write to the Financial Ombudsman to request this.
6. We deal with complaints, grievances and complaints in our units, which have authority over the subject matter.
7. Additional information on complaints are provided in the Act on Complaints Handling by Financial Market Entities and Financial Ombudsman and in the Act on Insurance Distribution.
8. PZU provides for the possibility of resolving conflicts out of court.
9. The entity authorized within the meaning of the Act on out-of-court handling of consumer disputes, competent for PZU Życie SA to handle disputes out of court is the Financial Ombudsman. The website address: rf.gov.pl.
10. In the event that the insured or the policyholder, beneficiary and the rights holder are consumers, they can turn to the Municipal and District Consumer Ombudsmen for assistance.
11. PZU communicates with its consumers in Polish.
12. PZU is supervised by the Financial Supervision Authority.



**GENERAL TERMS
OF ADDITIONAL GROUP INSURANCE
IN THE EVENT OF A SPECIALIST TREATMENT OF
THE INSURED**

The table below presents the provisions of the general terms and conditions of the additional group insurance in the event of a bereavement of a child, terms and conditions code LCGP55 (GTC), which govern the exclusion and limitation of the insurance company's liability. These provisions constitute a part of the GTC, and their indications are a result of the legal regulations (Article 17, section 1 of the Insurance and Reinsurance Act).

No.	Type of information	Record number
1.	Conditions for benefit payment	items 1–2 items 4–5 items 12–14 item 32 items 33–36 item 37
2.	Restrictions and exemptions of an insurer's liability granting the right to refuse to pay out the benefits or to reduce them	items 1–2 items 6–9 items 10–11 items 29–30 item 31 item 37

Information about the insurance are available from:

 at pzu.pl



at the phone number 801 102 102
(charged according to the operator's tariff)

GENERAL TERMS AND CONDITIONS OF ADDITIONAL GROUP INSURANCE IN CASE OF SPECIALIST TREATMENT OF THE INSURED



GTC code: LCGP55

The Board of Directors of PZU Życie SA set out the general terms and conditions of the additional group insurance in case of specialist treatment of the insured by means of Resolution No. UZ/202/2021 of 9 November 2021 (hereinafter referred to as the GTC).

These General Terms and Conditions shall enter into force on 01 December 2021 and shall apply to insurance agreements concluded from 1 January 2022.

The policyholder shall read the GTC carefully before concluding the contract and communicate the GTC to anyone who wishes to take out insurance.

Please read the GTC you have received from your policyholder carefully before you take out insurance.

GLOSSARY

– i.e. what do the terms actually mean

1. The GTC uses the following terminology:

- 1) **ablation** – a procedure consisting in destroying or isolating an area in the heart that is the source of a heart rhythm disturbance. We are only responsible for such ablation of heart rhythm disturbances where a current generator or low temperature is used;
 - 2) **chemotherapy** – a method of treating a malignant tumour with at least one anti-cancer drug belonging to group L01 of the ATC classification. Our cover in this insurance does not include the use of group L02 hormonal drugs, group L03 immunostimulants or group L04 immunosuppressants of the ATC classification as a treatment for malignant tumour;
 - 3) **dialysis therapy** – a method of treating kidney failure by haemodialysis or peritoneal dialysis. We are only responsible for such dialysis therapy used to treat chronic renal failure. Our cover in this insurance does not include temporary dialysis therapy used in reversible renal failure;
 - 4) **insurance protection period** – the period of time during which our liability to the insured under the supplementary insurance continues;
 - 5) **radiotherapy for cancer** – a method of treatment using ionising radiation to treat malignant tumours or benign tumours;
 - 6) **gamma knife or cyber knife radiotherapy of cancer** – A method of treatment using stereotactic radiotherapy known as Gamma Knife or Cyber Knife for the treatment of malignant tumours or benign tumours;
 - 7) **interferon therapy** – a method of treatment using interferon. We are solely responsible for the interferon treatment of multiple sclerosis and chronic hepatitis C;
 - 8) **radioiodine therapy for non-cancerous thyroid diseases** – a method of treating non-cancerous thyroid diseases, through the use of a radioisotope of iodine, by irreversibly destroying thyroid tissue;
 - 9) **supplementary insurance** – the insurance agreement to which these GTC apply;
 - 10) **basic insurance** – PZU Na Życie Plus group insurance agreement, to which the policyholder has the right to take out additional insurance;
 - 11) **implantation of a cardioverter-defibrillator** – implantation of a permanent cardiac pacing device with defibrillation or cardioversion function into the patient's body. Our cover in this insurance does not include procedures for repositioning, revision and replacement of leads and pacing system;
 - 12) **implantation of a resynchronisation pacemaker** – a procedure to permanently implant a cardiac pacemaker with cardiac synchrony into the patient's body. Our cover in this insurance does not include procedures for repositioning, revision and replacement of leads and pacing system;
 - 13) **implantation of a cardiac pacemaker (implantation of a pacemaker)** – a procedure to permanently implant a cardiac pacing device, known as a pacemaker, into the patient's body, without the function of defibrillation, cardioversion and synchronisation of heart contraction. Our cover in this insurance does not include procedures for repositioning, revision and replacement of leads and pacing system.
2. The other terms used in these GTC are defined in the general terms and conditions of the basic insurance – the same terms retain the same meaning.

OBJECT OF INSURANCE

– what do we insure

3. We insure your health.

SCOPE OF INSURANCE AND THE BENEFIT AMOUNT

– which events do we pay for and what amounts

4. The supplementary insurance cover includes specialist treatment which has commenced during the period of cover i.e.:
 - 1) ablation;
 - 2) chemotherapy;
 - 3) dialysis therapy;
 - 4) radiotherapy for cancer;
 - 5) Gamma Knife or Cyber Knife cancer radiotherapy;
 - 6) interferon treatment;
 - 7) radioiodine therapy for non-cancerous thyroid diseases;
 - 8) cardioversion / defibrillator engraftment;
 - 9) implantation of cardiac resynchronization stimulator;
 - 10) implantation of heart stimulator (pacemaker).
5. In the event that you have a specialist treatment which has commenced during the period of cover, we will pay the percentage of the sum insured current at the date specified in the policy and in the individual confirmation of insurance:
 - 1) performing the first ablation;
 - 2) administration of the first dose of a drug – in the case of chemotherapy or interferon therapy;
 - 3) performing the first dialysis treatment;
 - 4) administration of the first dose of ionising radiation – in the case of radiotherapy for cancer;
 - 5) performing the first Gamma Knife or Cyber Knife radiotherapy of malignant degeneration;
 - 6) performing the first radioiodine therapy for non-cancerous thyroid diseases;
 - 7) the first cardioversion – defibrillator engraftment;
 - 8) implantation of cardiac resynchronization stimulator;
 - 9) implantation of heart stimulator (pacemaker).

PROTECTION RESTRICTIONS

– i.e. in which situations and how much the maximum insurance payout will be

6. Our liability covers the first use of the respective specialist treatment indicated in the GTC during the period of cover, subject to items 7 to 9.
7. If we pay the benefit after:
 - 1) ablation;
 - 2) chemotherapy or radiotherapy for cancer or Gamma Knife or Cyber Knife radiotherapy for cancer;
 - 3) dialysis therapy;
 - 4) interferon treatment;
 - 5) radioiodine therapy for non-cancerous thyroid diseases;
 - 6) cardioversion / defibrillator engraftment;
 - 7) implantation of cardiac resynchronization stimulator;
 - 8) implantation of heart stimulator (pacemaker)– then our cover for this specialist treatment, for which you have already received a benefit, ends.
8. If you have undergone the specialist treatment listed under item 4 prior to the start of our cover and the same treatment is given again during the period of cover, we will pay the benefit if there is no causal link between the current and previous treatment. We will not apply this exemption if your previous specialist treatment ended before you reached the age of 18.
9. If you have undergone radiotherapy for cancer, Gamma Knife or Cyber Knife radiotherapy for cancer or chemotherapy, we will only pay the benefit for one of these specialist treatments.

GRACE PERIOD

– the period of the lack of or limited liability of the insurance company after you have taken out supplementary insurance

10. We are not liable for the first 90 days counted from the moment you join the supplementary insurance.
11. We are liable if the specialist treatment was the result of an accident.

SUM INSURED

– what is it, and where is it indicated

12. The sum insured is the amount which we use as the basis for determining the benefit due.
13. The amount of the sum insured can be included in the policy and in the individual confirmation of insurance.
14. The sum insured does not change throughout the duration of the agreement. The sum insured is fixed, but may be changed by mutual agreement.

PREMIUM

– what does it depend on and when to pay it

15. Amount of the premium per the insured:
 - 1) takes into account the grace periods that apply in supplementary insurance;
 - 2) it is fixed, but may be changed by mutual agreement;
 - 3) it depends on:
 - a) the sum insured,
 - b) benefit amount,
 - c) the number, age structure and gender of those who take out insurance, as well as the type of work they do.
16. The amount of the premium applicable to the additional insurance agreement is specified in the application for conclusion of the agreement as well as in the policy.
17. The policyholder pays us the premiums for the supplementary insurance on a monthly basis, together with the premium for the primary insurance.

TAKING OUT AND JOINING SUPPLEMENTARY INSURANCE

– i.e., How do we insure you

18. Supplementary insurance may be taken out either with or during the conclusion of the basic insurance.
19. The additional insurance may be joined by insured persons who joined the basic insurance.

DURATION OF SUPPLEMENTARY INSURANCE

– i.e., which period we take out the supplementary insurance for

20. The policyholder may take out supplementary insurance with us for a limited period. We confirm the duration of the additional insurance in the policy. If the insurance is taken out between policy anniversaries, our cover continues until the next policy anniversary.

EXTENSION OF SUPPLEMENTARY INSURANCE

– what are the rules for extending supplementary insurance

21. Unless otherwise agreed by either party to the contract and provided that the primary insurance is in force, the supplementary insurance shall be automatically extended for the next policy year – under the same conditions. In this case, as an insured, you do not have to re-submit the declaration of membership.
22. Either party has the right to cancel the extension of the supplementary insurance, of which it shall notify the other party in writing. This must be done at the latest 30 days before the termination of this insurance.

WITHDRAWAL FROM SUPPLEMENTARY INSURANCE

– i.e. the conditions under which a policyholder may withdraw from the supplementary insurance

23. The cancellation of the additional insurance is carried out in accordance with the rules laid down in the basic insurance.
24. If the policyholder cancels the primary insurance, this results in cancellation of the secondary insurance.
25. If the policyholder withdraws from the additional insurance, this does not result in withdrawal from the primary insurance.

TERMINATION OF SUPPLEMENTARY INSURANCE

– i.e. the manner in which the policyholder can cancel the supplementary insurance

26. The termination of the supplementary insurance is carried out in accordance with the rules outlined in the basic insurance.
27. In the event the policyholder terminates the primary insurance, this results in the termination of the secondary insurance.
28. If the policyholder terminates the additional insurance, this does not result in termination of the primary insurance.

THE BEGINNING OF OUR PROTECTION

– when our insurance protection starts

29. Coverage under the supplementary insurance commences as described in the basic insurance.
30. Cover under the additional insurance shall only commence if the cover under the basic insurance is in force.

THE CESSATION OF OUR PROTECTION

– i.e. when the supplementary insurance ends

31. The cover under the supplementary insurance ceases:

- 1) from the date of termination of cover under the primary insurance;
- 2) from the date on which we receive the policyholder's declaration that he or she is withdrawing from the additional insurance;
- 3) on the date of termination of cover under the supplementary insurance – if not renewed;
- 4) on the last day of the month in which you cancel the supplementary insurance;
- 5) at the end of the month of the supplementary insurance on the current terms and conditions, if they have not given the required consent to change the supplementary insurance;
- 6) as from the date of expiry of the notice period of the supplementary insurance;
- 7) as from the date on which the supplementary insurance is terminated.

PERSONS ENTITLED TO OBTAIN THE BENEFIT

– the person to whom the payment is due

32. In such case you have the right to receive the benefit.

PROVISION OF THE HEALTH BENEFIT

– when we pay the benefit

33. After specialist treatment, please deliver to us:

- 1) a request for payment of a benefit;
- 2) medical records that confirm specialised treatment.

34. If the documents provided are not sufficient to consider that you are entitled to a benefit payment and in what amount, we may ask you for other necessary documents.

35. If the documents we have requested are in a language other than Polish, you must provide us with a Polish translation. This translation must be carried out by a sworn translator.

36. We decide on the payment of the benefit on the basis of the documentation provided.

FINAL PROVISIONS

– what other matters are important

37. Any matters not regulated by the supplementary insurance shall be subject to the general terms and conditions of basic insurance, the provisions of the Civil Code, the Act on Insurance and Reinsurance Activity and any other applicable laws.



**INSURANCE PRODUCT INFORMATION
DOCUMENT
AND GENERAL TERMS AND CONDITIONS
IN THE EVENT OF SURGICAL OPERATIONS
OF THE INSURED PERSON**



ADDITIONAL GROUP INSURANCE IN THE EVENT OF SURGICAL OPERATIONS OF THE INSURED PERSON

Condition code: OPGP55

Version dated: 20.11.2021

This is the key information material. Full details of the insurance can be found in other documents, in particular the General Terms and Conditions of the group insurance in the case of surgical interventions of the insured, conditions code OPGP55 (GTC). Please read the GTCs before deciding to conclude the agreement. The definitions used in the GTCs can have meanings that deviate from their common meanings, so please make sure to pay particular attention to them. The conclusion of the agreement is voluntary.

PRODUCT INFORMATION

- is presented for information purposes,
- is not part of the insurance agreement (agreement),
- does not constitute a trade offer within the meaning of article 66 of the Civil Code,
- should not be the sole basis for a decision on insurance.

THE SCOPE AND OBJECT OF INSURANCE – WHAT IS INSURED?

We insure the health of the insured.

Only surgical operations which meet the following conditions are covered:

- they are carried out during the protection period,
- are listed in the List of Surgical Operations attached to the GTC – broken down by class.

PRODUCT CHARACTERISTICS – WHAT ARE THE MAIN FEATURES OF OUR INSURANCE?

If a surgical operation is performed, we will issue the payments in accordance with the Surgical List:

- 100% of the sum insured – in case of class I surgical intervention,
- 50% of the sum insured – in case of class II surgical intervention,
- 30% of the sum insured – in case of class III surgical intervention,
- 10% of the sum insured – in case of class IV surgical intervention,
- 5% of the sum insured – in case of class V surgical intervention.

We determine the amount of the benefit based on the sum insured applicable at the date of the operation.

Supplementary insurance may be taken out either at the conclusion of the basic insurance – Group Insurance PZU Na Życie Plus or at its duration.

WHO CAN CONCLUDE AN AGREEMENT WITH US, WHO DO WE INSURE?

The additional insurance is concluded by the policyholder who pays the insurance premiums.

The additional insurance may be joined by insured persons who joined the basic insurance.

WHAT IS THE DURATION OF THE INSURANCE?

The policyholder may take out supplementary insurance with us for a limited period. We confirm the duration of the additional insurance in the policy. If the additional insurance is taken out between policy anniversaries, our cover continues until the next policy anniversary.

WHAT LOCATION DOES THE INSURANCE COVER?

The insurance cover applies in Poland, 24 hours a day.

HOW AND WHEN SHOULD THE CONTRIBUTIONS BE PAID?

The policyholder transfers the premium together with the premium for the basic insurance.

WHEN DOES THE INSURANCE COVERAGE BEGIN AND END?

Coverage under the supplementary insurance commences as described in the basic insurance. Cover under the additional insurance shall only commence if the cover under the basic insurance is in force. The cover under the supplementary insurance ceases:

- from the date of termination of cover under the primary insurance,
- from the date on which we receive the policyholder's declaration that he or she is withdrawing from the additional insurance,
- on the date of termination of cover under the supplementary insurance – if not renewed,
- on the last day of the month in which you cancel the supplementary insurance,
- at the end of the month of the supplementary insurance on the current terms and conditions, if they have not given the required consent to change the supplementary insurance,
- as from the date of expiry of the notice period of the supplementary insurance,
- as from the date on which the supplementary insurance is terminated.

MAIN EXCLUSIONS AND LIMITATIONS OF THE INSURANCE COVERAGE – WHAT IS NOT COVERED BY THE INSURANCE?

We will not pay the benefit in the event of:

- a surgery which was not medically necessary to cure or reduce the symptoms of an illness or to reduce the effects of an accident,
- performed for cosmetic or aesthetic purposes with the exception of an operation necessary for the removal of the Implications of:
 - a personal accident which occurs during our period of cover or
 - a malignant tumour diagnosed during the period of our protection,
- if you undergo more than one surgical operation within a period of 60 days – commencing from the date of the first surgical operation within that period – we will only pay a benefit for one surgical operation – for which the highest payment is payable.

In addition, we are not liable if a situation is not covered, it does not meet the definition set out in the agreement or our liability has ended (e.g. due to non-payment of premiums as well as in other cases indicated in the GTC).

HOW TO TERMINATE THE AGREEMENT?

The policyholder has the right to cancel the supplementary insurance agreement within 30 days after its conclusion or, if the policyholder is an entrepreneur, within 7 days from the conclusion of the agreement. After this period, the policyholder has the right to terminate the agreement by a written notice. The policyholder has right to cancel the extension of the additional insurance by sending us a written notice of non-renewal no later than 30 days prior to its termination.

REMUNERATION FOR THE DISTRIBUTOR OF THE INSURANCE

The distributor shall receive a commission in connection with the proposed agreement.

COMPLAINTS, OBJECTIONS AND GRIEVANCES

1. A claim, complaint or grievance shall be submitted to any of our units where we serve our customers.
2. A complaint, grievance or complaint can be submitted:
 - 1) in writing – in person or by mail, within the meaning of the Postal Law Act, for example by writing to the following address: PZU Życie SA, 18A Postępu St., 02-676 Warsaw (address for correspondence only);
 - 2) in writing – sent to the address for electronic delivery of PZU Życie SA, within the meaning of the Electronic Delivery Act, from the date of entering that address into the database of electronic addresses;
 - 3) verbally – by phone, for instance by calling the telephone helpline on 801 102 102, or in person, confirmed by means of a protocol during a visit to our unit;
 - 4) electronically – by sending an e-mail to reklamacje@pzu.pl or by filling in the form at www.pzu.pl.
3. We respond to complaints, grievances and complaints as soon as possible, however no later than 30 days after the day on which we receive them. If we are unable to respond in particularly complex cases within 30 days, we will inform you:
 - 1) why the response is delayed;
 - 2) what circumstances we still need to establish in order to process the case;
 - 3) what is the new time limit for our response – it may not exceed 60 days from the date on which we received the complaint, claim or grievance.
4. We respond to complaints, claims and grievances to the person who made them:
 - 1) in cases where the customer is a natural person – in writing, except that the response may be delivered by e-mail only at the customer's request;

- 2) where the customer is an entity other than those referred to in item 1 – in writing or using another durable medium.
5. If, after the complaint has been investigated:
 - 1) we have not honoured the claims made or
 - 2) we have accepted the claim, but within the time limit specified in the reply to that claim we have not carried out the acts we obliged to take
- the individual who has made a complaint has the right to write to the Financial Ombudsman to request this.
6. We deal with complaints, grievances and complaints in our units, which have authority over the subject matter.
7. Additional information on complaints are provided in the Act on Complaints Handling by Financial Market Entities and Financial Ombudsman and in the Act on Insurance Distribution.
8. PZU provides for the possibility of resolving conflicts out of court.
9. The entity authorized within the meaning of the Act on out-of-court handling of consumer disputes, competent for PZU Życie SA to handle disputes out of court is the Financial Ombudsman. The website address: rf.gov.pl.
10. In the event that the insured or the policyholder, beneficiary and the rights holder are consumers, they can turn to the Municipal and District Consumer Ombudsmen for assistance.
11. PZU communicates with its consumers in Polish.
12. PZU is supervised by the Financial Supervision Authority.



**GENERAL TERMS
OF ADDITIONAL GROUP INSURANCE
IN THE EVENT OF SURGICAL OPERATIONS
OF THE INSURED PERSON**

The table below presents the provisions of the general terms and conditions of the additional group insurance in the event of surgical operations of the insured, terms and conditions code OPGP55 (GTC), which govern the exclusion and limitation of the insurance company's liability.

These provisions constitute a part of the GTC, and their indications are a result of the legal regulations (Article 17, section 1 of the Insurance and Reinsurance Act).

No.	Type of information	Record number
1.	Conditions for benefit payment	items 1–2 items 4–6 items 13–15 item 33 items 34–36 item 37
2.	Restrictions and exemptions of the facility's liability insurance granting the right to refuse to pay the benefit or its reduction	items 1–2 items 7–9 item 10 items 11–12 items 30–31 item 32 item 37

Information about the insurance are available from:

 at pzu.pl



at the phone number 801 102 102
(charged according to the operator's tariff)

GENERAL TERMS AND CONDITIONS OF ADDITIONAL GROUP INSURANCE IN THE CASE OF SURGICAL OPERATIONS OF THE INSURED PERSON



GTC code: OPGP55

The Board of Directors of PZU Życie SA set out the general terms and conditions of the additional group insurance in case of surgical operations of the insured by means of Resolution No. UZ/202/2021 of 9 November 2021 (hereinafter referred to as the GTC).

These General Terms and Conditions shall enter into force on 01 December 2021 and shall apply to insurance agreements concluded from 1 January 2022.

The policyholder shall read the GTC carefully before concluding the contract and communicate the GTC to anyone who wishes to take out insurance.

Please read the GTC you have received from your policyholder carefully before you take out insurance.

GLOSSARY

– what do the terms actually mean

1. the GTC uses the following terminology:
 - 1) **disease** – a condition of the body that involves an abnormal response of systems or organs to external or internal environmental stimuli;
 - 2) **insurance protection period** – the period of time during which our liability to the insured under the supplementary insurance continues;
 - 3) **surgery** – a procedure, performed in a medical facility in Poland by a medical doctor, under anaesthesia, which is medically necessary to cure or reduce the symptoms of a disease or to reduce the effects of an accident, or for the prophylactic complete removal of an organ in the holder of a gene mutation increasing the risk of malignant tumour;
 - 4) **supplementary insurance** – the insurance agreement to which these GTC apply;
 - 5) **basic insurance** – PZU Na Życie Plus group insurance agreement, to which the policyholder has the right to take out additional insurance;
 - 6) **lesion** – a pathological proliferation of cells of a given tissue, organ or system.
2. The other terms used in these GTC are defined in the general terms and conditions of the basic insurance – the same terms retain the same meaning.

OBJECT OF INSURANCE

– what do we insure

3. We insure your health.

SCOPE OF INSURANCE AND THE BENEFIT AMOUNT

– which events do we pay for and what amounts

4. The scope of supplementary insurance covers only surgical operations which meet the following conditions:
 - 1) they are carried out during the protection period;
 - 2) they are listed in the List of Surgical Operations attached to this supplementary insurance – broken down by class.
5. If you undergo an operation, we will pay out:
 - 1) 100% of the sum insured – in case of class I surgical intervention;
 - 2) 50% of the sum insured – in case of class II surgical intervention;
 - 3) 30% of the sum insured – in case of class III surgical intervention;
 - 4) 10% of the sum insured – in case of class IV surgical intervention;
 - 5) 5% of the sum insured – in case of class V surgical intervention.
6. We determine the amount of the benefit based on the sum insured applicable at the date of the operation.

EXCLUSIONS OF PROTECTION

– i.e. cases in which you are not eligible for a benefit

7. For the purposes of defining our exclusions of protection, we use the term competitive sports – meaning the practice of sports by:

- 1) members of the personnel of clubs who take part in professional, national or international competitions.
These competitions must be organised by: the sports federation or professional sports federation responsible for the sport in question – or
 - 2) individuals who play individual sports and participate in professional, national or international competitions.
These competitions must be organised by: the sports federation or professional sports federation responsible for the sport in question – or
 - 3) persons who receive remuneration, as well as scholarships or reimbursement of expenses related to the practice of individual sports or team games (per diems, allowances) – on the basis of an employment contract or a civil law contract.
8. Our liability does not extend to the surgical intervention the need for which occurred due to:
- 1) occurring in war operations;
 - 2) disasters that cause radioactive, chemical or biological contamination;
 - 3) as a result of active participation of the insured in the acts of terror or mass social unrest;
 - 4) as a result of the commission or attempted commission by the child of an act which fulfils the requirements of an intentional crime;
 - 5) as a result of a traffic accident while the insured was driving a vehicle:
 - a) without holding the authority to drive as defined by the law,
 - b) being under the influence of alcohol or in a state of intoxication as defined by the regulations on education in sobriety and counteracting alcoholism or after using: drugs, narcotics, psychotropic substances or substitutes within the meaning of the provisions on counteracting drug addiction, – as far as any of these circumstances played a role in the traffic accident;
 - 6) as the insured was in a state of intoxication within the meaning of the regulations on education in sobriety and counteracting alcoholism or after using: drugs, narcotics, psychotropic substances or substitutes within the meaning of the provisions on counteracting drug addiction – if any of these circumstances influenced the need to undergo surgery;
 - 7) as a result of the insured's self-harm or attempted suicide;
 - 8) directly as a result of intoxication by alcohol, drugs, narcotics, psycho-tropic substances or substitutes – within the meaning of the regulations on counteracting drug addiction;
 - 9) as a result of the use of medicinal products by the insured not in accordance with the doctor's recommendation or not in accordance with the information in the leaflet accompanying the medicinal product;
 - 10) in result of bodily injuries caused by medical treatment and therapeutic or diagnostic procedures, regardless of who they were performed by – unless it was to treat the direct consequences of an accident;
 - 11) due to the involvement of the insured in competitive sport or recreational combat sports, motor and motorboat motor-sports, air sports, rock or mountain climbing (construed as any climbing practised at an altitude exceeding 2,000 metres above sea level), caving, diving with specialised equipment for underwater breathing, water jumping (ang. bungee jumping).
9. Our liability does not cover surgical interventions:
- 1) which were not medically necessary to cure or reduce the symptoms of an illness or to reduce the effects of an accident;
 - 2) in which the insured person was an organ donor;
 - 3) performed for cosmetic or aesthetic purposes with the exception of an operation necessary for the removal of the implications:
 - a) a personal accident which occurs during our period of cover or
 - b) malignant tumour diagnosed during the period of our protection;
 - 4) performed for contraceptive purposes;
 - 5) performed to reduce or enlarge breasts or change sex;
 - 6) in the field of maxillofacial surgery – with the exception of surgery required to treat the implications of:
 - a) a personal accident which occurs during our period of our cover,
 - b) malignant tumour diagnosed during the period of our protection;
 - 7) performed for diagnostic purposes;
 - 8) removal of a foreign body by endoscopic means;
 - 9) replacement of a permanently implanted device, artificial organ or part of an artificial organ;
 - 10) if it was a subsequent surgical operation on the same organ and there was a causal link with the first operation performed to treat the same medical condition or the effects of the same accident (reoperation).

PROTECTION RESTRICTIONS

– i.e. cases in which we limit the payment of a benefit

10. If you undergo more than one surgical operation in a 60-day period – commencing from the date of your first surgical operation in that period – we will only pay a benefit for one surgical operation – for which you are entitled to the highest amount of benefit.

GRACE PERIOD

– the period of the lack of or limited liability of the insurance company after you have taken out supplementary insurance

11. We are not liable for the first 180 days counted from the moment you join the supplementary insurance.
12. We are liable if the surgical operation was caused by an accident that occurred within the first 180 days counted from your joining the supplementary insurance.

SUM INSURED

– what is it, and where is it indicated

13. The sum insured is the amount which we use as the basis for determining the benefit due.
14. The amount of the sum insured can be included in the policy and in the individual confirmation of insurance.
15. The sum insured does not change throughout the duration of the agreement. The sum insured is fixed, but may be changed by mutual agreement.

PREMIUM

– what does it depend on and when to pay it

16. Amount of the premium per the insured:
 - 1) takes into account the grace periods that apply in supplementary insurance;
 - 2) it is fixed, but may be changed by mutual agreement;
 - 3) it depends on:
 - a) the sum insured,
 - b) the number, age structure and gender of those who take out insurance, as well as the type of work they do.
17. The amount of the premium applicable to the additional insurance agreement is specified in the application for conclusion of the agreement as well as in the policy.
18. The policyholder pays us the premiums for the supplementary insurance on a monthly basis, together with the premium for the primary insurance.

TAKING OUT AND JOINING SUPPLEMENTARY INSURANCE

– i.e., how do we insure you

19. Supplementary insurance may be taken out either with or during the conclusion of the basic insurance.
20. The additional insurance may be joined by insured persons who joined the basic insurance.

DURATION OF SUPPLEMENTARY INSURANCE

– i.e., which period we take out the supplementary insurance for

21. The policyholder may take out supplementary insurance with us for a limited period. We confirm the duration of the additional insurance in the policy. If the additional insurance is taken out between policy anniversaries, our cover continues until the next policy anniversary.

EXTENSION OF SUPPLEMENTARY INSURANCE

– what are the rules for extending supplementary insurance

22. Unless otherwise agreed by either party to the contract and provided that the primary insurance is in force, the supplementary insurance shall be automatically extended for the next policy year – under the same conditions. In this case, as an insured, you do not have to re-submit the declaration of membership.
23. Either party has the right to cancel the extension of the supplementary insurance, of which it shall notify the other party in writing. This must be done at the latest 30 days before the termination of this insurance.

WITHDRAWAL FROM SUPPLEMENTARY INSURANCE

– i.e. the conditions under which a policyholder may withdraw from the supplementary insurance

24. The cancellation of the additional insurance is carried out in accordance with the rules laid down in the basic insurance.
25. If the policyholder cancels the primary insurance, this results in cancellation of the secondary insurance.
26. If the policyholder withdraws from the additional insurance, this does not result in withdrawal from the primary insurance.

TERMINATION OF SUPPLEMENTARY INSURANCE

– i.e. the manner in which the policyholder can cancel the supplementary insurance

27. The termination of the supplementary insurance is carried out in accordance with the rules outlined in the basic insurance.
28. In the event the policyholder terminates the primary insurance, this results in the termination of the secondary insurance.
29. If the policyholder terminates the additional insurance, this does not result in termination of the primary insurance.

THE BEGINNING OF OUR PROTECTION

– when our insurance protection starts

- 30. Coverage under the supplementary insurance commences as described in the basic insurance.
- 31. Cover under the additional insurance shall only commence if the cover under the basic insurance is in force.

THE CESSATION OF OUR PROTECTION

– i.e. when the supplementary insurance ends

- 32. The cover under the supplementary insurance ceases:
 - 1) from the date of termination of cover under the primary insurance;
 - 2) from the date on which we receive the policyholder's declaration that he or she is withdrawing from the additional insurance;
 - 3) on the date of termination of cover under the supplementary insurance – if not renewed;
 - 4) on the last day of the month in which you cancel the supplementary insurance;
 - 5) at the end of the month of the supplementary insurance on the current terms and conditions, if they have not given the required consent to change the supplementary insurance;
 - 6) as from the date of expiry of the notice period of the supplementary insurance;
 - 7) as from the date on which the supplementary insurance is terminated.

PERSONS ENTITLED TO OBTAIN THE BENEFIT

– the person to whom the payment is due

- 33. In such case you have the right to receive the benefit.

PROVISION OF THE HEALTH BENEFIT

– when we pay the benefit

- 34. If you undergo surgery, please provide us with:
 - 1) a request for payment of a benefit;
 - 2) an information sheet from a medical facility that confirms that a surgical operation was performed.
- 35. If the documents provided are not sufficient to consider that you are entitled to a benefit payment and in what amount, we may ask you for other necessary documents.
- 36. We decide on the payment of the benefit on the basis of the documentation provided.

FINAL PROVISIONS

– what other matters are important

- 37. Any matters not regulated by the supplementary insurance shall be subject to the general terms and conditions of basic insurance, the provisions of the Civil Code, the Act on Insurance and Reinsurance Activity and any other applicable laws.

APPENDIX
TO THE GENERAL TERMS AND CONDITIONS OF ADDITIONAL GROUP INSURANCE
IN THE CASE OF SURGICAL OPERATIONS OF THE INSURED PERSON

No.	Surgical intervention	Class
Nervous system		
1.	Craniotomy with removal of an epidural abscess	IV
2.	Craniotomy with removal of an epidural hematoma	IV
3.	Craniotomy with removal of a foreign body from the skull	III
4.	Craniotomy with removal of subdural hematoma	IV
5.	Craniotomy with removal of intracerebral haematoma	III
6.	Drainage of intracerebral haematoma	III
7.	Lobotomy/tractotomy	II
8.	Excision of a brain lesion	III
9.	Excision of brain tissue	III
10.	Excision of a cerebellar tumour	III
11.	Removal of cerebellar abscess	III
12.	Excision of a brainstem tumour	III
13.	Meningeal reconstruction	III
14.	Closure of a meningeal fluid fistula	III
15.	Ventriculostomy	III
16.	Extracranial brain drainage	III
17.	Implantation of a brain stimulator	III
18.	Surgery for a brain aneurysm or haemangioma	III
19.	Decompression surgery of the spinal canal or spinal nerve root	IV
20.	Decompression surgery of the spinal canal or spinal nerve root with stabilisation	IV
21.	Dissection of a spinal cord lesion	III
22.	Dissection of a brain lesion	III
23.	Dissection of a peripheral nerve lesion	V
24.	Dissection of a cranial nerve lesion	III
25.	Peripheral nerve reconstruction	V
26.	Cranial nerve decompression	III
27.	Cranial nerve repair surgery	III
28.	Peripheral nerve repair surgery	V
29.	Sympathetic nerve repair surgery	V
30.	Implantation of a spinal cord neurostimulator	III
31.	Cranial nerve reconstruction	III
32.	Cranial nerve transplantation	III
33.	Subarachnoid space drainage procedure	IV
34.	Dissection or eradication of the choroid plexus of the meninges	IV
35.	Subarachnoid space abscess drainage procedure	IV
36.	Ligation of the middle meningeal artery	IV
37.	Cauterization of the choroid plexus of the meninges	IV
38.	Ligation of the vessels of the subdural space	IV
39.	Subdural space drainage procedure	IV
40.	Drainage procedure of an intracranial hydrocele	IV
41.	Meningeal decortication	IV
42.	Dissection of a brain lesion	II
43.	Massive resection of brain tissue	I
44.	Removal of a brainstem abscess	II

No.	Surgical intervention	Class
45.	Dissection of spinal cord tissue	III
46.	Transection of spinal cord pathways	III
47.	Meningeal or spinal hernia surgery	III
48.	Spinal subdural space drainage procedure	IV
49.	Dissection of sural neuroma	IV
50.	Cervical sympathectomy	III
51.	Lumbar sympathectomy	III
52.	Stereotactic ablation of brain tissue	III
53.	Spinal cord dissection	III
54.	Dissection of meninges	III
55.	Dura mater transplantation	III
Endocrine system and mammary gland		
56.	Partial dissection of the thyroid gland	IV
57.	Total dissection of the thyroid gland	III
58.	Dissection of the thyroglossal duct	III
59.	Partial resection of the parathyroid glands	IV
60.	Total dissection of the parathyroid glands	III
61.	Partial dissection of the adrenal glands	IV
62.	Bilateral adrenal dissection	III
63.	Surgery of the pineal gland	II
64.	Dissection of the pituitary gland	I
65.	Partial dissection of the thymus	IV
66.	Total dissection of the thymus	III
67.	Thoracoscopic dissection of the thymus gland	IV
68.	Thymus transplantation	III
69.	Dissection of a breast lesion	IV
70.	Subtotal mastectomy	III
71.	Dissection of the nipple	V
72.	Reconstruction or repair of the nipple	V
73.	Unilateral total breast dissection	III
74.	Bilateral total breast dissection	II
75.	Total simultaneous breast reconstruction	III
76.	Unilateral breast implant	IV
77.	Breast skin graft	IV
78.	Sutured breast graft	IV
79.	Breast reconstruction with a muscle flap	IV
80.	Breast reconstruction with a dermal-muscular flap	IV
81.	Total bilateral simultaneous breast reconstruction	II
Eye		
82.	Dissection of the lacrimal gland	V
83.	Dissection of a lacrimal gland lesion	V
84.	Dissection of the lacrimal sac or lacrimal duct	V
85.	Anastomosis of the lacrimal duct to the nasal cavity	V
86.	Dissection of a lesion from the conjunctiva	V
87.	Repair surgery for conjunctival scarring	V
88.	Removal of conjunctival or eyelid adhesions	V
89.	Conjunctival reconstruction with transplantation	V
90.	Dissection of corneal pterygium	V
91.	Corneal transplantation	V

No.	Surgical intervention	Class
92.	Iris incision	V
93.	Removal of iris adhesions	V
94.	Iris dissection	V
95.	Dissection of an iris lesion	V
96.	Trepanation of the sclera with complete removal of the iris	V
97.	Scleral fistula formation	V
98.	Removal of a scleral lesion	V
99.	Scleral hump repair	V
100.	Scleral reinforcement	V
101.	Removal of vitreous body	V
102.	Total removal of the oculomotor muscle	IV
103.	Dissection of the eyeball	III
104.	Repair of post-traumatic damage to ocular structures	III
105.	Operative management of a fractured eyeball	III
106.	Orbital lesion dissection	III
107.	Osteoplasty of the orbit	III
108.	Removal or dissection of a ciliary body lesion	V
Ear		
109.	Total Dissection of the external ear	IV
110.	Reconstruction of the ossicles	III
111.	Eardrum repair surgery	V
112.	Repair surgery of the mastoid process	IV
113.	Dissection of middle ear lesion	IV
114.	Dissection of an inner ear lesion	III
115.	Inner ear drainage procedure	IV
116.	Ablation of inner ear structures	III
117.	Inner ear reconstruction	III
118.	Surgery for inner ear fistula	IV
119.	Cochlear prosthesis implantation	III
120.	Lymphatic fistula formation	IV
121.	Decompression of the vagus	III
Respiratory system		
122.	Operative stopping of nasal bleeding with arterial ligation	V
123.	Dissection of the internal nasal auricle (dissection by diathermy, cryotherapy, laser surgery not included)	V
124.	Nasal dissection	III
125.	Opening of the maxillary sinus	V
126.	Dissection of a maxillary sinus lesion	V
127.	Frontal sinus opening	V
128.	Dissection of a frontal sinus lesion	V
129.	Obliteration of the frontal sinus	V
130.	Frontal sinus dissection	V
131.	Opening of sieve cells	V
132.	Dissection of sieve cells	V
133.	Opening of the wedge sinus	V
134.	Removal of the wedge sinus	V
135.	Opening of multiple nasal sinuses	V
136.	Throat dissection	III
137.	Dissection of a throat lesion	V
138.	Throat expansion	V

No.	Surgical intervention	Class
139.	Posterior nostril repair surgery	V
140.	Throat repair surgery after cancer removal	V
141.	Closure of a pharyngeal fistula	V
142.	Partial laryngectomy	IV
143.	Total laryngectomy	III
144.	Dissection of a laryngeal lesion	V
145.	Laryngeal dilatation	V
146.	Laryngeal fistula surgery	V
147.	Dissection of laryngeal cartilage	IV
148.	Laryngeal repair surgery	IV
149.	Dissection of vocal cords	IV
150.	Vocal prosthesis implantation	III
151.	Simultaneous dissection of the larynx and pharynx	II
152.	Laryngeal transplantation	I
153.	Tracheostomy (does not include temporary tracheostomy)	V
154.	Tracheal repair surgery	IV
155.	Tracheal fistula surgery	IV
156.	Total simultaneous laryngotracheal reconstruction	I
157.	Partial resection of the trachea	III
158.	Bronchial repair surgery	IV
159.	Bronchial fistula surgery	IV
160.	Dissection of a bronchial lesion	IV
161.	Dissection of the airway	III
162.	Dissection of a lung lesion	III
163.	Lung dissection	II
164.	Lung transplantation	I
165.	Simultaneous lung and heart transplantation	I
166.	Dissection of a mediastinal lesion	III
167.	Sinonasal duct reconstruction	V
Oral cavity		
168.	Dissection of the tongue lesion	V
169.	Partial resection of the tongue	V
170.	Complete removal of the tongue	IV
171.	Dissection of a salivary gland lesion	V
172.	Partial salivary gland dissection	V
173.	Total removal of the salivary gland	V
174.	Repair surgery of the salivary gland or salivary duct	V
175.	Closure of a salivary fistula	V
176.	Dissection of a hard palate lesion	V
177.	Dissection of a soft palate lesion	V
178.	Cleft palate correction	III
179.	Dissection of a lip lesion	V
180.	Dissection of an oral mucosal lesion	V
181.	Reconstruction of oral structures with grafting (does not include reconstruction of teeth and gums)	IV
182.	Uvula dissection	V
183.	Dissection of a tonsillar lesion	V
Gastrointestinal tract		
184.	Partial esophagectomy	III
185.	Total esophagectomy	III

No.	Surgical intervention	Class
186.	Mediastinal oesophageal bypass anastomosis	II
187.	Creation of an artificial oesophagus	II
188.	Intestinal formation of the oesophagus	II
189.	Pre-sternal oesophageal bypass anastomosis	II
190.	Insertion of an oesophageal endoprosthesis	III
191.	Suturing of an oesophageal tear	IV
192.	Removal of oesophageal stricture	IV
193.	Ligation of oesophageal varices	IV
194.	Simultaneous total removal of the oesophagus and the stomach	I
195.	Oesophageal fistula creation	IV
196.	Gastric fistula surgery	IV
197.	Ligation of gastric portal varices	IV
198.	Pyloromyotomy	IV
199.	Pyloroplasty	IV
200.	Partial gastrectomy	III
201.	Total gastrectomy	II
202.	Vagotomy in peptic ulcer disease	IV
203.	Stitching up a gastric ulcer	IV
204.	Stopping the bleeding in the stomach	IV
205.	Stopping bleeding in the duodenum	IV
206.	Gastric bypass anastomosis	III
207.	Anti-reflux surgery	IV
208.	Suturing of a gastric tear	IV
209.	Inversion of gastric diverticulum	IV
210.	Dissection of the duodenum	III
211.	Suturing of duodenal ulcer	IV
212.	Vagotomy in duodenal ulcer disease	IV
213.	Duodenal bypass anastomosis	III
214.	Surgery for duodenal fistula	IV
215.	Suturing of a torn duodenum	IV
216.	Partial resection of the small bowel	III
217.	Total small bowel resection	II
218.	Small bowel bypass anastomosis	III
229.	Closure of small bowel fistula	IV
220.	Small intestine colostomy	IV
221.	Reconstruction of an intestinal fistula	IV
222.	Suturing of a torn small bowel	IV
223.	Intestinal diversion	IV
224.	Drainage of intestinal indentation	IV
225.	Affixing the small intestine	IV
226.	Suture of the small intestine	IV
227.	Dissection of a cyst or pilonidal sinus	V
228.	Caecal dissection	III
229.	Diaphragmatic hernia surgery	III
230.	Transverse colon dissection	III
231.	Right hemicraniectomy	II
232.	Left hemicraniectomy	II
233.	Dissection of the sigmoid colon	III
234.	Total intraabdominal colectomy	I

No.	Surgical intervention	Class
235.	Intestinal bypass surgery	III
236.	Colorectal fistula surgery	IV
237.	Multiple segmental colorectal excisions	II
238.	Large intestine colostomy	IV
239.	Suture of the large intestine	IV
240.	Affixing the large intestine	IV
241.	Suturing of a large bowel tear	IV
242.	Anal banding	IV
243.	Anal fistula surgery	IV
244.	Implantation of an artificial anal sphincter	IV
245.	Prolapsed anus surgery	IV
246.	Rectal dissection	III
247.	Suturing of a rectal tear	IV
248.	Rectal dissection	III
249.	Rectal fixation	IV
250.	Slender muscle graft	IV
251.	Appendectomy	V
Abdominal viscus		
252.	Partial resection of the spleen	IV
253.	Global dissection of the spleen	III
254.	Dissection of a splenic lesion	IV
255.	Spleen transplantation	III
256.	Partial resection of the liver	III
257.	Global liver resection	II
258.	Dissection of a liver lesion	IV
259.	Liver transplantation	I
260.	Endovascular hepatic vascular surgery	IV
261.	Fixation of the liver	III
262.	Hepatic duct anastomosis	III
263.	Dissection of the gallbladder	V
264.	Dissection of a pancreatic lesion	III
265.	Cholecystostomy (creation of a gallbladder fistula)	V
266.	Suturing of the bile duct	V
267.	Biliary dissection	III
268.	Biliary duct anastomosis	III
269.	Dissection of a biliary tract lesion	IV
270.	Plasticisation of the common bile duct	III
271.	Gallbladder anastomosis	III
272.	Dissection of the Vater papilla	IV
273.	Dissection of the alveolar duct	V
274.	Pancreatic cyst fistula formation	IV
275.	Partial resection of the pancreas	III
276.	Global pancreatic resection	II
277.	Simultaneous total resection of the pancreas and duodenum	I
278.	Whipple operation	I
279.	Pancreatic anastomosis	III
280.	Pancreatic duct anastomosis	III
Heart		
281.	Closed valvulotomy	IV

No.	Surgical intervention	Class
282.	Open valvuloplasty	III
283.	Aortic valve implantation	II
284.	Mitral valve implantation	II
285.	Pulmonary valve implantation	II
286.	Tricuspid valve implantation	II
287.	Valve ring repair surgery	III
288.	Percutaneous valvuloplasty	III
289.	Closure of the Botall's ductus arteriosus	IV
290.	Atrial septal defect closure	III
291.	Ventricular septal defect closure	III
292.	Closure of cardiac septal defect	III
293.	Global correction of total abnormal pulmonary vein drainage	I
294.	Percutaneous coronary angioplasty	V
295.	Coronary artery bypass grafting	III
296.	Coronary artery aneurysm surgery	III
297.	Operations on the papillary muscles of the heart	IV
298.	Heart tendon strand surgery	IV
299.	Pericardial dissection	III
300.	Heart aneurysm repair surgery	III
301.	Dissection of a cardiac aneurysm	III
302.	Ventricular remodelling	III
303.	Surgical reduction of the heart chamber	III
304.	Heart transplant	I
305.	Implantation of an artificial heart	I
306.	Implantation of a mechanical heart support system	IV
307.	Implantation of a cardiac pacing system	V
308.	Cardioversion / defibrillator engraftment	V
309.	Cardiac resynchronisation therapy (CRT) implantation	V
310.	Open cranioplasty	III
311.	Myocardial bead surgery	III
312.	Bypasses for cardiac revascularisation	III
313.	Percutaneous pulmonary artery surgery	IV
314.	Percutaneous closure of the atrial appendage	IV
Arterial and venous vessels		
315.	Carotid artery reconstruction	IV
316.	Carotid artery bypass grafting	IV
317.	Reconstruction of the abdominal arteries	IV
318.	Endarterectomy of the arteries of the lower limb	IV
329.	Dissection or anastomosis of the arteries of the lower limb	IV
320.	Bypass of the abdominal aorta or lower limb arteries	III
321.	Cerebral artery aneurysm surgery	III
322.	Aortic repair surgery	III
323.	Bypass of the abdominal aorta or abdominal arteries	III
324.	Reconstruction of another artery	IV
325.	Suturing the artery	IV
326.	Reconstruction of the subclavian artery	IV
327.	Subclavian artery bypass grafting	IV
328.	Endovascular aortic repair surgery	III
329.	Endovascular repair surgery of lower limb arteries	IV

No.	Surgical intervention	Class
330.	Endovascular repair of visceral branches of the aorta	IV
331.	Endovascular repair surgery of the cerebral artery	III
332.	Endovascular repair of another artery	V
333.	Dissection of aneurysm with anastomosis of the following veins: abdominal, iliac, portal, renal, splenic, inferior vena cava	III
334.	Dissection of a vascular lesion with anastomosis	IV
335.	Carotid artery endovascular surgery	IV
336.	Cerebral artery reconstruction	III
337.	Pulmonary artery reconstruction	III
338.	Dissection of a thoracic vascular aneurysm	III
339.	Dissection of a vascular lesion with an insertion	IV
340.	Dissection of upper limb vascular aneurysm	IV
341.	Upper limb vascular endarterectomy	IV
342.	Abdominal vein anastomosis	III
Urinary system		
343.	Surgery for a kidney cyst	V
344.	Kidney stone removal	V
345.	Ileostomy	V
346.	Dissection or destruction of a lesion of the pyelocaliceal system	IV
347.	Dissection or destruction of the renal lesion	IV
348.	Thermal ablation of a renal lesion	IV
349.	Dissection of the renal calyx	IV
350.	Partial dissection of the kidney	IV
351.	Global kidney dissection	III
352.	Bilateral simultaneous renal dissection	I
353.	Kidney transplantation	I
354.	Fixation or suspension of a hypermobile kidney	III
355.	Supply of traumatic kidney lesion	IV
356.	Renal fistula surgery (does not include percutaneous fistula creation)	IV
357.	Urinary system anastomosis	IV
358.	Urinary system repair	IV
359.	Removal of a clot from the urinary tract	V
360.	Stone evacuation from the urinary tract	V
361.	Complete removal of the lesion from the ureter	V
362.	Correction of ureteral stenosis	V
363.	Incision of the ureter	V
364.	Partial dissection of the ureter	V
365.	Global dissection of the ureter	IV
366.	Surgery for ureteral fistula	IV
367.	Reimplantation of the ureter into the bladder	IV
368.	Intestinal ureteral insertion	IV
369.	Fabrication of a terminal faecal fistula with ureteral implantation	III
370.	Reimplantation of the ureter	IV
371.	Suturing of a ureteral wound	V
372.	Fixation of the ureter	V
373.	Surgery of a ureter affected by retroperitoneal fibrosis	IV
374.	Extravesical anti-reflux surgery	IV
375.	Ureteral replacement with an implant	V
376.	Urethral prosthesis	IV

No.	Surgical intervention	Class
377.	Ureteral folding	V
378.	Release of the ureter from adhesions	V
379.	Implantation of an electronic ureteral stimulator	IV
380.	Bladder stone evacuation	V
381.	Bladder outlet repair surgery	IV
382.	Bladder and urethral repair	III
383.	Surgical repair of bladder diverticulum	IV
384.	Bladder outlet plication	IV
385.	Foliation of the bladder outlet	IV
386.	Urethral strictures correction	V
387.	Incision and drainage of a sterile abscess	V
388.	Bladder fistula surgery	IV
389.	Dissection or destruction of a bladder lesion	V
390.	Dissection of a bladder diverticulum	IV
391.	Partial dissection of the bladder	IV
392.	Global bladder dissection	III
393.	Vaginal fistula surgery	IV
394.	Fabrication of a replacement bladder	III
395.	Urethral repair surgery	V
396.	Urethral fistula surgery	IV
397.	Urethral infolding	V
398.	Implantation of an artificial urethral sphincter	V
399.	Urethral prosthesis implantation	V
400.	Surgery for hypospadias	V
401.	Operative treatment of urinary incontinence	IV
402.	Dissection or destruction of steroid tissue	V
403.	Dissection or destruction of a sterile lesion	V
404.	Global dissection of the prostate	IV
405.	Dissection of a urethral lesion	V
406.	Dissection of a urethral diverticular	V
407.	Uterine fistula surgery	IV
408.	Bladder reconstruction	III
409.	Bladder repair surgery	III
410.	Bladder anastomosis creation	IV
411.	Implantation of an electronic bladder stimulator	V
412.	Partial dissection of the urethra	V
413.	Global dissection of the urethra	IV
Male genitalia		
414.	Hydrocele testis repair	V
415.	Dissection of a testicular lesion	V
416.	Unilateral dissection of the testis	V
417.	Dissection of the only testicle	V
418.	Dissection of both testes at the same time	IV
419.	Bringing down the testicles	V
420.	Testicular prosthesis	V
421.	Operation for varicose veins of the spermatic cord	V
422.	Repair surgery of the spermatic cord	V
423.	Transplantation of the spermatic cord	V
424.	Seminal vesicle surgery	V

No.	Surgical intervention	Class
425.	Epididymis surgery	V
426.	Dissection of the epididymis	V
427.	Dissection of the vas deferens	V
428.	Dissection or destruction of the penile lesion	V
429.	Global penile dissection	IV
430.	Partial penile dissection	V
431.	Penile prosthesis	IV
432.	Penile reimplantation	IV
433.	Penile repair surgery	V
434.	Foreskin repair surgery	V
435.	Scrotal dissection	IV
Female reproductive system		
436.	Bartholin's gland surgery	V
437.	Dissection or destruction of a lesion in the recto-uterine pouch	V
438.	Closure of the recto-uterine pouch	V
439.	Dissection of a vaginal lesion	V
440.	Vaginal dissection	IV
441.	Vaginal repair surgery	IV
442.	Vaginal fistula surgery	IV
443.	Reconstruction of the vaginal vault	IV
444.	Dissection of a vulvar lesion	V
445.	Dissection of the vulva	IV
446.	Release of vulvar adhesions	V
447.	Clitoral surgery	V
448.	Ovarian or fallopian tube surgery	V
449.	Bilateral dissection of the ovaries or fallopian tubes	IV
450.	Dissection of a cervical lesion	V
451.	Removal of uterine myomas	V
452.	Global or partial dissection of the endometrial lesion	V
453.	Uterine septum repair surgery	V
454.	Removal of uterine adhesions	V
455.	Destruction of the endometrial lesion	V
456.	Suturing the uterus to the abdominal wall	V
457.	Suturing of a uterine tear	V
458.	Closure of uterine fistula	V
459.	Repair of postpartum uterine tear	V
460.	Repair of a congenital uterine defect	V
461.	Global or partial dissection of the uterus	IV
462.	Operations on the uterine suspensory apparatus	IV
Skin		
463.	Noninfected skin graft	V
464.	Engraftment of hairy skin flap	V
465.	Transplantation of foreign tissue into the skin	V
466.	Pedunculated or flap skin graft	V
467.	Local grafting of a subcutaneous tissue-supported skin flap	V
468.	Scar release surgery using a skin flap	V
469.	Dermo-fascial flap transplantation	IV
470.	Insertion of an expander under the skin	V
471.	Mucosal transplantation	V

No.	Surgical intervention	Class
Soft tissues		
472.	Tendon release	V
473.	Dissection of a lateral neck cyst	V
474.	Dissection of residual gill slit	V
475.	Dissection of a chest wall lesion with removal of a rib or ribs	IV
476.	Lung decortication	IV
477.	Chest wall reconstruction	III
478.	Thoracoplasty	III
479.	Diaphragm repair surgery	III
480.	Diaphragmatic fistula closure	III
481.	Suturing diaphragm	III
482.	Completely block dissection of lymph nodes	IV
483.	Bilateral inguinal hernia surgery	IV
484.	Unilateral inguinal hernia surgery	V
485.	Umbilical hernia surgery	V
486.	Unilateral femoral hernia surgery	V
487.	Bilateral femoral hernia surgery	IV
488.	Surgery for abdominal wall hernia of unspecified location	V
489.	Hernia operation in a postoperative scar	V
490.	Diaphragm plication	IV
491.	Ureteral surgery	V
492.	Dissection of peritoneal tissue	V
493.	Network repair operation	V
494.	Cutting out network changes	V
495.	Repair surgery on the mesentery of the bowel	V
496.	Dissection of mesenteric bowel lesion	V
497.	Dissection of a peritoneal lesion	V
498.	Release of peritoneal adhesions	V
499.	Lymphatic duct surgery	IV
500.	Dissection of a tendon	V
501.	Dissection of a gelatinous cyst of the tendon sheath	V
502.	Bursa surgery	V
503.	Dissection of the fascia	V
504.	Dissection of the muscle	V
505.	Release of muscle spasm	V
506.	Tendon repair surgery	V
507.	Muscle repair surgery	V
508.	Muscle transplantation	IV
509.	Muscle release	V
510.	Dissection of a lesion or tissue of the diaphragm	IV
511.	Pleural repair procedure	IV
512.	Operative repair of sciatic hernia	V
513.	Operative repair of ischio-anal hernia	V
514.	Lumbar hernia repair surgery	V
515.	Reconstructive surgery for an obturator hernia	V
516.	Reconstructive surgery for a mesh hernia	V
517.	Retroperitoneal hernia repair surgery	V
518.	Peritoneal repair surgery	V
519.	Dissection of the tendon sheath	V

No.	Surgical intervention	Class
520.	Fascia repair surgery	V
521.	Surgery for fasciocutaneous fistula	V
522.	Dissection of the fascia	V
Bones and joints of the skeleton and spine		
523.	Elevation of a fractured skull fragment	III
524.	Restoration of cranial bone defect	IV
525.	Open setting of a nasal bone fracture	IV
526.	Dissection of a facial bone lesion	V
527.	Dissection of the facial bones	IV
528.	Open setting of a fracture of the zygomatic bone	IV
529.	Open setting of a fracture of the jaw	IV
530.	Open setting of a mandibular fracture	IV
531.	Open set of facial bones	IV
532.	Open setting of an orbital fracture	IV
533.	Facial bone graft	IV
534.	Open setting of a temporomandibular joint dislocation	IV
535.	Partial dissection of the mandible	IV
536.	Global dissection of the mandible	III
537.	Intervertebral disc dissection of the spine	IV
538.	Removal of a herniated nucleus pulposus	IV
539.	Stiffening (arthrodesis) of the spinal joints	IV
540.	Cervical spine decompression surgery	IV
541.	Vertebral fracture surgery	IV
542.	Reconstruction of multiple facial bones	III
543.	Reconstruction of one facial bone	IV
544.	Dissection of a bone lesion	V
545.	Dissection of a bone necrosis	V
546.	Osteotomy without separation (excludes osteotomies in the feet and hands)	IV
547.	Wedge osteotomy (excludes osteotomies in the feet and hands)	IV
548.	Other osteotomy (does not include osteotomies in the feet and hands)	IV
549.	Bone resection (excludes foot and hand resections)	IV
550.	Closed setting of a bone fracture with internal stabilisation	V
551.	Open set bone fracture with internal stabilisation	IV
552.	Closed stabilisation of the separated bone root	V
553.	Open stabilisation of the separated bone root	IV
554.	Restorative treatment of poor or non-union of a bone fracture	IV
555.	Release of the joint capsule	V
556.	Joint release	V
557.	Ligament release	V
558.	Open dislocation setting	IV
559.	Dissection of the knee meniscus	V
560.	Hip joint stiffening (arthrodesis)	IV
561.	Stiffening (arthrodesis) of the knee joint	IV
562.	Shoulder joint stiffening (arthrodesis)	IV
563.	Stiffening (arthrodesis) of the elbow joint	IV
564.	Ligament stabilisation surgery of the knee joint	V
565.	Shoulder joint stabilisation surgery	IV
566.	Suturing of the joint capsule or ligaments of the upper limb	V
567.	Surgery to stabilise the patella of the knee joint	V

No.	Surgical intervention	Class
568.	Suturing of the joint capsule or ligaments of the lower limb	V
569.	Global hip replacement	III
570.	Partial hip replacement	IV
571.	Carpal or metacarpal arthroplasty	IV
572.	Metacarpophalangeal and interphalangeal arthroplasty	IV
573.	Global wrist endoprosthesis	III
574.	Global endoprosthesis of the foot or toe joint	IV
575.	Global ankle replacement	IV
576.	Microsurgical reconstruction of vessels or nerves of the foot	IV
577.	Finger placement	IV
578.	Global thumb reconstruction	IV
570.	Partial endoprosthesis of the shoulder joint	IV
580.	Partial endoprosthesis of the elbow joint	IV
581.	Global shoulder joint endoprosthesis	III
582.	Global elbow endoprosthesis	III
583.	Global knee replacement	III
584.	Global dissection of the ectopic bone	IV
585.	Partial dissection of ectopic bone	V
Other		
586.	Thumb amputation	IV
587.	Upper limb amputation at wrist level	IV
588.	Carpal extrusion	III
589.	Amputation of the upper limb at the level of the forearm	III
590.	Extrusion at the elbow joint	III
591.	Upper limb amputation at arm's length	III
592.	Shoulder joint extrusion	III
593.	Upper limb amputation with scapula subtraction	II
594.	Toe amputation	IV
595.	Amputation of the lower limb at the level of the ankle joint	IV
596.	Extrusion in the ankle joint	III
597.	Lower limb amputation at lower leg level	III
598.	Amputation of the lower limb at knee level	III
599.	Extirpation in the knee joint	III
600.	Lower limb amputation at thigh level	III
601.	Hip joint replacement	II
602.	Lower limb amputation with part of the pelvis	II
603.	Thumb replantation	IV
604.	Replantation of the upper limb at wrist level	III
605.	Replantation of the upper limb at shoulder height	II
606.	Toe replantation	IV
607.	Replantation of the lower limb at the level of the ankle joint	III
608.	Replantation of the lower limb at the level of the lower leg	III
609.	Replantation of the lower limb at the level of the thigh	II
610.	Full face transplant	I



**INSURANCE PRODUCT INFORMATION
DOCUMENT
AND GENERAL TERMS AND CONDITIONS
IN THE EVENT OF COMPLETE IN CAPACITY FOR
EMPLOYMENT AND INDEPENDENT LIVING**



ADDITIONAL GROUP INSURANCE IN THE EVENT OF COMPLETE INCAPACITY FOR EMPLOYMENT AND INDEPENDENT LIVING

Condition code: TNGP55

Version dated: 20.11.2021

This is the key information material. Full details of the insurance can be found in other documents, in particular in the general conditions of the additional group insurance in the event of a total incapacity for work and independent living, conditions code: TNGP55 (GTC). Please read the GTCs before deciding to conclude the agreement. The definitions used in the GTC can have meanings that deviate from their common meanings, so please make sure to pay particular attention to them. The conclusion of the agreement is voluntary.

PRODUCT INFORMATION

- is presented for information purposes,
- is not part of the insurance agreement (agreement),
- does not constitute a trade offer within the meaning of article 66 of the Civil Code,
- should not be the sole basis for a decision on insurance.

THE SCOPE AND OBJECT OF INSURANCE – WHAT IS INSURED?

We insure the health of the insured.

The insurance covers the occurrence of total incapacity for work and independent living caused by an accident or illness in the period of insurance coverage.

If you are over 55 years of age, the insurance covers only complete incapacity for work and independent living resulting from a personal accident.

PRODUCT CHARACTERISTICS – WHAT ARE THE MAIN FEATURES OF OUR INSURANCE?

In the event of an occurrence of incapacity for work and independent living we will pay the insured 100% of the sum insured applicable at the date of the event.

Supplementary insurance may be taken out either at the conclusion of the basic insurance - Group Insurance PZU Na Życie Plus or at its duration.

WHO CAN CONCLUDE AN AGREEMENT WITH US, WHO DO WE INSURE?

The additional insurance is concluded by the policyholder who pays the insurance premiums.

The additional insurance may be joined by insured persons who joined the basic insurance.

WHAT IS THE DURATION OF THE INSURANCE?

The policyholder may take out supplementary insurance with us for a limited period. We confirm the duration of the additional insurance in the policy. If the additional insurance is taken out between policy anniversaries, our cover continues until the next policy anniversary.

WHAT LOCATION DOES THE INSURANCE COVER?

The insurance cover operates worldwide, 24 hours a day.

HOW AND WHEN SHOULD THE CONTRIBUTIONS BE PAID?

The premium is transferred by the policyholder together with the premium for the basic insurance.

WHEN DOES THE INSURANCE COVERAGE BEGIN AND END?

Coverage under the supplementary insurance commences as described in the basic insurance. Cover under the additional insurance shall only commence if the cover under the basic insurance is in force. The cover under the supplementary insurance ceases:

- from the date of termination of cover under the primary insurance;
- from the date on which we receive the policyholder's declaration that he or she is withdrawing from the additional insurance;
- on the date of termination of cover under the supplementary insurance – if not renewed;
- on the last day of the month in which you cancel the supplementary insurance;
- at the end of the month of the supplementary insurance on the current terms and conditions, if they have not given the required consent to change the supplementary insurance;
- as from the date of expiry of the notice period of the supplementary insurance;
- as from the date on which the supplementary insurance is terminated.
- on the date the insured person turns 55 – to the extent of total incapacity for work and independent living due to illness – in relation to that insured person.

MAIN EXCLUSIONS AND LIMITATIONS OF THE INSURANCE COVERAGE – WHAT IS NOT COVERED BY THE INSURANCE?

We will not pay the benefit in the event of:

- total inability to work and lead an independent life after the age of 55 (after the age of 55, only total inability to work and lead an independent life following an accident is covered),
- the absence of our protection at the date of onset of total incapacity and independent existence,
- failure to provide documents required to establish the validity of the claim.

In addition, we are not liable if a situation is not covered, it does not meet the definition set out in the agreement or our liability has ended (e.g. due to non-payment of premiums as well as in other cases indicated in the GTC).

HOW TO TERMINATE THE AGREEMENT?

The policyholder has the right to cancel the additional insurance agreement within 30 days after the conclusion of the agreement, and in the case where the policyholder is an entrepreneur, within 7 days after the conclusion of the agreement. After this period, the policyholder has the right to terminate the agreement by a written notice. The Policyholder has the right to cancel the extension of the additional insurance by sending us a written notice of non-renewal no later than 30 days prior to its termination.

REMUNERATION FOR THE DISTRIBUTOR OF THE INSURANCE

The distributor shall receive a commission in connection with the proposed agreement.

COMPLAINTS, OBJECTIONS AND GRIEVANCES

1. A claim, complaint or grievance shall be submitted to any of our units where we serve our customers.
2. A complaint, grievance or complaint can be submitted:
 - 1) in writing – in person or by mail, within the meaning of the Postal Law Act, for example by writing to the following address: PZU Życie SA ul. 18A Postępu St., 02-676 Warsaw (address for correspondence only);
 - 2) in writing – sent to the address for electronic delivery of PZU SA, within the meaning of the Electronic Delivery Act, from the date of entering that address into the database of electronic addresses;
 - 3) verbally – by phone, for instance by calling the telephone helpline on 801 102 102, or in person, confirmed by means of a protocol during a visit to our unit;
 - 4) electronically – by sending an e-mail to reklamacje@pzu.pl or by filling in the form at www.pzu.pl.
3. We respond to complaints, grievances and complaints as soon as possible, however no later than 30 days after the day on which we receive them. If we are unable to respond in particularly complex cases within 30 days, we will inform you:
 - 1) why the response is delayed;
 - 2) what circumstances we still need to establish in order to process the case;
 - 3) what is the new time limit for our response – it may not exceed 60 days from the date on which we received the complaint, claim or grievance.

4. We respond to complaints, claims and grievances to the person who made them:
 - 1) in cases where the customer is a natural person – in writing, except that the response may be delivered by e-mail only at the customer's request;
 - 2) where the customer is an entity other than those referred to in item 1 – in writing or using another durable medium.
5. If, after the complaint has been investigated:
 - 1) we have not honoured the claims made or
 - 2) we have accepted the claim, but within the time limit specified in the reply to that claim we have not carried out the acts we obliged to take
 - the individual who has made a complaint has the right to write to the Financial Ombudsman to request this.
6. We deal with complaints, grievances and complaints in our units, which have jurisdiction over the subject matter.
7. Additional information on complaints are provided in the Act on Complaints Handling by Financial Market Entities and Financial Ombudsman and in the Act on Insurance Distribution.
8. PZU provides for the possibility of resolving conflicts out of court.
9. The entity authorized within the meaning of the Act on out-of-court handling of consumer disputes, competent for PZU SA to handle disputes out of court is the Financial Ombudsman. The website address: rf.gov.pl.
10. In the event that the insured or the policyholder, beneficiary and the rights holder are consumers, they can turn to the Municipal and District Consumer Ombudsmen for assistance.
11. PZU communicates with its consumers in Polish.
12. PZU is supervised by the Financial Supervision Authority.



**GENERAL TERMS
ADDITIONAL GROUP INSURANCE
IN THE EVENT OF COMPLETE INCAPACITY FOR
EMPLOYMENT AND INDEPENDENT LIVING**

The table below presents the provisions of the general terms and conditions of the additional group insurance in the event of a complete inability to work and independent existence, terms and conditions code TNGP55 (GTC), which govern the exclusion and limitation of the insurance company's liability.

These provisions constitute a part of the GTC, and their indications are a result of the legal regulations (Article 17, section 1 of the Insurance and Reinsurance Act).

No.	Type of information	Record number
1.	Conditions for benefit payment	items 1-2 items 4-6 items 12-14 item 32 items 33-37 item 38
2.	Restrictions and exemptions of the facility's liability insurance granting the right to refuse or reduce the payment of benefits or to reduce them	items 1-2 item 6 items 7-10 item 11 items 29-30 item 31 item 38

Information about the insurance are available from:

 at pzu.pl



at the helpline 801 102 102
(charged according to the operator's tariff)



GENERAL CONDITIONS FOR SUPPLEMENTARY GROUP INSURANCE IN THE EVENT OF COMPLETE INCAPACITY FOR EMPLOYMENT AND INDEPENDENT LIVING

GTC code: TNGP55

The Board of Directors of PZU Życie SA set out the general terms and conditions of the additional group insurance in case of complete incapacity for employment and independent living by means of Resolution No. UZ/202/2021 of 9 November 2021 (hereinafter referred to as the GTC).

These General Terms and Conditions shall enter into force on 01 December 2021 and shall apply to insurance agreements concluded from 1 January 2022.

The policyholder shall read the GTC carefully before concluding the contract and communicate the GTC to anyone who wishes to take out insurance.

Please read the GTC you have received from your policyholder carefully before you take out insurance.

GLOSSARY

– what do the terms actually mean

1. the GTC uses the following terminology:

- 1) **complete incapacity for employment and independent living** – impairment of bodily functions which results in a total:
 - a) loss of ability to perform any work, and
 - b) need for assistance from another person to meet at least two of the following basic living needs: washing, dressing, eating, moving around the home.We are only responsible for such total inability to work and live independently that is permanent, i.e. according to current medical knowledge, there is no positive prognosis for regaining the ability to work and live independently;
- 2) **disease** – a condition of the body that involves an abnormal response of systems or organs to external or internal environmental stimuli;
- 3) **insurance protection period** – the period of time during which our liability to the insured under the supplementary insurance continues;
- 4) **diagnostic and treatment procedure** – medical procedure consisting of the patient's medical history, physical examination of the patient and additional examinations to establish the diagnosis or medical procedure aimed at treatment;
- 5) **supplementary insurance** – the insurance agreement to which these GTC apply;
- 6) **basic insurance** – PZU Na Życie Plus group insurance agreement, to which the policyholder has the right to take out additional insurance;
- 7) **occurrence of total inability to work and lead an independent life** – the date on which, according to the documentation, the insured became incapable of working and living independently.

2. The other terms used in these GTC are defined in the general terms and conditions of the basic insurance – the same terms retain the same meaning.

OBJECT OF INSURANCE

– what do we insure

3. We insure your health.

SCOPE OF INSURANCE AND THE BENEFIT AMOUNT

– which events do we pay for and what amounts

4. The supplementary insurance covers the occurrence of your total incapacity to work and live independently as a result of an accident or illness.
5. In the event you become completely unable to work and live independently, we will pay you a benefit equal to the percentage of the sum insured current at the date of the occurrence of total incapacity for work and independent living, as specified in the policy and individual confirmation of insurance.
6. Both total incapacity for work and independent living and an accident or illness resulting in total incapacity for work and independent living must occur during the period of protection.

EXCLUSIONS OF PROTECTION

– i.e. cases in which you are not eligible for a benefit

7. For the purposes of defining our exclusions of protection, we use the term **competitive sports** – meaning the practice of sports by:
 - 1) members of the personnel of clubs who take part in professional, national or international competitions. These competitions must be organised by: the sports federation or professional sports federation responsible for the sport in question – or
 - 2) individuals who play individual sports and participate in professional, national or international competitions. These competitions must be organised by: the sports federation or professional sports federation responsible for the sport in question – or
 - 3) persons who receive remuneration, as well as scholarships or reimbursement of expenses related to the practice of individual sports or team games (per diems, allowances) – on the basis of an employment contract or a civil law contract.
8. We cease all liability in the event the total inability to work and live independently is the result of a disease that has occurred or for which diagnostic and therapeutic treatment was initiated before the start of the period of cover.
9. The exclusion from protection under section 8 shall not apply:
 - 1) to situations where the diagnostic and therapeutic procedure began and ended before the insured person reached the age of 18;
 - 2) total inability to work and to lead an independent life due to illness, without the causal link between the previous and the present occurrence of the same illness.
10. Our liability does not cover total incapacity for work and independent living caused by an accident that occurred before the start of our cover or that arises:
 - 1) occurring in war operations;
 - 2) as a result of active participation of the insured in the acts of terror or mass social unrest;
 - 3) as a result of the commission or attempted commission by the child of an act which fulfils the requirements of an intentional crime;
 - 4) as a result of a traffic accident while the insured was driving a vehicle:
 - a) without holding the authority to drive as defined by the law
 - b) being under the influence of alcohol or in a state of intoxication as defined by the regulations on education in sobriety and counteracting alcoholism or after using: drugs, narcotics, psychotropic substances or substitutes within the meaning of the provisions on counteracting drug addiction,– as far as any of these circumstances played a role in the traffic accident;
 - 5) when the Insured was intoxicated within the meaning of regulations on upbringing in sobriety and counteracting alcoholism or after using: drugs, narcotics, psychotropic substances or substitutes within the meaning of regulations on counteracting drug addiction - if any of these circumstances impacted the total incapacity for work and independent existence;
 - 6) as a result of the insured's self-harm or attempted suicide;
 - 7) directly as a result of intoxication by alcohol, drugs, narcotics, psycho-tropic substances or substitutes – within the meaning of the regulations on counteracting drug addiction – and in the scope of the illnesses caused by the aforementioned substances;
 - 8) as a result of the use of medicinal products by the insured not in accordance with the doctor's prescription or not in accordance with the information contained in the leaflet accompanying the medicinal product, and as a result of conditions caused by the misuse of the aforementioned products;
 - 9) in result of bodily injuries caused by medical treatment and therapeutic or diagnostic procedures, regardless of who they were performed by – unless it was to treat the direct consequences of an accident;
 - 10) as a result of the insured's competitive sporting activities.

PROTECTION RESTRICTIONS

– i.e., cases where the insurance coverage is reduced

11. If you are over 55 years of age, the insurance covers only complete incapacity for work and independent living resulting from a personal accident.

SUM INSURED

– what is it, and where is it indicated

12. The sum insured is the amount which we use as the basis for determining the benefit due.
13. The amount of the sum insured can be included in the policy and in the individual confirmation of insurance.
14. The sum insured does not change throughout the duration of the agreement. The sum insured is fixed, but may be changed by mutual agreement;

PREMIUM

– what does it depend on and when to pay it

15. Amount of the premium per the insured:
 - 1) takes into account the change in coverage associated with the insured turning 55;

- 2) it is fixed, but may be changed by mutual agreement;
- 3) it depends on:
 - a) the sum insured,
 - b) benefit amount
 - c) the number, age structure and gender of those who take out insurance, as well as the type of work they do.
- 16. The amount of the premium applicable to the additional insurance agreement is specified in the application for conclusion of the agreement as well as in the policy.
- 17. The policyholder pays the premiums for the supplementary insurance on a monthly basis, together with the premium for the primary insurance.

TAKING OUT AND JOINING SUPPLEMENTARY INSURANCE

– i.e., How do we insure you

- 18. Supplementary insurance may be taken out either with or during the conclusion of the basic insurance.
- 19. The additional insurance may be joined by insured persons who joined the basic insurance.

DURATION OF SUPPLEMENTARY INSURANCE

– i.e., which period we take out the supplementary insurance for

- 20. The policyholder may take out supplementary insurance with us for a limited period. We confirm the duration of the additional insurance in the policy. If the additional insurance is taken out between policy anniversaries, our cover continues until the next policy anniversary.

EXTENSION OF SUPPLEMENTARY INSURANCE

– what are the rules for extending supplementary insurance

- 21. Unless otherwise agreed by either party to the contract and provided that the primary insurance is in force, the supplementary insurance shall be automatically extended for the next policy year – under the same conditions. In this case, as an insured, you do not have to re-submit the declaration of membership.
- 22. Either party has the right to cancel the extension of the supplementary insurance, of which it shall notify the other party in writing. This must be done at the latest 30 days before the termination of this insurance.

WITHDRAWAL FROM SUPPLEMENTARY INSURANCE

– i.e. the conditions under which a policyholder may withdraw from the supplementary insurance

- 23. The cancellation of the additional insurance is carried out in accordance with the rules laid down in the basic insurance.
- 24. If the policyholder cancels the primary insurance, this results in cancellation of the secondary insurance.
- 25. If the policyholder withdraws from the additional insurance, this does not result in withdrawal from the primary insurance.

TERMINATION OF SUPPLEMENTARY INSURANCE

– i.e. the manner in which the policyholder can cancel the supplementary insurance

- 26. The termination of the supplementary insurance is carried out in accordance with the rules outlined in the basic insurance.
- 27. In the event the policyholder terminates the primary insurance, this results in the termination of the secondary insurance.
- 28. If the policyholder terminates the additional insurance, this does not result in termination of the primary insurance.

THE BEGINNING OF OUR PROTECTION

– when our insurance protection starts

- 29. Coverage under the supplementary insurance commences as described in the basic insurance.
- 30. Cover under the additional insurance shall only commence if the cover under the basic insurance is in force.

THE CESSATION OF OUR PROTECTION

– i.e. when the supplementary insurance ends

- 31. The cover under the supplementary insurance ceases:
 - 1) from the date of termination of cover under the primary insurance;
 - 2) from the date on which we receive the policyholder's declaration that he or she is withdrawing from the additional insurance;
 - 3) on the date of termination of cover under the supplementary insurance – if not renewed;

- 4) on the last day of the month in which you cancel the supplementary insurance;
- 5) at the end of the month of the supplementary insurance on the current terms and conditions, if you have not given the required consent to change the supplementary insurance;
- 6) as from the date of expiry of the notice period of the supplementary insurance;
- 7) as from the date on which the supplementary insurance is terminated;
- 8) on the date the insured person turns 55 – to the extent of total incapacity for work and independent living due to illness – in relation to that insured person.

PERSONS ENTITLED TO OBTAIN THE BENEFIT

– the person to whom the payment is due

32. In such case you have the right to receive the benefit.

PROVISION OF THE HEALTH BENEFIT

– when we pay the benefit

33. If you develop total incapacity for work and independent living, please provide us with:
- 1) a request for payment of a benefit,
 - 2) medical documentation from the course of treatment proving total incapacity for work and independent living and the date of its occurrence or a certificate – if you are in possession of such a certificate.
34. In cases where the documents referred to in section 33 are not sufficient to conclude that the benefit payment is due, we may additionally:
- 1) ask for another document that proves the inability to work and independent existence;
 - 2) ask for the opinion of the doctor identified by us;
 - 3) order medical tests – if necessary.
35. We cover the costs of the doctor's opinion and the medical tests we order.
36. If the documents we have requested are in a language other than Polish, you must provide us with a Polish translation. This translation must be carried out by a sworn translator.
37. We decide on the payment of the benefit on the basis of the documentation provided.

FINAL PROVISIONS

– what other matters are important

38. Any matters not regulated by the supplementary insurance shall be subject to the general terms and conditions of basic insurance, the provisions of the Civil Code, the Act on Insurance and Reinsurance Activity and any other applicable laws.



**INSURANCE PRODUCT INFORMATION DOCUMENT
AND GENERAL TERMS AND CONDITIONS OF THE SUPPLEMENTARY
GROUP INSURANCE AGAINST THE INSURED PERSON'S PERMANENT
HEALTH IMPAIRMENT CAUSED BY AN ACCIDENT**



SUPPLEMENTARY GROUP INSURANCE AGAINST THE INSURED PERSON'S PERMANENT HEALTH IMPAIRMENT CAUSED BY AN ACCIDENT

Terms and Conditions Code: TUGP56

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 for Permanent Impairment of the Insured Person's Health Resulting from an Accident, Terms and Conditions Code: TUGP56 (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 may be concluded under one of the following cover options:

- Basic;
- Basic Cover with the Progressive Benefit Option;
- Extended;
- Extended Cover with the Progressive Benefit Option.

The scope of the Supplementary Insurance is confirmed in the policy and in the individual certificate of insurance. The insurance covers the occurrence, in respect of the insured person, of:

- a permanent impairment of health specified in the Table of Permanent Health Impairments under the Basic Cover, resulting from an accident occurring during the insurance cover period, where the supplementary insurance has been taken out under the Basic Cover or the Basic Cover with the Progressive Benefit Option;
- a permanent impairment of health specified in the Table of Permanent Health Impairments under the Extended Cover, resulting from an accident occurring during the insurance cover period, where the supplementary insurance has been taken out under the Extended Cover or the Extended Cover with the Progressive Benefit Option.

For the purposes of the General Terms and Conditions, permanent impairment of health means a bodily injury resulting from an accident occurring during the insurance cover period, specified in the Table of Permanent Health Impairments, determined after the time limits specified in Clause 10 of the General Terms and Conditions have elapsed.

PRODUCT FEATURES – THE MAIN FEATURES OF OUR INSURANCE

If the Supplementary Insurance does not include the Progressive Benefit Option, then, if the insured person sustains a permanent impairment of health, we will pay a benefit for each 1% permanent impairment of health 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.

If the Supplementary Insurance includes the Progressive Benefit Option, then, if the insured person sustains a permanent impairment of health, we will pay a benefit for each 1% permanent impairment of health 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, multiplied by the progression factor in accordance with the Progression Table set out in the General Terms and Conditions.

The amount of the benefit shall be determined on the basis of the Sum Insured and the percentage of the Sum Insured applicable on the date of the accident. 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 direct causal relationship between the accident and the permanent health impairment;
- up to a maximum of 100% permanent health impairment resulting from a single accident.

The Supplementary Insurance may be concluded together with 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:

- where we did not provide cover on the date of the accident resulting in the permanent health impairment;
- where there is no direct causal relationship between the accident and the permanent health impairment;
- where the Insured Person was under the influence of alcohol, within the meaning of the Act on Upbringing in Sobriety and Counteracting Alcoholism, or had used narcotic drugs, intoxicating substances, psychotropic substances, substitute substances or new psychoactive substances within the meaning of the Act on Counteracting Drug Addiction, provided that any of these circumstances contributed to the occurrence of the accident.

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 an Accident, Terms and Conditions Code TUGP56 (the GTC), which specify the principal terms and conditions of the insurance contract.

This information forms part of the GTC and is provided pursuant to statutory requirements (Article 17(1) of the Insurance and Reinsurance Activity Act).

No.	Type of information	Clause reference
1.	Conditions for benefit payment	Clauses 1–2 Clauses 4–17 Clauses 22–24 Clause 42 Clauses 43–48 Clause 49
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 11–17 Clauses 18–21 Clauses 39–40 Clause 41 Clause 49

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 AN ACCIDENT

GTC Code: TUGP56

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 an Accident 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) **Health Impairment** – bodily injury resulting from an accident that occurs during the period of insurance, specified in the Table of Permanent Health Impairments and determined after the expiry of the periods referred to in Clause 10 of the GTC
 - 6) **Progressive Benefit** – the benefit payable to the Insured Person under the Supplementary Insurance concluded with the Progressive Benefit Option. The amount of the Progressive Benefit shall be determined as the product of the benefit payable to the Insured Person in respect of a health impairment resulting from a single accident and the progression factor specified in the Table of Progression set out in the GTC.
2. Other terms used in these GTC are defined in the General Terms and Conditions of the Principal Insurance and shall have the

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 may be concluded under one of the following cover options:
 - 1) Basic;
 - 2) Basic Cover with the Progressive Benefit Option;
 - 3) Extended;
 - 4) Extended Cover with the Progressive Benefit Option.
5. The scope of the Supplementary Insurance is confirmed in the policy and in the individual certificate of insurance.
6. The supplementary insurance provides cover for:
 - 1) your sustaining a permanent health impairment specified in the Table of Permanent Health Impairments under the Basic Cover, resulting from an accident occurring during the insurance cover period, where the supplementary insurance has been taken out under the Basic Cover or the Basic Cover with the Progressive Benefit Option;
 - 2) your sustaining a permanent health impairment specified in the Table of Permanent Health Impairments under the Extended Cover, resulting from an accident occurring during the insurance cover period, where the supplementary insurance has been taken out under the Extended Cover or the Extended Cover with the Progressive Benefit Option.
7. If your supplementary insurance does not include the Progressive Benefit Option, then, if you sustain a permanent health impairment, we will pay you 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 your individual certificate of insurance.

8. If your supplementary insurance includes the Progressive Benefit Option, then, if you sustain a permanent health impairment, we will pay you 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 your individual certificate of insurance, multiplied by the progression factor in accordance with the Progression Table below.

Table of Progression

Percentage of permanent health impairment determined as a result of a single accident	Progression factor
0.5% to 20%	1
between 20% and 40%	2
between 40% and 60%	3
between 60% and 80%	4
between 80% and 100%	5

Examples

Percentage of permanent health impairment determined as a result of a single accident	Example benefit for each 1% of permanent health impairment (product of the Sum Insured and the percentage of the Sum Insured)	Benefit payable in respect of permanent health impairment under the Supplementary Insurance without the Progressive Benefit Option	Progression factor	Benefit payable in respect of permanent health impairment under the Supplementary Insurance with the Progressive Benefit Option
12%	PLN 500	12 x PLN 500 = PLN 6,000	1	1x12x500 zł = 6 000 zł
23%	PLN 500	23x500 zł = 11 500 zł	2	2x23x500 zł = 23 000 zł
61%	PLN 500	61x500 zł = 30 500 zł	4	4x61x500 zł = 122 000 zł

9. The amount of the benefit shall be determined on the basis of the Sum Insured and the percentage of the Sum Insured applicable on the date of the accident.
10. The percentage of permanent health impairment shall be determined:
- 1) in respect of the health impairments specified in the Table of Permanent Health Impairments in items:
 - a) 1.1.4–1.1.6, 1.2.4, 1.3.4–1.3.7, 1.4.4–1.4.7,
 - b) 3.1.38–3.1.42,
 - c) 4.1–4.28, 4.32–4.112,
 - d) 5.1–5.23, 5.26, 5.28–5.35,
 - e) 6.1–6.5,
 - f) 7.1–7.3,
 - g) 8.6–8.7, 8.17–8.20,
 - h) 9.39– no earlier than six months after the date of the accident;
 - 2) in respect of all other health impairments specified in the Table of Permanent Health Impairments, no earlier than the date of the accident.
11. We shall be liable:
- 1) where there is a direct causal relationship between the accident and the permanent health impairment;
 - 2) up to a maximum of 100% permanent health impairment resulting from a single accident.
12. If, after we have paid a benefit, it turns out that your permanent health impairment resulting from the same accident qualifies, under the Table of Permanent Health Impairments, for a higher percentage of permanent health impairment, 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 previously paid.
13. If the permanent health impairment includes a bodily injury listed in the Table of Permanent Health Impairments that may be treated either conservatively or surgically, as defined in the Table of Permanent Health Impairments, we will pay a benefit up to the amount applicable to the injury treated surgically.
14. We shall aggregate the percentages of permanent health impairment for all injuries specified in the Table of Permanent Health Impairments affecting:
- the skin;
 - bones and joints;
 - muscles and tendons;
 - the nervous system;
 - cardiovascular system;
 - burns and frostbite,
- where such injuries result in permanent health impairment to the same limb. In respect of all such injuries occurring during the entire period of insurance, irrespective of the number of accidents, the total benefits payable shall not exceed the benefit payable for the loss of the part of the limb affected by those injuries.
15. We shall pay the benefit for the permanent health impairment specified in item 13.1 of the Table of Permanent Health

Impairments in accordance with the provisions of that Table only if your Supplementary Insurance was concluded under the Extended Cover and you are not entitled to a benefit for any other permanent health impairment specified in that Table resulting from the same accident.. No more than one such benefit shall be payable in any one policy year.

If you are entitled to a benefit for any other permanent health impairment specified in this Table resulting from the same accident, we will pay no more than one such benefit in any policy year. No more than one such benefit shall be payable in any one policy year.

16. If we pay you a benefit for the permanent health impairment specified in item 13.1 of the Table of Permanent Health Impairments and subsequently determine that you are entitled to a benefit for any other permanent health impairment specified in that Table resulting from the same accident, the amount of the benefit payable to you will be reduced by the amount previously paid for the permanent health impairment specified in item 13.1 of the Table of Permanent Health Impairments.
17. Any other benefit limits are specified in the Table of Permanent Health Impairments.

EXCLUSIONS OF COVER

– the circumstances in which no benefit will be payable

18. For the purposes of our exclusions of liability, we use the term **competitive sports**. This means participation in sporting disciplines by:
- 1) members of club teams who take part in professional, national or international competitions organised by the sports association or professional sports federation competent for the relevant discipline; or
 - 2) persons who participate in individual sports and take part in professional, national or international competitions organised by the sports association or professional sports federation competent for the relevant discipline; or
 - 3) persons who receive remuneration, as well as scholarships or reimbursement of expenses related to participation in individual or team sports (including allowances or benefits), under an employment contract or a civil law contract.
19. Our liability does not cover the Insured Person's permanent health impairment caused by an accident if the accident occurred before the commencement of the insurance cover or occurred:
- 1) as a result of acts of war;
 - 2) as a result of your active participation in acts of terrorism or civil unrest;
 - 3) as a result of your committing or attempting to commit an intentional criminal offence;
 - 4) while you were driving a vehicle:
 - a) without the driving licence or other authorisation required by law; or
 - b) after consuming alcohol or while under the influence of alcohol, within the meaning of the Act on Upbringing in Sobriety and Counteracting Alcoholism; or
 - c) after using narcotic drugs, intoxicating substances, psychotropic substances, substitute substances or new psychoactive substances within the meaning of the Act on Counteracting Drug Addiction, – provided that any of these circumstances contributed to the occurrence of the accident;
 - 5) where you were under the influence of alcohol, within the meaning of the Act on Upbringing in Sobriety and Counteracting Alcoholism, or had used narcotic drugs, intoxicating substances, psychotropic substances, substitute substances or new psychoactive substances within the meaning of the Act on Counteracting Drug Addiction, provided that any of these circumstances contributed to the occurrence of the accident;
 - 6) as a result of self-inflicted injury or your attempted suicide;
 - 7) directly as a result of poisoning caused by alcohol consumed or by the use of narcotic drugs, intoxicating substances, psychotropic substances, substitute substances or new psychoactive substances, within the meaning of the Act on Counteracting Drug Addiction;
 - 8) as a result of your use of medicinal products contrary to a physician's instructions or contrary to the information contained in the package leaflet supplied with the medicinal product;
 - 9) as a result of your participation in competitive sports.
20. Our liability also does not cover the occurrence of the Insured Person's permanent health impairment if it was caused by medical treatment or diagnostic procedures, regardless of who performed them, unless such treatment was provided for the direct consequences of the accident.
21. We shall not be liable for:
- 1) pathological fractures, meaning non-traumatic fractures of bones weakened by disease;
 - 2) stress fractures, meaning non-traumatic fractures of bones resulting from chronic overuse;
 - 3) damage to an artificial organ or a medical device implanted in the body.

AMOUNT INSURED

– definition and amount

22. The Sum Insured is the amount used as the basis for calculating the benefit payable.
23. The amount of the Sum Insured is specified in the policy and in the individual certificate of insurance.
24. 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

25. 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 scope of the Supplementary Insurance;
 - b) the Sum Insured;
 - c) the amount of the benefit;
 - d) the number of persons joining the insurance, their age and gender profile, and the nature of the work they perform.
26. The amount of the premium for the Supplementary Insurance is specified in the application for insurance and in the policy.
27. 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

28. The Supplementary Insurance may be taken out either at the same time as the Principal Insurance or during its term.
29. 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

30. 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

31. 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.
32. 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

33. Withdrawal from the Supplementary Insurance shall be governed by the rules set out in the Principal Insurance.
34. If the Policyholder withdraws from the Principal Insurance, this shall automatically result in withdrawal from the Supplementary Insurance.
35. 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

36. Termination of the Supplementary Insurance shall be governed by the rules set out in the Principal Insurance.
37. If the Policyholder terminates the Principal Insurance, this shall automatically result in termination of the Supplementary Insurance.
38. 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

39. Cover under the supplementary insurance commences in accordance with the terms set out in the principal insurance policy.
40. 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

41. 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

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

PAYMENT OF THE BENEFIT

– when we will pay the benefit

43. 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) documents confirming the circumstances of the accident.
44. 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.
45. Where necessary, we may also:
 - 1) request a medical opinion from a doctor appointed by us;
 - 2) require you to undergo medical examinations.
46. We will bear the cost of any medical opinion or medical examinations that we request.
47. If any documents requested by us are in a language other than Polish, you must provide a Polish translation prepared by a sworn translator.
48. Our decision on payment of the benefit will be based on the documentation provided.

FINAL PROVISIONS

– other important information

49. 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**TABLE OF CONTENTS**

1. Skin injuries	6
2. Tendon and muscle injuries	9
3. Bone and joint injuries	11
4. Nervous system injuries	23
5. Eye injuries	27
6. Ear injuries	29
7. Cardiovascular system and spleen injuries	30
8. Respiratory system injuries	32
9. Digestive system injuries	33
10. Urinary tract injuries	35
11. Reproductive organ injuries	36
12. Burns, frostbite and injuries resulting from exposure to physical, chemical and biological agents	37
13. Other bodily injuries	38
14. Glossary	38

BASIC COVER

1. SKIN INJURIES	
	Percentage of permanent health impairment
1.1. Scalp injuries	
Items 1.1.1–1.1.3 apply to injuries to the skin of the face, including the eyelids, nose and external ears, as well as the hair-bearing scalp. Traumatic scalp wounds involving loss of hair-bearing scalp shall be assessed together under items 1. 1.7–1.1.8.	
Traumatic scalp wounds (excluding burns and frostbite)	
The percentages of permanent health impairment for injuries specified in items 1.1.1–1.1.3 shall be aggregated. For all such injuries, irrespective of the number of accidents occurring during the term of the insurance contract, we shall pay benefits up to a maximum of 20% permanent health impairment.	
1.1.1 Single traumatic scalp wound up to 4 cm in length, resulting in a scar	2%
1.1.2 Single traumatic scalp wound exceeding 4 cm but not exceeding 10 cm in length, resulting in a scar	3%
1.1.3 Single traumatic scalp wound exceeding 10 cm in length, or at least two wounds (irrespective of their length), resulting in a scar	6%
Scars impairing facial function	
The damages listed in point Items 1.1.4–1.1.6 shall be assessed no earlier than six months after the accident.	
1.1.4 Scarring impairing the protective function of the eyelids (one eye)	5%
1.1.5 Scarring impairing breathing through the nose	5%
1.1.6 Scarring impairing speech articulation or the ability to eat	5%
Loss of hair-bearing scalp	
1.1.7 Loss of hair-bearing scalp with a total area of up to 1% TBSA	4%
1.1.8 Loss of hair-bearing scalp with a total area exceeding 1% TBSA	4% for each 1% TBSA

1.2. Injuries to the skin of the neck and trunk

The damages listed in point 1.2.1–1.2.3 apply to the skin of the neck, back, chest, breasts, abdomen, buttocks and perineum.

Traumatic wounds to the skin of the neck and trunk (excluding burns and frostbite)

The percentages of permanent health impairment for injuries specified in items 1.2.1–1.2.3 shall be aggregated. For all such injuries, irrespective of the number of accidents occurring during the term of the insurance contract, we shall pay benefits up to a maximum of 15% permanent health impairment.

1.2.1 Single traumatic wound to the skin of the neck or trunk up to 4 cm in length, resulting in a scar	1%
1.2.2 Single traumatic wound to the skin of the neck or trunk exceeding 4 cm but not exceeding 10 cm in length, resulting in a scar	2%
1.2.3 Single traumatic wound to the skin of the neck or trunk exceeding 10 cm in length, or at least two wounds (irrespective of their length), resulting in a scar	4%

Scars impairing neck function

The damages listed in point 1.2.4 shall be assessed no earlier than six months after the accident.

1.2.4 Scarring restricting neck mobility	5%
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1.3. Injuries to the skin of the upper limb

Traumatic wounds to the skin of the upper limb (excluding burns and frostbite)

The percentages of permanent health impairment for injuries specified in items 1.3.1–1.3.3 affecting the same upper limb shall be aggregated. For all such injuries, irrespective of the number of accidents occurring during the term of the insurance contract, we shall pay benefits up to a maximum of 20% permanent health impairment.

1.3.1 Single traumatic wound to the skin of the upper limb up to 4 cm in length, resulting in a scar	1%
1.3.2 Single traumatic wound to the skin of the upper limb exceeding 4 cm but not exceeding 10 cm in length, resulting in a scar	2%
1.3.3 Single traumatic wound to the skin of the upper limb exceeding 10 cm in length, or at least two wounds (irrespective of their length), resulting in a scar	4%

Scars impairing upper limb function

The damages listed in point Items 1.3.4–1.3.7 shall be assessed no earlier than six months after the accident.

1.3.4 Scarring restricting movement of the shoulder joint (one upper limb)	5%
1.3.5 Scarring restricting movement of the elbow joint (one upper limb)	4%
1.3.6 Scarring restricting movement of the wrist (one upper limb)	3%
1.3.7 Scarring restricting movement of a finger (one finger)	1%

1.4. Injuries to the skin of the lower limb

Traumatic wounds to the skin of the lower limb (excluding burns and frostbite)

The percentages of permanent health impairment for injuries specified in items 1.4.1–1.4.3 affecting the same lower limb shall be aggregated. For all such injuries, irrespective of the number of accidents occurring during the term of the insurance contract, we shall pay benefits up to a maximum of 15% permanent health impairment.

1.4.1 Single traumatic wound to the skin of the lower limb up to 4 cm in length, resulting in a scar	1%
1.4.2 Single traumatic wound to the skin of the lower limb exceeding 4 cm but not exceeding 10 cm in length, resulting in a scar	2%
1.4.3 Single traumatic wound to the skin of the lower limb exceeding 10 cm in length, or at least two wounds (irrespective of their length), resulting in a scar	4%

Scars impairing lower limb function

The damages listed in point Items 1.4.4–1.4.7 shall be assessed no earlier than six months after the accident.

1.4.4 Scarring restricting movement of the hip joint (one lower limb)	5%
1.4.5 Scarring restricting movement of the knee joint (one lower limb)	4%
1.4.6 Scarring restricting movement of the ankle joint (one lower limb)	3%
1.4.7 Scarring restricting movement of a toe (one toe)	0.5%

1.5. Skin graft harvesting

Skin graft harvesting

The percentages of permanent health impairment for injuries specified in items 1.5.1–1.5.3 shall be aggregated. For all such injuries, irrespective of the number of accidents occurring during the term of the insurance contract, we shall pay benefits up to a maximum of 10% permanent health impairment.

1.5.1 Harvesting of a split-thickness skin graft (single harvesting procedure)	2%
1.5.2 Harvesting of a full-thickness skin graft (single harvesting procedure)	3%
1.5.3 Harvesting of a flap graft (single harvesting procedure)	4%

2. TENDON AND MUSCLE INJURIES

Percentage of
permanent health
impairment

2.1. Tendon and muscle injuries of the head

Tendon and muscle injuries of the head

The damages listed in point 2.1.3–2.1.4 apply to the tendons and muscles of the face, including the external ears, nostrils, the tissues surrounding the palpebral fissures, the tissues surrounding the oral fissure, and the muscles of the cranial vault. This excludes injuries to the extraocular muscles, which shall be assessed under items 5.30–5.35.

2.1.1 Tear of the temporomandibular tendon or muscle (one muscle)	2%
2.1.2 Rupture of the temporomandibular tendon or muscle (one muscle)	4%
2.1.3 Tear of another tendon or muscle of the head (one muscle)	1%
2.1.4 Rupture of another tendon or muscle of the head (one muscle)	2%

2.2. Tendon and muscle injuries of the neck and trunk

Tendon and muscle injuries of the neck and trunk

The damages listed in point 2.2.4–2.2.5 apply to the tendons and muscles of the neck, back, chest, abdominal wall, buttocks and perineum.

2.2.1 Rupture of the diaphragm muscle	5%
2.2.2 Tear of the sternocleidomastoid tendon or muscle (one muscle)	2%
2.2.3 Rupture of the sternocleidomastoid tendon or muscle (one muscle)	4%
2.2.4 Tear of another tendon or muscle of the neck or trunk (one muscle)	1%
2.2.5 Rupture of another tendon or muscle of the neck or trunk (one muscle)	2%

2.3. Tendon and muscle injuries of the upper limb

Tendon and muscle injuries of the upper limb

2.3.1 Tear or rupture of the supraspinatus tendon or muscle of the rotator cuff (one upper limb)	1.5%
2.3.2 Tear or rupture of the infraspinatus tendon or muscle of the rotator cuff (one upper limb)	1.5%
2.3.3 Tear or rupture of the subscapularis tendon or muscle of the rotator cuff (one upper limb)	1.5%
2.3.4 Tear or rupture of the teres minor tendon or muscle of the rotator cuff (one upper limb)	1.5%
2.3.5 Tear of the biceps tendon or muscle (one upper limb)	2%
2.3.6 Rupture of the biceps tendon or muscle (one upper limb)	4%
2.3.7 Tear of the triceps tendon or muscle (one upper limb)	2%
2.3.8 Rupture of the triceps tendon or muscle (one upper limb)	4%
2.3.9 Tear of another tendon or muscle of the upper limb (one muscle)	1%
2.3.10 Rupture of another tendon or muscle of the upper limb (one muscle)	2%

2.4. Tendon and muscle injuries of the lower limb

Tendon and muscle injuries of the lower limb

2.4.1 Tear of the quadriceps tendon or muscle (one lower limb)	2%
2.4.2 Rupture of the quadriceps tendon or muscle (one lower limb)	5%
2.4.3 Tear of the biceps femoris tendon or muscle (one lower limb)	2%
2.4.4 Rupture of the biceps femoris tendon or muscle (one lower limb)	4%
2.4.5 Tear of the gastrocnemius muscle (one lower limb)	2%

2.4.6 Rupture of the gastrocnemius muscle (one lower limb)	4%
2.4.7 Tear of the soleus muscle (one lower limb)	1%
2.4.8 Rupture of the soleus muscle (one lower limb)	2%
2.4.9 Tear of the Achilles tendon (one lower limb)	2%
2.4.10 Rupture of the Achilles tendon (one lower limb)	4%
2.4.11 Tear of another tendon or muscle of the lower limb (one muscle)	1%
2.4.12 Rupture of another tendon or muscle of the lower limb (one muscle)	2%

3. BONE AND JOINT INJURIES	
	Percentage of permanent health impairment
3.1. Injuries to the bones and joints of the head	
Fractures of the frontal bone	
3.1.1 Fracture of the frontal bone without displacement of bone fragments	1%
3.1.2 Comminuted fracture of the frontal bone or fracture with displacement of bone fragments	2%
Fractures of the parietal bone	
3.1.3 Fracture of the parietal bone without displacement of bone fragments (one bone)	1%
3.1.4 Comminuted fracture of the parietal bone or fracture with displacement of bone fragments (one bone)	2%
Fractures of the occipital bone	
3.1.5 Fracture of the occipital bone without displacement of bone fragments	1%
3.1.6 Comminuted fracture of the occipital bone or fracture with displacement of bone fragments	2%
Fractures of the temporal bone	
3.1.7 Fracture of the temporal bone without displacement of bone fragments (one bone)	2%
3.1.8 Comminuted fracture of the temporal bone or fracture with displacement of bone fragments (one bone)	3%
Fractures of the zygomatic bone	
3.1.9 Fracture of the zygomatic bone without displacement of bone fragments (one bone)	1%
3.1.10 Comminuted fracture of the zygomatic bone or fracture with displacement of bone fragments (one bone)	2%
Fractures of the sphenoid, ethmoid and lacrimal bones	
3.1.11 Fracture of the sphenoid bone	1%
3.1.12 Fracture of the ethmoid bone	1%
3.1.13 Fracture of the lacrimal bone	1%
Orbital fractures	
The damages listed in point 3.1.14 shall be assessed independently of any other fractures of the bones forming the orbit.	
3.1.14 Fracture of the orbit (one orbit)	3%
Nasal fractures and loss of the nose	
The damages listed in point 3.1.18–3.1.19 include loss of the cartilaginous and bony parts of the nose together with all associated soft tissues.	
3.1.15 Fracture of the cartilaginous part of the nose	1%
3.1.16 Fracture of the bony part of the nose without displacement of bone fragments	1%
3.1.17 Comminuted fracture of the bony part of the nose or fracture with displacement of bone fragments	2%
3.1.18 Loss of the cartilaginous part of the nose	10%
3.1.19 Loss of both the bony and cartilaginous parts of the nose	20%
Fractures of the palatine bone and loss of the hard palate	
The damages listed in point 3.1.21–3.1.23 include loss of bone together with all associated soft tissues.	
3.1.20 Fracture of the palatine bone (one bone)	1%
3.1.21 Loss of up to 5% of the hard palate	2%
3.1.22 Loss of more than 5% but not more than 25% of the hard palate	5%
3.1.23 Loss of more than 25% of the hard palate	10%
Maxillary fractures and loss of the maxilla	
The damages listed in point 3.1.26–3.1.29 include loss of bone and teeth together with all associated soft tissues.	
3.1.24 Fracture of the maxilla without displacement of bone fragments (one bone)	2%
3.1.25 Comminuted fracture of the maxilla or fracture with displacement of bone fragments (one bone)	3%

3.1.26 Loss of up to 5% of the maxilla (one bone)	2%
3.1.27 Loss of more than 5% but not more than 25% of the maxilla (one bone)	4%
3.1.28 Loss of more than 25% but not more than 50% of the maxilla (one bone)	8%
3.1.29 Loss of more than 50% of the maxilla (one bone)	15%
Mandibular fractures and loss of the mandible	
The damages listed in point 3.1.32 – 3.1.35 include loss of bone and teeth together with all associated soft tissues.	
3.1.30 Fracture of the mandible without displacement of bone fragments	3%
3.1.31 Comminuted fracture of the mandible or fracture with displacement of bone fragments	8%
3.1.32 Loss of up to 5% of the mandible	3%
3.1.33 Loss of more than 5% but not more than 25% of the mandible	10%
3.1.34 Loss of more than 25% but not more than 50% of the mandible	20%
3.1.35 Loss of more than 50% of the mandible	40%
Injuries to the temporomandibular joint	
3.1.36 Dislocation of the temporomandibular joint (one joint)	2%
Pseudarthrosis	
3.1.37 Pseudarthrosis of the mandible	3%
Loss of calvarial bone	
The damages listed in point 3.1.38 – 3.1.42 include loss of bone together with all associated soft tissues.	
The percentages of permanent health impairment for injuries specified in items 3.1.38–3.1.42 shall be aggregated. For all such injuries, regardless of the number of accidents occurring during the term of the policy, we will pay a benefit of up to 20% of the degree of disability. The damages listed in point Items 3.1.38–3.1.42 shall be assessed no earlier than six months after the accident.	
3.1.38 Loss of calvarial bone with a total area of up to 1 cm ²	1%
3.1.39 Loss of calvarial bone with a total area of more than 1 cm ² but not more than 5 cm ²	3%
3.1.40 Loss of calvarial bone with a total area of more than 5 cm ² but not more than 25 cm ²	6%
3.1.41 Loss of calvarial bone with a total area of more than 25 cm ² but not more than 50 cm ²	12%
3.1.42 Loss of calvarial bone with a total area of more than 50 cm ²	20%
3.2. Injuries to the bones of the chest, spine and pelvis	
Rib fractures	
The percentages of permanent health impairment for injuries specified in items 3.2.1. For all such injuries, irrespective of the number of accidents occurring during the term of the insurance contract, we shall pay benefits up to a maximum of 24% permanent health impairment.	
3.2.1 Fracture of a rib (one rib)	1%
Fractures of the sternum and hyoid bone	
3.2.2 Fracture of the sternum without displacement of bone fragments	2%
3.2.3 Comminuted fracture of the sternum or fracture with displacement of bone fragments	4%
3.2.4 Fracture of the hyoid bone	1%
Fractures of the cervical spine	
The percentages of permanent health impairment for injuries specified in items 3.2.5–3.2.8 shall be aggregated. For all such injuries, irrespective of the number of accidents occurring during the term of the insurance contract, we shall pay benefits up to a maximum of 40% permanent health impairment.	
3.2.5 Fracture of the vertebral body in the cervical spine without displacement of bone fragments (one vertebra)	5%
3.2.6 Fracture of the vertebral body in the cervical spine with displacement of bone fragments (one vertebra)	7%
3.2.7 Fracture of the vertebral process(es) or vertebral arch in the cervical spine (one vertebra)	1%

3.2.8 Fracture of one or more osteophytes in the cervical spine (one vertebra)	1%
Fractures of the thoracic spine The percentages of permanent health impairment for injuries specified in items 3.2.9–3.2.12 shall be aggregated. For all such injuries, irrespective of the number of accidents occurring during the term of the insurance contract, we shall pay benefits up to a maximum of 20% permanent health impairment.	
3.2.9 Fracture of the vertebral body in the thoracic spine without displacement of bone fragments (one vertebra)	4%
3.2.10 Fracture of the vertebral body in the thoracic spine with displacement of bone fragments (one vertebra)	6%
3.2.11 Fracture of the vertebral process(es) or vertebral arch in the thoracic spine (one vertebra)	1%
3.2.12 Fracture of one or more osteophytes in the thoracic spine (one vertebra)	1%
Fractures of the lumbar spine The percentages of permanent health impairment for injuries specified in items 3.2.13–3.2.16 shall be aggregated. For all such injuries, irrespective of the number of accidents occurring during the term of the insurance contract, we shall pay benefits up to a maximum of 30% permanent health impairment.	
3.2.13 Fracture of the vertebral body in the lumbar spine without displacement of bone fragments (one vertebra)	5%
3.2.14 Fracture of the vertebral body in the lumbar spine with displacement of bone fragments (one vertebra)	7%
3.2.15 Fracture of the vertebral process(es) or vertebral arch in the lumbar spine (one vertebra)	1%
3.2.16 Fracture of one or more osteophytes in the lumbar spine (one vertebra)	1%
Other spinal injuries	
3.2.17 Spondylolisthesis or retrolisthesis treated conservatively	5%
3.2.18 Spondylolisthesis, retrolisthesis or dislocation of the spine treated surgically	7%
Fractures of the pelvic girdle bones	
3.2.19 Fracture of the anterior superior or anterior inferior iliac spine of the ilium (one bone)	1%
3.2.20 Fracture of the ala or body of the ilium (one bone)	4%
3.2.21 Fracture of the acetabulum of the hip joint (one acetabulum)	4%
3.2.22 Fracture of the pubic bone without displacement of bone fragments (one bone)	2%
3.2.23 Comminuted fracture of the pubic bone or fracture with displacement of bone fragments (one bone)	4%
3.2.24 Fracture of the ischium without displacement of bone fragments (one bone)	2%
3.2.25 Comminuted fracture of the ischium or fracture with displacement of bone fragments (one bone)	4%
3.2.26 Fracture of the sacrum without displacement of bone fragments	2%
3.2.27 Comminuted fracture of the sacrum or fracture with displacement of bone fragments	4%
3.2.28 Fracture of the coccyx without displacement of bone fragments	1%
3.2.29 Comminuted fracture of the coccyx or fracture with displacement of bone fragments	2%
Disruption of the pelvic ring The damages listed in point 3.2.30–3.2.33 shall be assessed independently of pelvic bone fractures. The damages listed in point 3.2.30–3.2.33 do not include injuries to the pubic symphysis or sacroiliac joint.	
3.2.30 Unilateral anterior pelvic ring disruption	2%
3.2.31 Bilateral anterior pelvic ring disruption	4%
3.2.32 Unilateral posterior pelvic ring disruption	2%
3.2.33 Bilateral posterior pelvic ring disruption	4%

Injuries to the pubic symphysis and sacroiliac joint	
3.2.34 Separation or rupture of the pubic symphysis, treated conservatively	3%
3.2.35 Separation or rupture of the pubic symphysis, treated surgically	6%
3.2.36 Dislocation, separation or rupture of the sacroiliac joint (one joint)	4%
Pseudarthrosis of the bones of the chest and pelvis	
3.2.37 Pseudarthrosis of a rib (one rib)	1%
3.2.38 Pseudarthrosis of the sternum	2%
3.2.39 Pseudarthrosis of the pubic bone (one bone)	2%
3.2.40 Pseudarthrosis of the ischium (one bone)	2%
3.2.41 Pseudarthrosis of the ilium (one bone)	2%
3.3. Injuries to the bones and joints of the upper limb	
Scapular fractures	
3.3.1 Fracture of the scapula without displacement of bone fragments (one scapula)	2%
3.3.2 Comminuted fracture of the scapula or fracture with displacement of bone fragments (one scapula)	4%
Clavicle fractures	
3.3.3 Fracture of the clavicle without displacement of bone fragments (one clavicle)	2%
3.3.4 Comminuted fracture of the clavicle or fracture with displacement of bone fragments (one clavicle)	3%
Humeral fractures	
3.3.5 Fracture of the proximal humeral epiphysis without displacement of bone fragments (one upper limb)	4%
3.3.6 Comminuted fracture of the proximal humeral epiphysis or fracture with displacement of bone fragments (one upper limb)	8%
3.3.7 Fracture of the humeral shaft without displacement of bone fragments (one upper limb)	5%
3.3.8 Comminuted fracture of the humeral shaft or fracture with displacement of bone fragments (one upper limb)	10%
3.3.9 Fracture of the distal humeral epiphysis without displacement of bone fragments (one upper limb)	2%
3.3.10 Comminuted fracture of the distal humeral epiphysis or fracture with displacement of bone fragments (one upper limb)	4%
Ulnar fractures	
3.3.11 Fracture of the proximal ulnar epiphysis without displacement of bone fragments (one upper limb)	2%
3.3.12 Comminuted fracture of the proximal ulnar epiphysis or fracture with displacement of bone fragments (one upper limb)	4%
3.3.13 Fracture of the ulnar shaft without displacement of bone fragments (one upper limb)	2%
3.3.14 Comminuted fracture of the ulnar shaft or fracture with displacement of bone fragments (one upper limb)	4%
3.3.15 Fracture of the distal ulnar epiphysis without displacement of bone fragments (one upper limb)	2%
3.3.16 Comminuted fracture of the distal ulnar epiphysis or fracture with displacement of bone fragments (one upper limb)	3%
Radial fractures	
3.3.17 Fracture of the proximal radial epiphysis without displacement of bone fragments (one upper limb)	2%
3.3.18 Comminuted fracture of the proximal radial epiphysis or fracture with displacement of bone fragments (one upper limb)	4%
3.3.19 Fracture of the radial shaft without displacement of bone fragments (one upper limb)	2%

3.3.20 Comminuted fracture of the radial shaft or fracture with displacement of bone fragments (one upper limb)	4%
3.3.21 Fracture of the distal radial epiphysis without displacement of bone fragments (one upper limb)	2%
3.3.22 Comminuted fracture of the distal radial epiphysis or fracture with displacement of bone fragments (one upper limb)	3%
Carpal bone fractures	
3.3.23 Fracture of the scaphoid bone of the wrist without displacement of bone fragments (one upper limb)	0.5%
3.3.24 Comminuted fracture of the scaphoid bone of the wrist or fracture with displacement of bone fragments (one upper limb)	1%
3.3.25 Fracture of the trapezoid bone of the wrist (one upper limb)	0.5%
3.3.26 Fracture of the trapezium bone of the wrist (one upper limb)	0.5%
3.3.27 Fracture of the pisiform bone of the wrist (one upper limb)	0.5%
3.3.28 Fracture of the hamate bone of the wrist (one upper limb)	0.5%
3.3.29 Fracture of the capitate bone of the wrist (one upper limb)	0.5%
3.3.30 Fracture of the lunate bone of the wrist (one upper limb)	0.5%
3.3.31 Fracture of the triquetral bone of the wrist (one upper limb)	0.5%
Metacarpal fractures	
3.3.32 Fracture of the first metacarpal bone without displacement of bone fragments (one upper limb)	1%
3.3.33 Comminuted fracture of the first metacarpal bone or fracture with displacement of bone fragments (one upper limb)	2%
3.3.34 Fracture of the second metacarpal bone without displacement of bone fragments (one upper limb)	1%
3.3.35 Comminuted fracture of the second metacarpal bone or fracture with displacement of bone fragments (one upper limb)	2%
3.3.36 Fracture of the second metacarpal bone without displacement of bone fragments (one upper limb)	1%
3.3.37 Comminuted fracture of the second metacarpal bone or fracture with displacement of bone fragments (one upper limb)	2%
3.3.38 Fracture of the fifth metacarpal bone without displacement of bone fragments (one upper limb)	1%
3.3.39 Comminuted fracture of the fifth metacarpal bone or fracture with displacement of bone fragments (one upper limb)	2%
3.3.40 Fracture of the fifth metacarpal bone without displacement of bone fragments (one upper limb)	1%
3.3.41 Comminuted fracture of the fifth metacarpal bone or fracture with displacement of bone fragments (one upper limb)	2%
Fractures of the finger bones	
3.3.42 Fracture of one or more phalanges of the thumb (one upper limb)	2%
3.3.43 Fracture of one or more phalanges of the index finger (one upper limb)	2%
3.3.44 Fracture of one or more phalanges of the index finger (one upper limb)	1%
3.3.45 Fracture of one or more phalanges of the little finger (one upper limb)	1%
3.3.46 Fracture of one or more phalanges of the little finger (one upper limb)	1%
3.3.47 Fracture of a sesamoid bone of a finger (one finger)	0.5%
Injuries to the sternoclavicular joint	
The percentages of permanent health impairment for injuries specified in items 3.3.48–3.3.50 affecting the same upper limb shall be aggregated. For all such injuries, irrespective of the number of accidents occurring during the term of the insurance contract, we shall pay benefits up to a maximum of 8% permanent health impairment.	
3.3.48 Dislocation of the sternoclavicular joint with displacement of the clavicle, treated conservatively (one upper limb)	2%
3.3.49 Dislocation of the sternoclavicular joint, treated surgically (one upper limb)	4%
3.3.50 Old unreduced dislocation of the sternoclavicular joint (one upper limb)	6%

Injuries to the acromioclavicular joint

The percentages of permanent health impairment for injuries specified in items 3.3.51–3.3.53 affecting the same upper limb shall be aggregated. For all such injuries, irrespective of the number of accidents occurring during the term of the insurance contract, we shall pay benefits up to a maximum of 8% permanent health impairment.

3.3.51 Dislocation of the acromioclavicular joint with displacement of the clavicle, treated conservatively (one upper limb)	2%
3.3.52 Dislocation of the acromioclavicular joint or injury to the acromioclavicular syndesmosis, treated surgically (one upper limb)	4%
3.3.53 Old unreduced dislocation of the acromioclavicular joint (one upper limb)	6%

Injuries to the shoulder joint

The percentages of permanent health impairment for injuries specified in items 3.3.54–3.3.56 affecting the same upper limb shall be aggregated. For all such injuries, irrespective of the number of accidents occurring during the term of the insurance contract, we shall pay benefits up to a maximum of 12% permanent health impairment.

3.3.54 Dislocation of the shoulder joint with closed reduction (one upper limb)	3%
3.3.55 Dislocation of the shoulder joint with surgical reduction (one upper limb)	6%
3.3.56 Old unreduced dislocation of the shoulder joint (one upper limb)	9%

Injuries to the elbow joint

The percentages of permanent health impairment for injuries specified in items 3.3.57–3.3.59 affecting the same upper limb shall be aggregated. For all such injuries, irrespective of the number of accidents occurring during the term of the insurance contract, we shall pay benefits up to a maximum of 8% permanent health impairment.

3.3.57 Dislocation of the elbow joint with closed reduction (one upper limb)	2%
3.3.58 Dislocation of the elbow joint with surgical reduction (one upper limb)	4%
3.3.59 Old unreduced dislocation of the elbow joint (one upper limb)	6%

Injuries to the distal radioulnar joint and wrist joints

The percentages of permanent health impairment for injuries specified in items 3.3.60–3.3.63 affecting the same upper limb shall be aggregated. For all such injuries, irrespective of the number of accidents occurring during the term of the insurance contract, we shall pay benefits up to a maximum of 8% permanent health impairment.

3.3.60 Dislocation of the distal radioulnar joint (one upper limb)	2%
3.3.61 Dislocation of one or more wrist joints with closed reduction (one upper limb)	2%
3.3.62 Dislocation of one or more wrist joints with surgical reduction (one upper limb)	4%
3.3.63 Old unreduced dislocation of one or more wrist joints (one upper limb)	6%

Injuries to the metacarpophalangeal joints of the hand

3.3.64 Dislocation of the metacarpophalangeal joint of the thumb with closed or surgical reduction (one upper limb)	1.5%
3.3.65 Dislocation of the metacarpophalangeal joint of the index finger with closed or surgical reduction (one upper limb)	1.5%
3.3.66 Dislocation of the metacarpophalangeal joint of the index finger with closed or surgical reduction (one upper limb)	1%
3.3.67 Dislocation of the metacarpophalangeal joint of the little finger with closed or surgical reduction (one upper limb)	1%
3.3.68 Dislocation of the metacarpophalangeal joint of the little finger with closed or surgical reduction (one upper limb)	1%

Injuries to the interphalangeal joints of the hand

3.3.69 Dislocation of the interphalangeal joint of the thumb with closed or surgical reduction (one upper limb)	1%
3.3.70 Dislocation of the interphalangeal joint(s) of the index finger with closed or surgical reduction (one upper limb)	1%
3.3.71 Dislocation of the interphalangeal joint(s) of the index finger with closed or surgical reduction (one upper limb)	1%

3.3.72 Dislocation of the interphalangeal joint(s) of the little finger with closed or surgical reduction (one upper limb)	1%
3.3.73 Dislocation of the interphalangeal joint(s) of the little finger with closed or surgical reduction (one upper limb)	1%
Pseudo-joint of the upper limb	
3.3.74 Pseudarthrosis of the scapula (one scapula)	2%
3.3.75 Pseudarthrosis of the clavicle (one clavicle)	2%
3.3.76 Pseudarthrosis of the humerus (one upper limb)	4%
3.3.77 Pseudarthrosis of the ulna (one upper limb)	2%
3.3.78 Pseudarthrosis of the radius (one upper limb)	2%
3.3.79 Pseudarthrosis of the scaphoid bone of the wrist (one upper limb)	0.5%
3.3.80 Pseudarthrosis of a metacarpal bone (one bone)	1%
3.3.81 Pseudarthrosis of one or more phalanges of a finger (one finger)	1%
Shortening of the upper limb	
The damages listed in point 3.3.82–3.3.84 are assessed independently of any other bone and joint injuries.	
3.3.82 Bone fracture or joint dislocation resulting in shortening of the upper limb by more than 1 cm but not more than 3 cm	2%
3.3.83 Bone fracture or joint dislocation resulting in shortening of the upper limb by more than 3 cm but not more than 5 cm	4%
3.3.84 Bone fracture or joint dislocation resulting in shortening of the upper limb by more than 5 cm	6%
Loss involving the thumb	
3.3.85 Loss of the entire nail plate with damage to the nail matrix of the thumb (one upper limb)	1%
3.3.86 Loss of part or all of the pulp of the thumb (one upper limb)	1%
3.3.87 Loss of the thumb involving the distal phalanx or the entire distal phalanx (one upper limb)	8%
3.3.88 Loss of the thumb involving the proximal phalanx or both phalanges in their entirety (one upper limb)	16%
3.3.89 Loss of the thumb with partial or total loss of the first metacarpal bone (one upper limb)	18%
Loss involving the index finger	
3.3.90 Loss of the entire nail plate with damage to the nail matrix of the index finger (one upper limb)	1%
3.3.91 Loss of part or all of the pulp of the index finger (one upper limb)	1%
3.3.92 Loss of the index finger involving the distal phalanx or the entire distal phalanx (one upper limb)	6%
3.3.93 Loss of the index finger involving the middle phalanx or two entire phalanges (one upper limb)	12%
3.3.94 Loss of the index finger involving the proximal phalanx or all three phalanges in their entirety (one upper limb)	14%
3.3.95 Loss of the index finger with partial or total loss of the second metacarpal bone (one upper limb)	16%
Loss of the third finger of the hand	
3.3.96 Loss of the entire nail plate with damage to the nail matrix of the index finger (one upper limb)	1%
3.3.97 loss of part or all of the fingertip of the third hand (one upper limb)	1%
3.3.98 Loss of the index finger involving the distal phalanx or the entire distal phalanx (one upper limb)	3%
3.3.99 loss of the third finger of the hand: within the middle phalanx or two entire phalanges (one limb)	5%
3.3.100 loss of the third finger of the hand: within the proximal phalanx or all three phalanges (of one limb)	6%
3.3.100 loss of the third finger of the hand: within the proximal phalanx or all three phalanges (of one limb)	7%
Loss of the fourth finger of the hand	
3.3.102 Loss of the entire nail plate with damage to the nail matrix of the fourth finger (one limb).	1%

3.3.103 Loss of part or all of the fingertip of the fourth finger (one limb)	1%
3.3.104 Loss of the fourth finger: within the distal phalanx or the entire distal phalanx (one limb)	3%
3.3.105 Loss of the fourth finger: within the middle phalanx or two entire phalanges (one limb)	5%
3.3.106 Loss of the fourth finger: within the proximal phalanx or three entire phalanges (one limb)	6%
3.3.107 Loss of the fourth finger: with partial or complete loss of the fourth metacarpal (one limb)	7%
Loss involving the little finger	
3.3.108 Loss of the entire nail plate of the little finger with damage to the nail matrix (one upper limb)	1%
3.3.109 Loss of part or all of the pulp of the little finger (one upper limb)	1%
3.3.110 Loss of the little finger involving the distal phalanx or the entire distal phalanx (one upper limb)	3%
3.3.111 Loss of the little finger involving the middle phalanx or two entire phalanges (one upper limb)	4%
3.3.112 Loss of the little finger involving the proximal phalanx or all three phalanges in their entirety (one upper limb)	5%
3.3.113 Loss of the little finger with partial or total loss of the fifth metacarpal bone (one upper limb)	6%
Loss of the upper limb	
3.3.114 Loss of the upper limb at the wrist, including the metacarpus and all fingers (one upper limb)	55%
3.3.115 Loss of the upper limb through the forearm with preservation of the elbow joint (one upper limb)	60%
3.3.116 Loss of the upper limb at the elbow joint (one upper limb)	65%
3.3.117 Loss of the upper limb through the upper arm with preservation of the shoulder joint (one upper limb)	70%
3.3.118 Loss of the upper limb at the shoulder joint (one upper limb)	75%
3.3.119 Loss of the upper limb with partial or total loss of the scapula (one upper limb)	80%
3.4. Injuries to the bones and joints of the lower limb	
Femoral fractures	
3.4.1 Fracture of the proximal femoral epiphysis without displacement of bone fragments (one lower limb)	6%
3.4.2 Comminuted fracture of the proximal femoral epiphysis or fracture with displacement of bone fragments (one lower limb)	12%
3.4.3 Fracture of the femoral shaft without displacement of bone fragments (one lower limb)	6%
3.4.4 Comminuted fracture of the femoral shaft or fracture with displacement of bone fragments (one lower limb)	12%
3.4.5 Fracture of the distal femoral epiphysis without displacement of bone fragments (one lower limb)	4%
3.4.6 Comminuted fracture of the distal femoral epiphysis or fracture with displacement of bone fragments (one lower limb)	6%
Fractures of the tibia and fibula	
A simultaneous fracture of the medial malleolus and the lateral malleolus shall be assessed only as a bimalleolar fracture under item 3.4.15. A simultaneous fracture of the medial malleolus, the lateral malleolus and the distal tibial epiphysis shall be assessed only as a trimalleolar fracture under item 3.4.16.	
3.4.7 Fracture of the proximal tibial epiphysis without displacement of bone fragments (one lower limb)	4%
3.4.8 Comminuted fracture of the proximal tibial epiphysis or fracture with displacement of bone fragments (one lower limb)	6%
3.4.9 Fracture of the tibial shaft without displacement of bone fragments (one lower limb)	6%
3.4.10 Comminuted fracture of the tibial shaft or fracture with displacement of bone fragments (one lower limb)	12%
3.4.11 Fracture of the distal tibial epiphysis or fracture of the medial malleolus (one lower limb)	4%

3.4.12 Fracture of the proximal fibular epiphysis (one lower limb)	1%
3.4.13 Fracture of the fibular shaft (one lower limb)	2%
3.4.14 Fracture of the distal fibular epiphysis or fracture of the lateral malleolus (one lower limb)	2%
3.4.15 Bimalleolar fracture (one lower limb)	6%
3.4.16 Trimalleolar fracture (one lower limb)	10%
Patellar fractures	
3.4.17 Fracture of the patella without displacement of bone fragments (one lower limb)	3%
3.4.18 Comminuted fracture of the patella or fracture with displacement of bone fragments (one lower limb)	5%
Fractures and loss of the calcaneus	
3.4.21–3.4.22 include loss of bone together with all associated soft tissues.	
3.4.19 Fracture of the calcaneus without displacement of bone fragments (one lower limb)	3%
3.4.20 Comminuted fracture of the calcaneus or fracture with displacement of bone fragments (one lower limb)	6%
3.4.21 Loss of the heel with part of the calcaneus (one lower limb)	15%
3.4.22 Loss of the heel with the entire calcaneus (one lower limb)	20%
Fractures and loss of the talus	
The damages listed in point 3.4.25 includes loss of bone together with all associated soft tissues.	
3.4.23 Fracture of the talus without displacement of bone fragments (one lower limb)	3%
3.4.24 Comminuted fracture of the talus or fracture with displacement of bone fragments (one lower limb)	6%
3.4.25 Loss of the talus (one lower limb)	10%
Tarsal bone fractures	
3.4.26 Fracture of the cuboid bone (one lower limb)	1%
3.4.27 Fracture of the navicular bone of the foot (one lower limb)	1%
3.4.28 Fracture of the lateral cuneiform bone (one lower limb)	1%
3.4.29 Fracture of the medial cuneiform bone (one lower limb)	1%
3.4.30 Fracture of the intermediate cuneiform bone (one lower limb)	1%
Metatarsal fractures	
3.4.31 Fracture of the first metatarsal bone without displacement of bone fragments (one lower limb)	1%
3.4.32 Comminuted fracture of the first metatarsal bone or fracture with displacement of bone fragments (one lower limb)	2%
3.4.33 Fracture of the second metatarsal bone without displacement of bone fragments (one lower limb)	0.5%
3.4.34 Comminuted fracture of the second metatarsal bone or fracture with displacement of bone fragments (one lower limb)	1%
3.4.35 Fracture of the third metatarsal bone without displacement of fragments (one limb)	0.5%
3.4.36 Fracture of the third metatarsal bone: comminuted or with displacement of fragments (one limb)	1%
3.4.37 Fracture of the fourth metatarsal bone without displacement of fragments (one limb)	0.5%
3.4.38 Fracture of the fourth metatarsal bone: comminuted or with displacement of fragments (one limb)	1%
3.4.39 Fracture of the fifth metatarsal bone without displacement of bone fragments (one lower limb)	0.5%
3.4.40 Comminuted fracture of the fifth metatarsal bone or fracture with displacement of bone fragments (one lower limb)	1%
Toe fractures	
3.4.41 Fracture of one or more phalanges of the great toe (one lower limb)	2%
3.4.42 Fracture of one or more phalanges of the second toe (one lower limb)	1%
3.4.43 Fracture of a phalanx or phalanges – third toe (one limb)	1%
3.4.44 Fracture of a phalanx or phalanges – fourth toe (one limb)	1%

3.4.45 Fracture of one or more phalanges of the fifth toe (one lower limb)	1%
3.4.46 Fracture of a sesamoid bone of a toe (one toe)	0.5%
Hip joint injuries The percentages of permanent health impairment for injuries specified in items 3.4.47–3.4.49 affecting the same lower limb shall be aggregated. For all such injuries, irrespective of the number of accidents occurring during the term of the insurance contract, we shall pay benefits up to a maximum of 16% permanent health impairment.	
3.4.47 Hip joint dislocation with closed reduction (one lower limb)	4%
3.4.48 Hip joint dislocation with surgical reduction (one lower limb)	8%
3.4.49 Chronic unreduced hip joint dislocation (one lower limb)	12%
Knee joint injuries The percentages of permanent health impairment for injuries specified in items 3.4.50–3.4.61 affecting the same lower limb shall be aggregated. For all such injuries, irrespective of the number of accidents occurring during the term of the insurance contract, we shall pay benefits up to a maximum of 12% permanent health impairment.	
3.4.50 Knee joint injury with hemarthrosis without injury to the ligaments or menisci (one lower limb)	1%
3.4.51 Medial meniscus (MM) injury of the knee joint (one lower limb)	2%
3.4.52 Lateral meniscus (LM) injury of the knee joint (one lower limb)	2%
3.4.53 Sprain or tear of the anterior cruciate ligament (ACL) of the knee joint (one lower limb)	4%
3.4.54 Sprain or tear of the posterior cruciate ligament (PCL) of the knee joint (one lower limb)	2%
3.4.55 Sprain or tear of the medial collateral ligament (MCL) of the knee joint (one lower limb)	2%
3.4.56 Sprain or tear of the lateral collateral ligament (LCL) of the knee joint (one lower limb)	2%
3.4.57 Patellar dislocation with closed reduction (one lower limb)	2%
3.4.58 Patellar dislocation with surgical reduction (one lower limb)	4%
3.4.59 Sprain or tear of the patellar ligament (one lower limb)	3%
3.4.60 Sprain or tear of the medial patellar retinaculum (one lower limb)	1%
3.4.61 Sprain or tear of the lateral patellar retinaculum (one lower limb)	1%
Ankle joint injuries The percentages of permanent health impairment for injuries specified in items 3.4.62–3.4.66 affecting the same lower limb shall be aggregated. For all such injuries, irrespective of the number of accidents occurring during the term of the insurance contract, we shall pay benefits up to a maximum of 8% permanent health impairment.	
3.4.62 Sprain or tear of the distal tibiofibular syndesmosis (one lower limb)	1%
3.4.63 Sprain or tear of the anterior talofibular ligament (ATFL) of the ankle joint (one lower limb)	2%
3.4.64 Sprain or tear of the posterior talofibular ligament (PTFL) of the ankle joint (one lower limb)	2%
3.4.65 Sprain or tear of the calcaneofibular ligament (CFL) of the ankle joint (one lower limb)	2%
3.4.66 Sprain or tear of the deltoid ligament of the ankle joint (one lower limb)	2%
Metatarsophalangeal and interphalangeal joint injuries of the great toe	
3.4.67 Dislocation of the metatarsophalangeal joint of the great toe with closed or surgical reduction (one lower limb)	1%
3.4.68 Dislocation of the interphalangeal joint of the great toe with closed or surgical reduction (one lower limb)	1%

Pseudarthrosis of the lower limb	
3.4.69 Pseudarthrosis of the femur (one lower limb)	6%
3.4.70 Pseudarthrosis of the tibia (one lower limb)	6%
3.4.71 Pseudarthrosis of the fibula (one lower limb)	2%
3.4.72 Pseudarthrosis of the patella (one lower limb)	3%
3.4.73 Pseudarthrosis of the talus (one lower limb)	3%
3.4.74 Pseudarthrosis of the calcaneus (one lower limb)	3%
3.4.75 Pseudarthrosis of a metatarsal bone (one bone)	1%
3.4.76 Pseudarthrosis of one or more phalanges of a toe (one toe)	1%
Shortening of the lower limb	
The injuries listed in 3.4.77–3.4.79 are assessed independently of other bone and joint injuries.	
3.4.77: Bone fracture or joint dislocation resulting in shortening of the lower limb by more than 1 cm but not more than 3 cm	2%
3.4.78 bone fracture or joint dislocation – with shortening of the lower limb from 3 cm to 5 cm	4%
3.4.79 Bone fracture or joint dislocation resulting in shortening of the lower limb by more than 5 cm	8%
Loss involving the great toe	
3.4.80 Loss of the entire nail plate with damage to the nail matrix of the great toe (one lower limb)	1%
3.4.81 Loss of part or all of the pulp of the great toe (one lower limb)	1%
3.4.82 Loss of the great toe involving the distal phalanx or the entire distal phalanx (one lower limb)	5%
3.4.83 Loss of the great toe involving the proximal phalanx or both phalanges in their entirety (one lower limb)	7%
3.4.84 Loss of the great toe with partial or total loss of the first metatarsal bone (one lower limb)	10%
Loss involving the second toe	
3.4.85 Loss of the entire nail plate with damage to the nail matrix of the second toe (one lower limb)	0.5%
3.4.86 Loss of part or all of the pulp of the second toe (one lower limb)	0.5%
3.4.87 Loss of the second toe involving the distal phalanx or the entire distal phalanx (one lower limb)	1%
3.4.88 Loss of the second toe involving the middle phalanx or two entire phalanges (one lower limb)	1.5%
3.4.89 Loss of the second toe involving the proximal phalanx or all three phalanges in their entirety (one lower limb)	2%
3.4.90 Loss of the second toe with partial or total loss of the second metatarsal bone (one lower limb)	3%
Loss of the third toe	
3.4.91 Loss of the entire nail plate with damage to the nail matrix of the third toe (one limb)	0.5%
3.4.92 Loss of part or all of the pad of the third toe (one limb)	0.5%
3.4.93 Loss of the third toe: within the distal phalanx or the entire distal phalanx (one limb)	1%
3.4.94 Loss of the third toe: within the middle phalanx or two entire phalanges (one limb)	1.5%
3.4.95 Loss of the third toe: within the proximal phalanx or three entire phalanges (one limb)	2%
3.4.96 Loss of the third toe: with partial or complete loss of the third metatarsal (one limb)	3%
Loss of the fourth toe	
3.4.97 Loss of the entire nail plate with damage to the nail matrix of the fourth toe (one limb)	0.5%

3.4.98 Loss of part or all of the pad of the fourth toe (one limb) limb)	0.5%
3.4.99 Loss of the fourth toe: within the distal phalanx or the entire distal phalanx (one limb)	1%
3.4.100 Loss of the fourth toe: within the middle phalanx or two entire phalanges (one limb)	1.5%
3.4.101 Loss of the fourth toe: within the proximal phalanx or three entire phalanges (one limb)	2%
3.4.102 Loss of the fourth toe: with partial or complete loss of the fourth metatarsal (one limb)	3%
Loss involving the fifth toe	
3.4.103 Loss of the entire nail plate with damage to the nail matrix of the fifth toe (one lower limb)	0.5%
3.4.104 Loss of part or all of the pulp of the fifth toe (one lower limb)	0.5%
3.4.105 Loss of the fifth toe involving the distal phalanx or the entire distal phalanx (one lower limb)	1%
3.4.106 Loss of the fifth toe involving the middle phalanx or two entire phalanges (one lower limb)	1.5%
3.4.107 Loss of the fifth toe involving the proximal phalanx or all three phalanges in their entirety (one lower limb)	2%
3.4.108 Loss of the fifth toe with partial or total loss of the fifth metatarsal bone (one lower limb)	8%
Loss of the lower limb	
3.4.109 Loss of the lower limb at the tarsometatarsal joints with all toes (one lower limb)	30%
3.4.110 Loss of the lower limb through the tarsal bones (one lower limb)	40%
3.4.111 Loss of the lower limb at the ankle joint (one lower limb)	50%
3.4.112 Loss of the lower limb through the lower leg with preservation of the knee joint (one lower limb)	60%
3.4.113 Loss of the lower limb at the knee joint (one lower limb)	65%
3.4.114 Loss of the lower limb through the thigh with preservation of the hip joint (one lower limb)	70%
3.4.115 Loss of the lower limb at the hip joint (one lower limb)	80%

4. Injuries to the nervous system

The percentages of permanent health impairment for injuries specified in items 4.1–4.112. The percentages for items 4.1–4.112 are cumulative. The maximum benefit payable for all these injuries, regardless of the number of accidents during the policy period, is 100% permanent impairment.

	Percentage of permanent health impairment
Brain injuries without permanent neurological deficits	
The damages listed in point 4.1–4.2 are assessed no earlier than 6 months after the accident.	
4.1 Diffuse axonal brain injury without permanent neurological deficits	5%
4.2 Brain contusion, intracerebral hematoma, or intracranial hemorrhage without permanent neurological deficits	5%
Brain, spinal cord and nerve root injuries with paresis or paralysis of the upper limbs	
The damages listed in point 4.3–4.6 are assessed no earlier than 6 months after the accident.	
4.3 Paresis of an upper limb affecting only fine hand movements or muscle strength grade IV on the Lovett scale (one upper limb)	10%
4.4 Paresis of an upper limb not preventing movement against gravity or muscle strength grade III on the Lovett scale (one upper limb)	20%
4.5 Paresis of an upper limb preventing movement against gravity or muscle strength grade II on the Lovett scale (one upper limb)	40%
4.6 Paralysis of an upper limb, muscle strength grade 0 or I on the Lovett scale (one upper limb)	50%
Brain, spinal cord and nerve root injuries with paresis or paralysis of the lower limbs	
The damages listed in point 4.7–4.10 are assessed no earlier than 6 months after the accident.	
4.7 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%
4.8 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%
4.9 Paresis of a lower limb preventing walking and weight-bearing, or muscle strength grade II on the Lovett scale (one lower limb)	30%
4.10 Paralysis of a lower limb, muscle strength grade 0 or I on the Lovett scale (one upper limb)	50%
Brain injuries with speech disorders	
The damages listed in point 4.11–4.15 are assessed no earlier than 6 months after the accident.	
4.11 Mild aphasia with loss of speech fluency and preserved speech comprehension	10%
4.12 Mild aphasia with reduced speech output or slight impairment of speech comprehension	15%
4.13 Moderate aphasia with loss of the ability to express or understand complex commands	25%
4.14 Severe aphasia with loss of the ability to express or understand simple commands	50%
4.15 Global aphasia with complete loss of the ability to speak or complete loss of speech comprehension	100%
Brain injuries with extrapyramidal syndrome	
The damages listed in point 4.16–4.18 are assessed no earlier than 6 months after the accident.	
4.16 Extrapyramidal syndrome with the ability to walk independently	15%
4.17 Extrapyramidal syndrome with the ability to walk only with orthopaedic aids	30%
4.18 Extrapyramidal syndrome with complete loss of the ability to walk independently	70%
Brain injuries with cerebellar syndrome	
The damages listed in point 4.19–4.21 are assessed no earlier than 6 months after the accident.	
4.19 Cerebellar syndrome with the ability to walk independently	15%

4.20 Cerebellar syndrome with the ability to walk only with orthopaedic aids	30%
4.21 Cerebellar syndrome with complete loss of the ability to walk independently	70%
Brain injuries with epilepsy	
The damages listed in point 4.22–4.23 are assessed no earlier than 6 months after the accident.	
4.22 Epilepsy with seizures without loss of consciousness	10%
4.23 Epilepsy with seizures involving loss of consciousness	15%
Brain injuries with speech disorders	
The damages listed in point 4.24–4.28 are assessed no earlier than 6 months after the accident.	
4.24 Organic mood disorder or cognitive disorder impairing the ability to fulfill social roles without affecting independent functioning	15%
4.25 Organic emotional lability or dementia preventing the fulfillment of social roles without affecting independent functioning	30%
4.26 Organic delusional disorder, organic amnesic syndrome, or dementia impairing independent functioning	60%
4.27 Organic delusional disorder, organic amnesic syndrome, or dementia preventing independent functioning	80%
4.28 Coma or vegetative state	100%
Other consequences of brain, spinal cord and meningeal injuries	
The damages listed in point 4.32–4.33 are assessed no earlier than 6 months after the accident.	
4.29 Meningeal injury with cerebrospinal fluid leakage through the nose or ear	5%
4.30 Hydrocephalus treated conservatively	10%
4.31 Hydrocephalus treated surgically	15%
4.32 Diabetes insipidus	10%
4.33 Brain or spinal cord injury with urinary or fecal incontinence	30%
Cranial nerve injuries	
The damages listed in point 4.34–4.48 are assessed no earlier than 6 months after the accident.	
4.34 Injury to the olfactory nerves with partial or complete loss of smell	3%
4.35 Unilateral trigeminal nerve injury with sensory impairment or neuralgia	3%
4.36 Unilateral trigeminal nerve injury with impaired chewing function	5%
4.37 Unilateral facial nerve injury with partial or complete impairment of forehead wrinkling	2%
4.38 Unilateral facial nerve injury with inability to fully close the eyelid	5%
4.39 Unilateral facial nerve injury with partial drooping of the corner of the mouth	5%
4.40 Unilateral facial nerve injury with complete drooping of the corner of the mouth	10%
4.41 Unilateral facial nerve or glossopharyngeal nerve injury with partial or complete loss of taste	3%
4.42 Unilateral glossopharyngeal nerve injury with neuralgia	2%
4.43 Unilateral glossopharyngeal or vagus nerve injury with speech impairment	10%
4.44 Unilateral glossopharyngeal or vagus nerve injury with swallowing impairment	10%
4.45 Unilateral accessory nerve injury with paresis of the sternocleidomastoid or trapezius muscle	3%
4.46 Unilateral accessory nerve injury with paralysis of the sternocleidomastoid or trapezius muscle	6%
4.47 Unilateral hypoglossal nerve injury with hemiparesis of the tongue	5%
4.48 Unilateral hypoglossal nerve injury with hemiparalysis of the tongue	15%

Spinal nerve root injuries

The damages listed in point 4.49–4.54 are assessed no earlier than 6 months after the accident.

4.49 Cervical spinal nerve root injury with painful radicular syndrome (unilateral)	2%
4.50 Cervical spinal nerve root injury with sensory radicular syndrome or diminished reflexes (unilateral)	4%
4.51 Thoracic spinal nerve root injury with painful radicular syndrome (unilateral)	1%
4.52 Thoracic spinal nerve root injury with sensory radicular syndrome or diminished reflexes (unilateral)	2%
4.53 Lumbosacral spinal nerve root injury with painful radicular syndrome (unilateral)	2%
4.54 Lumbosacral spinal nerve root injury with sensory radicular syndrome or diminished reflexes (unilateral)	4%

Cervical plexus nerve injuries

The damages listed in point 4.55–4.61 are assessed no earlier than 6 months after the accident.

4.55 Partial or complete injury of the great auricular nerve (one nerve)	2%
4.56 Partial or complete injury of the greater occipital nerve (one nerve)	2%
4.57 Partial or complete injury of the lesser occipital nerve (one nerve)	2%
4.58 Partial or complete injury of the transverse cervical nerve (one nerve)	2%
4.59 Partial or complete injury of the supraclavicular nerve (one nerve)	2%
4.60 Partial or complete injury of the phrenic nerve (one nerve)	5%
4.61 Partial or complete injury of another cervical plexus nerve (one nerve)	1%

Brachial plexus nerve injuries

The damages listed in point 4.62–4.92 are assessed no earlier than 6 months after the accident.

4.62 Partial or complete injury of the dorsal scapular nerve (one nerve)	5%
4.63 Partial or complete injury of the suprascapular nerve (one nerve)	5%
4.64 Partial or complete injury of the subclavian nerve (one nerve)	2%
4.65 Partial or complete injury of the long thoracic nerve (one nerve)	5%
4.66 Partial or complete injury of the lateral pectoral nerve (one nerve)	3%
4.67 Partial or complete injury of the medial pectoral nerve (one nerve)	3%
4.68 Partial or complete injury of the subscapular nerve (one nerve)	5%
4.69 Partial or complete injury of the thoracodorsal nerve (one nerve)	3%
4.70 Partial or complete injury of the axillary nerve (one nerve)	5%
4.71 Partial or complete injury of the medial cutaneous nerve of the arm (one nerve)	2%
4.72 Partial or complete injury of the medial cutaneous nerve of the forearm (one nerve)	2%
4.73 Partial or complete injury of the musculocutaneous nerve (one nerve)	3%
4.74 Partial injury of the ulnar nerve at the shoulder or upper arm (one nerve)	5%
4.75 Complete injury of the ulnar nerve at the shoulder or upper arm (one nerve)	10%
4.76 Partial injury of the ulnar nerve at the elbow or forearm (one nerve)	4%
4.77 Complete injury of the ulnar nerve at the elbow or forearm (one nerve)	8%
4.78 Partial injury of the ulnar nerve at the wrist (one nerve)	3%
4.79 Complete injury of the ulnar nerve at the wrist (one nerve)	6%

4.80 Partial injury of the median nerve at the shoulder or upper arm (one nerve)	5%
4.81 Complete injury of the median nerve at the shoulder or upper arm (one nerve)	10%
4.82 Partial injury of the median nerve at the elbow or forearm (one nerve)	4%
4.83 Complete injury of the median nerve at the elbow or forearm (one nerve)	8%
4.84 Partial injury of the median nerve at the wrist (one nerve)	3%
4.85 Complete injury of the median nerve at the wrist (one nerve)	6%
4.86 Partial injury of the radial nerve at the shoulder or upper arm (one nerve)	5%
4.87 Complete injury of the radial nerve at the shoulder or upper arm (one nerve)	10%
4.88 Partial injury of the radial nerve at the elbow or forearm (one nerve)	4%
4.89 Complete injury of the radial nerve at the elbow or forearm (one nerve)	8%
4.90 Partial injury of the radial nerve at the wrist (one nerve)	3%
4.91 Complete injury of the radial nerve at the wrist (one nerve)	6%
4.92 Partial or complete injury of another brachial plexus nerve (one nerve)	1%
Injuries to the nerves of the lumbosacral plexus The damages listed in point 4.93–4.112 are assessed no earlier than 6 months after the accident.	
4.93 Partial or complete injury of the iliohypogastric nerve (one nerve)	4%
4.94 Partial or complete injury of the ilioinguinal nerve (one nerve)	4%
4.95 Partial or complete injury of the lateral femoral cutaneous nerve (one nerve)	4%
4.96 Partial or complete injury of the posterior femoral cutaneous nerve (one nerve)	4%
4.97 Partial or complete injury of the coccygeal nerve (one nerve)	4%
4.98 Partial or complete injury of the superior gluteal nerve (one nerve)	5%
4.99 Partial or complete injury of the inferior gluteal nerve (one nerve)	5%
4.100 Partial or complete injury of the obturator nerve (one nerve)	5%
4.101 Partial or complete injury of the genitofemoral nerve (one nerve)	5%
4.102 Partial or complete injury of the pudendal nerve (one nerve)	5%
4.103 Partial injury of the sciatic nerve (one nerve)	15%
4.104 Complete injury of the sciatic nerve (one nerve)	30%
4.105 Partial injury of the common peroneal nerve (one nerve)	6%
4.106 Complete injury of the common peroneal nerve (one nerve)	12%
4.107 Partial injury of the tibial nerve (one nerve)	6%
4.108 Complete injury of the tibial nerve (one nerve)	12%
4.109 Partial injury of the femoral nerve (one nerve)	6%
4.110 Complete injury of the femoral nerve (one nerve)	12%
4.111 Partial or complete injury of the saphenous nerve (one nerve)	5%
4.112 Partial or complete injury of another nerve of the lumbosacral plexus (one nerve)	1%

5. Eye injuries

The percentages of permanent health impairment for injuries specified in items 5.1–5.37. For all injuries to one eye, regardless of the number of accidents during the insurance period, the maximum benefit payable is 38% permanent health impairment. For all injuries to both eyes, regardless of the number of accidents during the insurance period, the maximum benefit payable is 100% permanent health impairment.

	Percentage of permanent health impairment
Loss of visual acuity	
The damages listed in point 5.1–5.11 are assessed no earlier than 6 months after the accident. Visual acuity is assessed for distance vision after optical correction.	
5.1 Reduction of visual acuity by 0.1 diopters (one eye)	2.5%
5.2 Reduction of visual acuity by 0.2 diopters (one eye)	5%
5.3 Reduction of visual acuity by 0.3 diopters (one eye)	7.5%
5.4 Reduction of visual acuity by 0.4 diopters (one eye)	10%
5.5 Reduction of visual acuity by 0.5 diopters (one eye)	12.5%
5.6 Reduction of visual acuity by 0.6 diopters (one eye)	15%
5.7 Reduction of visual acuity by 0.7 diopters (one eye)	20%
5.8 Reduction of visual acuity by 0.8 diopters (one eye)	25%
5.9 Reduction of visual acuity by 0.9 diopters (one eye)	30%
5.10 Complete loss of visual acuity in one eye	35%
5.11 Complete loss of visual acuity in both eyes	100%
Loss of visual field	
The damages listed in point 5.12–5.23 are assessed no earlier than 6 months after the accident.	
5.12 Concentric visual field constriction to 50° (one eye)	5%
5.13 Concentric visual field constriction to 40° (one eye)	10%
5.14 Concentric visual field constriction to 30° (one eye)	15%
5.15 Concentric visual field constriction to 20° (one eye)	20%
5.16 Concentric visual field constriction to 10° (one eye)	25%
5.17 Concentric visual field constriction to less than 10° (one eye)	35%
5.18 Unilateral quadrantic visual field defect (one eye)	5%
5.19 Unilateral hemianopia visual field defect (one eye)	10%
5.20 Homonymous hemianopia (both eyes)	25%
5.21 Binasal hemianopia (both eyes)	30%
5.22 Inferior hemianopia (both eyes)	40%
5.23 Bitemporal hemianopia (both eyes)	60%
Corneal injuries	
The percentages of permanent health impairment for injuries specified in items 5.24. For all injuries to one eye, regardless of the number of accidents during the insurance period, the maximum benefit payable is 2% permanent health impairment.	
5.24 Traumatic wound or burn of the cornea resulting in a scar (one eye)	0.5%
Retinal injuries	
The percentages of permanent health impairment for injuries specified in items 5.25. For all injuries to one eye, regardless of the number of accidents during the insurance period, the maximum benefit payable is 6% permanent health impairment.	
5.25 Retinal tear or retinal detachment (one eye)	2%

Vitreous body injuries

The percentages of permanent health impairment for injuries specified in items 5.26. For all injuries to one eye, regardless of the number of accidents during the insurance period, the maximum benefit payable is 3% permanent health impairment. The damages listed in point 5.26 are assessed no earlier than 6 months after the accident.

5.26 Vitreous body injury with persistent vitreous floaters (one eye)	1%
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Loss of the lens

5.27 Loss of the lens (one eye)	10%
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Injuries to the iridocorneal angle

The damages listed in point 5.28 are assessed no earlier than 6 months after the accident.

5.28 Injury to the iridocorneal angle with glaucoma (one eye)	2%
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Injuries to the lacrimal drainage system

The damages listed in point 5.29 are assessed no earlier than 6 months after the accident.

5.29 Impaired patency of the lacrimal drainage system with excessive tearing (one eye)	7%
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Injuries to the extraocular muscles or ocular motor nerves

The damages listed in point 5.30–5.35 are assessed no earlier than 6 months after the accident. Ocular motor nerves include the oculomotor, trochlear, and abducens nerves.

5.30 Injury to the extraocular muscles or ocular motor nerves of one or both eyes resulting in double vision when looking straight ahead	15%
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5.31 Injury to the extraocular muscles or ocular motor nerves of one or both eyes resulting in double vision when looking downward	10%
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5.32 Injury to the extraocular muscles or ocular motor nerves of one or both eyes resulting in double vision when looking left or right	5%
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5.33 Injury to the extraocular muscles or ocular motor nerves of one or both eyes resulting in double vision when looking upward	2%
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5.34 Injury to the levator palpebrae muscle resulting in eyelid ptosis (one eye)	5%
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5.35 Injury to the pupillary sphincter muscle or the oculomotor nerve resulting in impaired pupillary reflex (one eye)	5%
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Other eyeball injuries

5.36 Pulsating exophthalmos (one eye)	30%
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5.37 Loss of the eyeball (one eye)	38%
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6. Hearing organ injuries

The percentages of permanent health impairment for injuries specified in items 6.1–6.8. For all injuries to one ear, regardless of the number of accidents during the insurance period, the maximum benefit payable is 35% permanent health impairment. For all injuries to both ears, regardless of the number of accidents during the insurance period, the maximum benefit payable is 70% permanent health impairment.

	Percentage of permanent health impairment
Hearing loss	
The damages listed in point 6.1–6.3 are assessed no earlier than 6 months after the accident.	
Hearing loss is calculated using an audiogram as the arithmetic mean of hearing thresholds at 500, 1000, and 2000 Hz.	
6.1 Hearing loss exceeding 25 dB up to 40 dB (one ear)	10%
6.2 Hearing loss exceeding 40 dB up to 70 dB (one ear)	15%
6.3 Hearing loss exceeding 70 dB (one ear)	25%
Tinnitus	
The damages listed in point 6.4 are assessed no earlier than 6 months after the accident.	
6.4 Injury to one or both ears with tinnitus	2%
Inner ear injuries	
The damages listed in point 6.5 are assessed no earlier than 6 months after the accident.	
6.5 Injury to the inner ear of one or both ears resulting in vertigo or balance disorders	5%
Middle ear injuries	
6.6 Perforation of the tympanic membrane (one ear)	2%
6.7 Disruption, dislocation, or fracture of the auditory ossicles (one ear)	5%
6.8 Chronic otitis media with cholesteatoma (one ear)	5%
External ear injuries	
6.9 Traumatic wound or burn of the external auditory canal resulting in a scar (one ear)	1%
6.10 Loss of up to 5% of the auricle (one ear)	1%
6.11 Loss of more than 5% up to 25% of the auricle (one ear)	5%
6.12 Loss of more than 25% up to 50% of the auricle (one ear)	10%
6.13 Loss of more than 50% of the auricle (one ear)	15%

7. Circulatory system and spleen injuries	
	Percentage of permanent health impairment
Heart injuries	
The damages listed in point 7.1–7.3 are assessed no earlier than 6 months after the accident.	
7.1 Injury to the anterior wall of the left ventricle or the interventricular septum resulting in impaired contractility	15%
7.2 Injury to the inferior wall of the left ventricle resulting in impaired contractility	10%
7.3 Injury to another part of the myocardium resulting in impaired contractility	5%
7.4 Surgically treated injury of the aortic valve	7%
7.5 Surgically treated injury of the mitral valve	7%
7.6 Surgically treated injury of the tricuspid valve	7%
7.7 Surgically treated injury of the pulmonary valve	7%
7.8 Surgically treated injury of the pericardium	7%
Arterial injuries	
7.9 Aortic dissection or aneurysm treated conservatively or surgically	15%
7.10 Other surgically treated injury of the aorta	10%
7.11 Surgically treated injury of the pulmonary artery	10%
7.12 Surgically treated injury of the brachiocephalic trunk	8%
7.13 Common carotid artery dissection or aneurysm treated conservatively or surgically (one artery)	6%
7.14 Other surgically treated injury of the common carotid artery (one artery)	4%
7.15 Internal carotid artery dissection or aneurysm treated conservatively or surgically (one artery)	6%
7.16 Other surgically treated injury of the internal carotid artery (one artery)	4%
7.17 External carotid artery dissection or aneurysm treated conservatively or surgically (one artery)	5%
7.18 Other surgically treated injury of the external carotid artery (one artery)	3%
7.19 Surgically treated injury of the subclavian artery (one artery)	5%
7.20 Surgically treated injury of the vertebral artery (one artery)	4%
7.21 Surgically treated injury of the axillary artery (one artery)	4%
7.22 Surgically treated injury of the brachial artery (one artery)	4%
7.23 Surgically treated injury of the radial artery (one artery)	3%
7.24 Surgically treated injury of the ulnar artery (one artery)	3%
7.25 Surgically treated injury of the common iliac artery (one artery)	6%
7.26 Surgically treated injury of the internal iliac artery (one artery)	5%
7.27 Surgically treated injury of the external iliac artery (one artery)	5%
7.28 Surgically treated injury of the femoral artery (one artery)	4%
7.29 Surgically treated injury of the popliteal artery (one artery)	3%
7.30 Surgically treated injury of the anterior tibial artery (one artery)	2%
7.31 Surgically treated injury of the posterior tibial artery (one artery)	2%
7.32 Surgically treated injury of the celiac trunk, superior mesenteric artery, or inferior mesenteric artery	6%

Venous injuries	
7.33 Surgically treated injury of the superior vena cava	10%
7.34 Surgically treated injury of the inferior vena cava	10%
7.35 Surgically treated injury of the brachiocephalic vein (one vein)	5%
7.36 Surgically treated injury of the common jugular vein (one vein)	5%
7.37 Surgically treated injury of the internal jugular vein (one vein)	5%
7.38 Surgically treated injury of the external jugular vein (one vein)	5%
7.39 Surgically treated injury of the subclavian vein (one vein)	5%
7.40 Surgically treated injury of the vertebral vein (one vein)	3%
7.41 Surgically treated injury of the axillary vein (one vein)	3%
7.42 Surgically treated injury of the brachial vein (one vein)	3%
7.43 Surgically treated injury of the radial vein (one vein)	2%
7.44 Surgically treated injury of the ulnar vein (one vein)	2%
7.45 Surgically treated injury of the common iliac vein (one vein)	6%
7.46 Surgically treated injury of the great saphenous vein (one vein)	3%
7.47 Surgically treated injury of the small saphenous vein (one vein)	3%
7.48 Surgically treated injury of the portal vein	6%
Spleen injuries	
7.49 Splenic rupture or splenic hematoma treated conservatively without splenectomy	2%
7.50 Splenic rupture or splenic hematoma treated surgically without splenectomy	5%
7.51 Loss of up to 50% of the spleen	10%
7.52 Loss of more than 50% of the spleen	15%

8. Respiratory system injuries	
	Percentage of permanent health impairment
Pharyngeal injuries	
The damages listed in point 8.1–8.3 include the pharyngeal cavity posterior to the palatopharyngeal arch.	
8.1 Traumatic wound of the pharyngeal mucosa resulting in a scar (one or more wounds)	1%
8.2 Burn or frostbite of the pharyngeal mucosa resulting in a scar	1%
8.3 Perforation of the pharyngeal wall	4%
8.4 Surgically treated injury of one or more tonsils without tonsil loss	1%
8.5 Loss of one tonsil	2%
Laryngeal and tracheal injuries	
The damages listed in point 8.6–8.7 are assessed no earlier than 6 months after the accident.	
8.6 Injury of a vocal fold resulting in paresis (one vocal fold)	2%
8.7 Injury of a vocal fold resulting in paralysis (one vocal fold)	5%
8.8 Dislocation or fracture of one or more laryngeal cartilages treated conservatively	5%
8.9 Dislocation or fracture of one or more laryngeal cartilages treated surgically	10%
8.10 Perforation of the trachea	5%
8.11 Temporary tracheostomy	2%
8.12 Permanent tracheostomy	5%
8.13 Laryngeal or tracheal stenosis requiring dilation without reconstructive surgery	10%
8.14 Laryngeal or tracheal stenosis requiring reconstructive surgery	15%
Lung injuries	
The damages listed in point 8.17–8.20 are assessed no earlier than 6 months after the accident, except for surgical removal of the lung, which is assessed immediately.	
8.15 Surgically treated pulmonary laceration or intrapulmonary hematoma (one lung)	6%
8.16 Toxic pulmonary fibrosis	10%
8.17 Loss of up to 5% of functional lung parenchyma (one lung)	5%
8.18 Loss of more than 5% up to 25% of functional lung parenchyma (one lung)	10%
8.19 Loss of more than 25% up to 50% of functional lung parenchyma (one lung)	20%
8.20 Loss of more than 50% of functional lung parenchyma (one lung)	40%
Pleural injuries	
8.21 Pneumothorax or hemothorax treated conservatively (one lung)	1%
8.22 Pneumothorax or hemothorax treated with chest drainage (one lung)	2%

9. Digestive system injuries	
	Percentage of permanent health impairment
Lip injuries	
9.1 Traumatic wound of the lip resulting in a scar without loss of lip tissue (one lip)	1%
9.2 Burn or frostbite of the lip resulting in a scar (one lip)	1%
9.3 Rupture of the labial frenulum (one lip)	1%
9.4 Loss of up to 5% of the lip (one lip)	2%
9.5 Loss of more than 5% up to 25% of the lip (one lip)	5%
9.6 Loss of more than 25% of the lip (one lip)	10%
Oral cavity injuries	
The damages listed in point 9.7–9.8 include the mucosa of the oral vestibule, floor of the mouth, gums, cheeks, soft palate, and hard palate.	
9.7 Traumatic wound of the oral mucosa resulting in a scar (one or more wounds)	1%
9.8 Burn or frostbite of the oral mucosa resulting in a scar	1%
9.9 Loss of up to 5% of the soft palate	1%
9.10 Loss of more than 5% up to 25% of the soft palate	2%
9.11 Loss of more than 25% of the soft palate	5%
9.12 Surgically treated injury of one or more salivary glands	3%
Tongue injuries	
9.13 Traumatic wound of the tongue resulting in a scar without loss of tongue tissue (one or more wounds)	1%
9.14 Burn or frostbite of the tongue resulting in a scar	1%
9.15 Rupture of the lingual frenulum	1%
9.16 Loss of up to 5% of the tongue	2%
9.17 Loss of more than 5% up to 25% of the tongue	10%
9.18 Loss of more than 25% up to 50% of the tongue	15%
9.19 Loss of more than 50% of the tongue	25%
Permanent tooth injuries	
The percentages of permanent health impairment for injuries specified in items 9.20–9.24. The percentages for items 4.1–4.112 are cumulative. The maximum benefit payable for all these injuries, regardless of the number of accidents during the policy period, is 20% permanent impairment.	
9.20 Fracture of the root or roots of a permanent tooth (one tooth)	0.5%
9.21 Fracture of the crown of a permanent tooth involving enamel and dentine without pulp exposure (one tooth)	0.5%
9.22 Fracture of the crown of a permanent tooth involving enamel and dentine with pulp exposure (one tooth)	1%
9.23 Complete loss of the crown of a permanent tooth with preservation of the root or roots (one tooth)	1.5%
9.24 Complete loss of the crown of a permanent tooth with loss of the root or roots (one tooth)	2%
Gastrointestinal tract injuries	
The damages listed in point 9.39 are assessed no earlier than 6 months after the accident.	
9.25 Oesophageal perforation	5%
9.26 Oesophageal stricture requiring dilatation without oesophageal reconstruction	10%
9.27 Oesophageal stricture requiring oesophageal reconstruction	15%
9.28 Surgically treated injury of the stomach, intestine, mesentery, or omentum without loss of the organ	5%
9.29 Partial or complete loss of the omentum	3%

9.30 Loss of up to 50% of the stomach	10%
9.31 Loss of more than 50% of the stomach	15%
9.32 Loss of up to 25% of the small intestine	10%
9.33 Loss of more than 25% up to 50% of the small intestine	15%
9.34 Loss of more than 50% of the small intestine	25%
9.35 Loss of up to 25% of the large intestine	10%
9.36 Loss of more than 25% up to 50% of the large intestine	15%
9.37 Loss of more than 50% of the large intestine	25%
9.38 Surgically treated injury of the anal sphincter	5%
9.39 Injury of the anal sphincter with faecal incontinence	10%
Gastrointestinal stoma	
The percentages of permanent health impairment for injuries specified in items 9.40–9.45. The percentages for items 4.1–4.112 are cumulative. The maximum benefit payable for all these injuries, regardless of the number of accidents during the policy period, is 10% permanent impairment.	
9.40 Temporary surgically created stoma within the stomach	2%
9.41 Temporary surgically created stoma within the small intestine	2%
9.42 Temporary surgically created stoma within the large intestine	2%
9.43 Permanent surgically created stoma within the stomach	5%
9.44 Permanent surgically created stoma within the small intestine	5%
9.45 Permanent surgically created stoma within the large intestine	5%
Liver and bile duct injuries	
9.46 Liver rupture or hepatic haematoma treated conservatively without loss of the liver	2%
9.47 Liver rupture or hepatic haematoma treated surgically without loss of the liver	5%
9.48 Loss of up to 50% of the liver	15%
9.49 Loss of more than 50% of the liver	30%
9.50 Surgically treated disruption of the extrahepatic bile ducts	5%
9.51 Extrahepatic bile duct stricture requiring dilatation without bile duct reconstruction	10%
9.52 Extrahepatic bile duct stricture requiring bile duct reconstruction	20%
Pancreatic injuries	
9.53 Surgically treated injury of the pancreas without loss of the pancreas	5%
9.54 Loss of part of the pancreas involving the tail of the pancreas	15%
9.55 Loss of part of the pancreas involving the head of the pancreas	20%
9.56 Loss of the entire pancreas	35%

10. Urinary system injuries	
	Percentage of permanent health impairment
Kidney injuries	
10.1 Renal rupture or renal haematoma treated conservatively (one kidney)	2%
10.2 Surgically treated injury of the kidney or renal vascular pedicle without loss of the kidney (one kidney)	5%
10.3 Loss of up to 50% of the kidney (one kidney)	20%
10.4 Loss of more than 50% of the kidney (one kidney)	35%
Injuries to the ureters, urinary bladder, and urethra	
10.5 Surgically treated injury of the ureter (one ureter)	5%
10.6 Injury of the urinary bladder treated conservatively	2%
10.7 Surgically treated injury of the urinary bladder without loss of the urinary bladder	5%
10.8 Loss of up to 50% of the urinary bladder	15%
10.9 Loss of more than 50% of the urinary bladder	25%
10.10 Disruption of the urethra	5%
10.11 Urethral stricture requiring dilatation without urethral reconstruction	5%
10.12 Urethral stricture requiring dilatation with urethral reconstruction	10%
Urinary stoma	
The percentages of permanent health impairment for injuries specified in items 10.13–10.14. For all such injuries, irrespective of the number of accidents occurring during the term of the insurance contract, we shall pay benefits up to a maximum of 5% permanent health impairment.	
10.13 Temporary surgically created urostomy within the urinary tract	2%
10.14 Permanent surgically created urostomy within the urinary tract	5%

11. Injuries to the reproductive organs	
	Percentage of permanent health impairment
Ovarian and fallopian tube injuries	
11.1 Ovarian rupture, ovarian haematoma, or ovarian hydrocele treated conservatively (one ovary)	2%
11.2 Surgically treated ovarian injury without loss of the ovary (one ovary)	5%
11.3 Loss of up to 50% of the ovary (one ovary)	10%
11.4 Loss of more than 50% of the ovary (one ovary)	20%
11.5 Fallopian tube rupture, fallopian tube haematoma, or hydrosalpinx treated conservatively (one fallopian tube)	2%
11.6 Surgically treated fallopian tube injury without loss of the fallopian tube (one fallopian tube)	3%
11.7 Loss of the fallopian tube (one fallopian tube)	5%
Uterus, vagina, and vulva injuries	
11.8 Surgically treated uterine injury without loss of the uterus	10%
11.9 Loss of the uterus	40%
11.10 Vaginal mucosal injury resulting in a scar	1%
11.11 Vaginal rupture	5%
11.12 Surgically treated vulvar injury	5%
Testicular and scrotal injuries	
11.13 Scrotal injury resulting in a scar	2%
11.14 Testicular haematoma or hydrocele treated conservatively (one testis)	2%
11.15 Surgically treated injury of the testis, epididymis, or vas deferens without loss of the organ (unilateral)	5%
11.16 Loss of one testis	20%
Penile injuries	
11.17 Injury of the penile skin or foreskin resulting in a scar	2%
11.18 Surgically treated injury of one or both corpora cavernosa	5%
11.19 Surgically treated injury of the corpus spongiosum	3%
11.20 Partial or complete loss of the foreskin	3%
11.21 Loss of up to 50% of the penis	30%
11.22 Loss of more than 50% of the penis	40%
Breast injuries	
The damages listed in point 11.25–11.28 include loss of the breast tissue together with all associated lost soft tissues.	
11.23 Partial loss of the nipple (one nipple)	1%
11.24 Complete loss of the nipple (one nipple)	5%
11.25 Loss of up to 5% of the breast (one breast)	5%
11.26 Loss of more than 5% up to 25% of the breast (one breast)	10%
11.27 Loss of more than 25% up to 50% of the breast (one breast)	20%
11.28 Loss of more than 50% of the breast (one breast)	30%

12. Burns, frostbite, and body injuries related to exposure to physical, chemical, and biological agents

Items 12.1–12.17 are assessed in addition to any other bodily injuries listed elsewhere in the Permanent Impairment Table. Burns affecting different body regions are assessed together under a single applicable item of the Permanent Impairment Table

	Percentage of permanent health impairment
Mixed first- and second-degree skin burns	
The damages listed in point 12.1–12.2 do not include burns consisting exclusively of first-degree burns.	
12.1 Mixed first- and second-degree skin burns involving a total body surface area (TBSA) of up to 4%	0.5%
12.2 Mixed first- and second-degree skin burns involving a total body surface area (TBSA) exceeding 4%	0.25% for each 1% TBSA
Second-degree skin burns only	
12.3 Second-degree skin burns only involving a total body surface area (TBSA) of up to 2%	1%
12.4 Second-degree skin burns only involving a total body surface area (TBSA) exceeding 2%	0.5% for each 1% TBSA
Mixed second- and third-degree (or higher) skin burns	
12.5 Mixed second- and third-degree (or higher) skin burns involving a total body surface area (TBSA) of up to 1%	1%
12.6 Mixed second- and third-degree (or higher) skin burns involving a total body surface area (TBSA) exceeding 1%	1% for each 1% TBSA
Burns of the oesophagus and respiratory tract	
12.7 Burn of the oesophagus requiring hospital treatment	2%
12.8 Burn of the respiratory tract requiring hospital treatment	2%
Second-degree or higher frostbite	
12.9 Second-degree or higher frostbite of the skin of the nose	2%
12.10 Second-degree or higher frostbite of the skin of one ear	2%
12.11 Second-degree or higher frostbite of the skin of one hand (one upper limb)	3%
12.12 Second-degree or higher frostbite of the skin of one foot (one lower limb)	3%
Body injuries related to exposure to physical, chemical, and biological agents	
12.13 Electric shock requiring hospital treatment	1%
12.14 Lightning strike requiring hospital treatment	1%
12.15 Inhalation of harmful gases, fumes, dusts, or chemical vapours requiring hospital treatment	1%
12.16 Contact with a venomous animal requiring hospital treatment	1%
12.17 Contact with a toxic plant requiring hospital treatment	1%

BASIC COVER

Under the Extended Coverage, PZU Życie SA provides cover for the events included under the Basic Coverage and, in addition, for the following:

13. Other Bodily Injuries

For item 13.1, a benefit is payable only once per policy year, regardless of the number of such bodily injuries resulting from an accident or the number of accidents.

For item 13.1 no benefit will be paid under if, for the same accident, a benefit is payable for a bodily injury listed elsewhere in the Permanent Impairment Table.

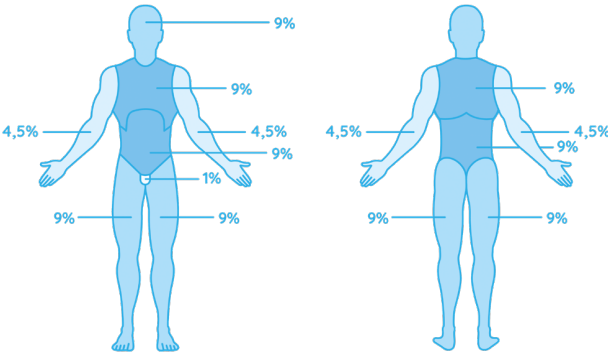
	Percentage of permanent health impairment
13.1 Bodily injury not listed elsewhere in the Permanent Impairment Table, provided that treatment included at least two inpatient (hospital-based) medical consultations	0.5%

14. GLOSSARY

– – what the terms used in the Permanent Impairment Table mean

The following terms are used in the Permanent Impairment Table:

- 1) **Surgical treatment** – invasive treatment in which access to the operative site is obtained by making an incision through the body tissues or by using other surgical techniques, e.g. endoscopic, arthroscopic or endovascular procedures;
- 2) **Hospital treatment** – a stay in hospital for observation and diagnostic and therapeutic management lasting at least 2 days. The first day of hospitalisation is the day of admission to hospital, and the last day is the day of discharge;
- 3) **Conservative treatment** – treatment in which the bodily injury was not treated surgically;
- 4) **Muscle tear** – partial disruption of the continuity of a muscle, confirmed by imaging studies or intraoperative findings. A tear at the musculotendinous junction is assessed as a tendon tear;
- 5) **Tendon tear** – partial disruption of the continuity of a tendon, confirmed by imaging studies or intraoperative findings. A tear at the musculotendinous junction is assessed as a tendon tear;
- 6) **Ligament tear** – partial disruption of the continuity of a ligament, confirmed by imaging studies or intraoperative findings;
- 7) **Traumatic skin wound resulting in a scar** – a wound resulting from an accident which, regardless of the method of treatment, leaves a scar. The size of the wound is measured in centimetres. The length of the wound is its greatest dimension. A traumatic skin wound does not include a surgical wound or a wound caused by a burn or frostbite;
- 8) **Surgical reduction** – a method of treatment involving disruption of tissue continuity, used to restore the normal anatomical relationship of the bones in a joint that has been dislocated;
- 9) **Closed reduction** – a method of treatment not involving disruption of tissue continuity, used to restore the normal anatomical relationship of the bones in a joint that has been dislocated;
- 10) **TBSA** – total body surface area. In the Permanent Impairment Table, we apply the rule that, in an adult, the palmar surface of the hand with the fingers together corresponds to 1% TBSA. The head and neck account for 9% TBSA, the trunk for 36% TBSA, the perineum for 1% TBSA, each upper limb for 9% TBSA, and each lower limb for 18% TBSA. In children during the first year of life, the head and neck account for 18% TBSA and each lower limb for 14% TBSA. With each subsequent year of the child's life, the head surface area decreases by 1%, and the surface area of each lower limb increases by 0.5%.



- 11) **Loss of the calvarial bone** – a defect of the calvarial bone resulting from an accident or the treatment of a head injury (e.g. a trephination opening or craniectomy) that has not been repaired within 6 months;
- 12) **Chronic unreduced joint dislocation** – a joint dislocation that has not been reduced within 6 months;
- 13) **Muscle rupture** – complete disruption of the continuity of a muscle, confirmed by imaging studies or intraoperative findings. A rupture at the musculotendinous junction is assessed as a tendon rupture;
- 14) **Tendon rupture** – complete disruption of the continuity of a tendon, confirmed by imaging studies or intraoperative findings. A rupture at the musculotendinous junction is assessed as a tendon rupture;
- 15) **Ligament rupture** – complete disruption of the continuity of a ligament, confirmed by imaging studies or intraoperative findings;
- 16) **Bone fracture** – disruption of the continuity of bone tissue. Traumatic separation of the growth plate is assessed as a bone fracture;
- 17) **Bone fracture without displacement of fragments** – a fracture in which the fragments of the fractured bone have not moved beyond its anatomical outline. A bone crack, buckle fracture, greenstick fracture, incomplete fracture, depressed fracture or compression fracture is assessed as a bone fracture without displacement of fragments;
- 18) **Comminuted fracture** – a fracture into more than two fragments or a multifragmentary fracture;
- 19) **Bone fracture with displacement of fragments** – a fracture in which a fragment of the fractured bone has moved beyond its anatomical outline. An open fracture, avulsion fracture, impacted fracture or depressed skull fracture is assessed as a fracture with displacement of fragments;
- 20) **Joint dislocation** – displacement of the bones forming a joint, with complete loss of contact between the articular surfaces. A subluxation or partial dislocation is assessed as a joint dislocation.



**INSURANCE PRODUCT INFORMATION DOCUMENT
AND GENERAL TERMS AND CONDITIONS OF THE SUPPLEMENTARY
GROUP INSURANCE AGAINST THE INSURED PERSON'S PERMANENT
HEALTH IMPAIRMENT CAUSED BY AN ACCIDENT**



SUPPLEMENTARY GROUP INSURANCE ASSISTANT IN HEALTH LOSS

Condition code: AUGP55

Version dated: 20.11.2021.

This is the key information material. Full details of the insurance can be found in other documents, in particular in the general conditions of the Additional Group Insurance Assistant in Health Loss, conditions code: AUGP55 (GTC). Please read the GTCs before deciding to conclude the agreement. The definitions used in the GTCs can have meanings that deviate from their common meanings, so please make sure to pay particular attention to them. The conclusion of the agreement is voluntary.

PRODUCT INFORMATION

- is presented for information purposes,
- is not part of the insurance agreement (agreement),
- does not constitute a trade offer within the meaning of article 66 of the Civil Code,
- should not be the sole basis for a decision on insurance.

THE SCOPE AND OBJECT OF INSURANCE – WHAT IS INSURED?

We insure the health of the insured.

Coverage includes the occurrence of an insured event during the period of our protection:

- hospitalisation due to a disease,
- hospital stay in result of a personal accident,
- the performance of surgical operations listed in the Schedule of Surgical Operations to the GTC,
- an accident causing permanent health impairment of at least 30%, covered by the liability of PZU Życie SA under additional group insurance for permanent health impairment.

PRODUCT CHARACTERISTICS – WHAT ARE THE MAIN FEATURES OF OUR INSURANCE?

In the event of an operation (listed in the Schedule of Surgical Operations) or a hospital stay following an accident or illness for more than 3 days, or the occurrence of an accident causing permanent damage to health, the insured may benefit from:

- 24-hour Medical Telephone Service,
- provision of essential medicines,
- provision of rehabilitation equipment,
- minor domestic repairs,
- home care by a nurse,
- care of small pets,
- childcare,
- organising care for a dependent persons,
- assistance with housekeeping,
- handover of personal effects for repair,
- medical transport,
- transport to rehabilitation,
- psychologist home visit,
- home visit by a physiotherapist or masseur.

Supplementary insurance may be taken out either with or during the conclusion of the basic – Group insurance PZU Na Życie Plus or at its duration under the condition of a simultaneous conclusion or application of an additional group insurance in the event of permanent health detriment.

WHO CAN CONCLUDE AN AGREEMENT WITH US, WHO DO WE INSURE?

The additional insurance is concluded by the policyholder who pays the insurance premiums.

The additional insurance may be joined by insured persons who joined the basic insurance and the additional group insurance in the event of a permanent health detriment.

WHAT IS THE DURATION OF THE INSURANCE?

The policyholder may take out supplementary insurance with us for a limited period. We confirm the duration of the additional insurance in the policy. If the additional insurance is taken out between policy anniversaries, our cover continues until the next policy anniversary.

WHAT LOCATION DOES THE INSURANCE COVER?

In the event of an insured event, the insured will be able to make use of a 24-hour service in Poland, 7 days a week:

- 24-hour Medical Telephone Service,
- provision of essential medicines,
- childcare,
- organising care for a dependent persons,
- medical transport,

In the event of an insured event, the insured will be able to make use of the following in Poland, 7 days a week, between 8:00 and 22:00:

- provision of rehabilitation equipment,
- minor domestic repairs,
- home care by a nurse,
- care of small pets,
- assistance with housekeeping,
- handover of personal effects for repair,
- transport to rehabilitation,
- psychologist home visit,
- home visit by a physiotherapist or masseur.

HOW AND WHEN SHOULD THE CONTRIBUTIONS BE PAID?

The policyholder transfers the premium together with the premium for the basic insurance.

WHEN DOES THE INSURANCE COVERAGE BEGIN AND END?

Coverage under the supplementary insurance commences as described in the basic insurance.

Cover under the additional insurance shall only commence if the cover under the basic insurance and the additional group insurance in case of surgical interventions of the insured is in force.

The cover under the supplementary insurance ceases:

- on the day of the termination of the cover under the basic insurance or the additional group insurance in the event of permanent health detriment,
- from the date on which we receive the policyholder's declaration that he or she is withdrawing from the additional insurance;
- on the date of termination of cover under the supplementary insurance – if not renewed;
- on the last day of the month in which you cancel the supplementary insurance;
- at the end of the month of the supplementary insurance on the current terms and conditions, if they have not given the required consent to change the supplementary insurance;
- as from the date of expiry of the notice period of the supplementary insurance;
- as from the date on which the supplementary insurance is terminated.

MAIN EXCLUSIONS AND LIMITATIONS OF THE INSURANCE COVERAGE – WHAT IS NOT COVERED BY THE INSURANCE?

We are not liable in the following events:

- in connection with dental treatment and procedures – unless these are due to the need to treat injuries sustained as a result of the accident;
- hospitalisation in connection with rehabilitation – with the exception of the first hospitalisation of the insured person due to rehabilitation in connection with rehabilitation - with the exception of the Insured's first stay in hospital on account of rehabilitation necessary to deal with the direct consequences of an accident or illness, if this stay began no later than 6 months after the end of the Insured's covered hospital stay which was connected – respectively – with the same accident or illness,
- surgical intervention performed for cosmetic or aesthetic purposes with the exception of an operation necessary for the removal of the implications:
 - a personal accident which occurs during our period of cover or
 - a malignant tumour diagnosed during the period of our protection;

In addition, we will not be liable if the situation is not covered by the insurance, or does not meet the definition indicated in the agreement or our liability has ended (e.g. due to non-payment of premiums or in other cases indicated in the GTC).

HOW TO TERMINATE THE AGREEMENT?

The policyholder has the right to cancel the supplementary insurance agreement within 30 days after its conclusion or, if the policyholder is an entrepreneur, within 7 days from the conclusion of the agreement. After this period, the policyholder has the right to terminate the agreement by a written notice. The policyholder has right to cancel the extension of the additional insurance by sending us a written notice of non-renewal no later than 30 days prior to its termination.

REMUNERATION FOR THE DISTRIBUTOR OF THE INSURANCE

The distributor shall receive a commission in connection with the proposed agreement.

COMPLAINTS, OBJECTIONS AND GRIEVANCES

1. A claim, complaint or grievance shall be submitted to any of our units where we serve our customers.
2. A complaint, grievance or complaint can be submitted:
 - 1) in writing – in person or by mail, within the meaning of the Postal Law Act, for example by writing to the following address: PZU Życie SA 18A Postępu St., 02-676 Warsaw (address for correspondence only);
 - 2) in writing – sent to the address for electronic delivery of PZU SA, within the meaning of the Electronic Delivery Act, from the date of entering that address into the database of electronic addresses,
 - 3) verbally – by phone, for instance by calling the telephone helpline on 801 102 102, or in person, confirmed by means of a protocol during a visit to our unit,
 - 4) electronically – by sending an e-mail to reklamacje@pzu.pl or by filling in the form at www.pzu.pl.
3. We respond to complaints, grievances and complaints as soon as possible, however no later than 30 days after the day on which we receive them. If we are unable to respond in particularly complex cases within 30 days, we will inform you:
 - 1) why the response is delayed,
 - 2) what circumstances we still need to establish in order to process the case,
 - 3) what is the new time limit for our response – it may not exceed 60 days from the date on which we received the complaint, claim or grievance.
4. We respond to complaints, claims and grievances to the person who made them:
 - 1) in cases where the customer is a natural person – in writing, except that the response may be delivered by e-mail only at the customer's request,
 - 2) where the customer is an entity other than those referred to in item 1 – in writing or using another durable medium.
5. If, after the complaint has been investigated:
 - 1) we have not honoured the claims made or
 - 2) we have accepted the claim, but within the time limit specified in the reply to that claim we have not carried out the acts we obliged to take– the individual who has made a complaint has the right to write to the Financial Ombudsman to request this.
6. We deal with complaints, grievances and complaints in our units, which have authority over the subject matter.
7. Additional information on complaints are provided in the Act on Complaints Handling by Financial Market Entities and Financial Ombudsman and in the Act on Insurance Distribution.
8. PZU provides for the possibility of resolving conflicts out of court.
9. The entity authorized within the meaning of the Act on out-of-court handling of consumer disputes, competent for PZU SA to handle disputes out of court is the Financial Ombudsman. The website address: rf.gov.pl.
10. In the event that the insured or the policyholder, beneficiary and the rights holder are consumers, they can turn to the Municipal and District Consumer Ombudsmen for assistance.
11. PZU communicates with its consumers in Polish.
12. PZU is supervised by the Financial Supervision Authority.



**GENERAL TERMS
SUPPLEMENTARY GROUP HEALTH INSURANCE
ASSISTANT IN CASE OF HEALTH LOSS**

The table below presents the provisions of the general terms and conditions of the additional group insurance Assistant in Case of Health Loss, terms and conditions code AUGP55 (GTC), which govern the exclusion and limitation of the insurance company's liability. These provisions constitute a part of the GTC, and their indications are a result of the legal regulations (Article 17, section 1 of the Insurance and Reinsurance Act).

No.	Type of information	Record number
1.	Conditions for benefit payment	items 1-2 items 4-86 item 116 items 117-133 item 134
2.	Restrictions and exemptions of an insurer's liability granting the right to refuse to pay out the benefits or to reduce them	items 1-2 item 5 items 10-86 items 87-92 items 93-94 items 113-114 item 115 item 134

Information about the insurance are available from:

 at pzu.pl



at the helpline 801 102 102
(charged according to the operator's tariff)

GENERAL TERMS SUPPLEMENTARY GROUP HEALTH INSURANCE ASSISTANT IN CASE OF HEALTH LOSS



GTC code: AUGP55

The Board of Directors of PZU Życie SA set out the general terms and conditions of the additional group insurance Assistant during health loss by means of Resolution No. UZ/202/2021 of 9 November 2021 (hereinafter referred to as the GTC).

These General Terms and Conditions shall enter into force on 01 December 2021 and shall apply to insurance agreements concluded from 1 January 2022.

The policyholder shall read the GTC carefully before concluding the contract and communicate the GTC to anyone who wishes to take out insurance.

Please read the GTC you have received from your policyholder carefully before you take out insurance.

GLOSSARY

– i.e. what do the terms actually mean

1. the GTC uses the following terminology:

- 1) **Assistance Centre** – a centre which has been organised by the provider and which provides the services indicated in the supplementary insurance; the Assistance Centre is open 24 hours a day, 7 days a week;
- 2) **disease** – a condition of the body that involves an abnormal response of systems or organs to external or internal environmental stimuli;
- 3) **additional group insurance against permanent health impairment** – as designated by PZU Życie SA additional group insurance for permanent health impairment of the insured caused by an accident as stated in the agreement;
- 4) **home** – the place in Poland where you are currently staying;
- 5) **child** – a child under 15 years of age. The child may be:
 - a) a child of the insured,
 - b) child of the insured's spouse or domestic partner (if the other parent of the spouse's or domestic partner's child is deceased);
- 6) **inpatient treatment** – inpatient hospital treatment:
 - a) emergencies in which delaying medical assistance may result in loss of life or limb, or
 - b) conditions where the therapeutic goal cannot be achieved during outpatient treatment;
- 7) **medicine** – a finished medicinal product defined in the field of medicines which:
 - a) has a valid authorisation issued by the President of the Office for Medicinal Products, Medical Devices and Biocidal Products, the Council of the European Union or the European Commission (according to the Pharmaceutical Law Act),
 - b) is entered in the Register of Medicinal Products Authorised in the territory of the Republic of Poland.
- 8) **insurance protection period** – the period of time during which our liability to the insured under the supplementary insurance continues;
- 9) **surgery** – a procedure, performed in a medical facility in Poland by a medical doctor, under anaesthesia, which is medically necessary to cure or reduce the symptoms of a disease or to reduce the effects of an accident, or for the prophylactic complete removal of an organ in the holder of a gene mutation increasing the risk of malignant tumour;
- 10) **a dependent person** – a person with whom you live who requires the constant assistance of another person in meeting the basic needs of life;
- 11) **a designated person** – an adult person designated by the insured person to care for the child and dependent person;
- 12) **medical facility** – an establishment within the framework of inpatient or outpatient public or private health care, which provides medical services in Poland and which has signed a contract with a healthcare provider;
- 13) **hospitalisation** – a stay in a hospital in Poland which lasts continuously for more than 3 days and is for in-patient treatment; the first day of a hospital stay is considered to be the day of registration and the last day is considered to be the day of discharge from hospital;
- 14) **hospital** – an inpatient facility in which comprehensive health services are provided around the clock, consisting of diagnosis, treatment, care and rehabilitation, which cannot be provided on an outpatient basis;
- 15) **provider** – the entity that has contracted with us to organise the services we have indicated in the GTC;
- 16) **supplementary insurance** – the insurance agreement to which these GTC apply;
- 17) **basic insurance** – PZU Na Życie Plus group insurance agreement, to which the policyholder has the right to take out additional insurance;
- 18) **insured event** – events that occur during the period of cover:
 - a) hospitalisation due to a disease,
 - b) hospital stay in result of a personal accident,
 - c) the performance of surgical operations listed in the Schedule of Surgical Operations constituting an appendix to these GTC,

- d) an accident causing permanent health impairment of at least 30%, covered by the liability of PZU Życie SA under additional group insurance for permanent health impairment.
2. Other terms that we use in these GTC are defined in the general terms and conditions of basic insurance and the supplementary group insurance in case of permanent health loss – we use these terms in the same sense.

OBJECT OF INSURANCE

– what do we insure

3. We insure your health.

INSURANCE COVERAGE AND BENEFITS UNDER THE AGREEMENT

– in which cases and which services we provide

4. Supplementary insurance cover includes the occurrence of an incident during the period of insurance protection.
5. In each period of the consecutive 12 months that run between policy anniversaries, we are liable for a maximum of three insured events that occur during that period, except that in the case of a hospital stay, we consider the start of the stay to be the occurrence of the insured event.
6. If the insured person has stayed in a hospital or several hospitals in continuity – i.e. there are no pauses between these stays - we consider them to be a single hospital stay.
7. In the event of an insured event, you will be able to benefit of a 24-hour service in Poland, 7 days a week:
- 1) 24-hour Medical Telephone Service or
 - 2) provision of essential medicines;
 - 3) childcare;
 - 4) organising care for dependent persons;
 - 5) medical transport,
8. In the event of an insured event, the insured will be able to benefit from the following in Poland, 7 days a week, between 8:00 and 22:00:
- 1) provision of rehabilitation equipment;
 - 2) minor domestic repairs;
 - 3) home care by a nurse;
 - 4) care of small pets;
 - 5) assistance with housekeeping;
 - 6) handover of personal effects for repair;
 - 7) transport to a rehabilitation;
 - 8) psychologist home visit;
 - 9) home visit by a physiotherapist or a masseur;
 - 10) assistance to a person nominated by the insured.
9. A detailed description of the services is described below.

24-hour Telephone Medical Service

10. As part of the provision of the 24-hour Telephone Medical Service, we provide information on:
- 1) manner of procedure in case of an accident, organise first aid and plan treatment;
 - 2) medical facilities where the insured person will be able to obtain the fastest medical service such as first aid, surgery, diagnostic tests or an appointment with a specialist and where the Assistance Centre will provide contact details of such facility;
 - 3) the services available in medical facilities (hospitals, clinics, outpatient clinics, specialist departments) in Poland, including in particular those closest to home, their area of specialisation, opening hours and contact details;
 - 4) health, illness and disease entities;
 - 5) health-promoting behaviour;
 - 6) hospitals, pharmacies, clinics, general practitioners – located in Poland;
 - 7) infant care;
 - 8) medicines and the side effects of taking them;
 - 9) diets, healthy eating;
 - 10) support groups, helplines – providing assistance and available in Poland;
 - 11) medical transport in Poland;
 - 12) caring for the elderly.

Provision of essential medicines

11. The Assistance Centre organises and covers the costs of the service if, due to the insured's health condition, the insured has to stay at home for at least 5 days on sick leave issued by the insured's treating doctor.
12. We will supply medicines according to the prescriptions issued to the insured, provided that the medicines are available in Poland and the insured person makes the prescription available to the Assistance Centre. If the insured person needs over-the-counter medicines that are also available at the place where the prescription is filled, we will also carry out the supply of the over-the-counter medicines indicated by the insured person.

13. During the period of sick leave, this service is available to the insured once – but only if there is no person at home to provide this service.
14. Necessary medicines will be purchased at a location to be indicated by the insured, provided that the distance to this location is no greater than the distance to the place of purchase to be selected by the Assistance Centre, taking into account their availability at that location.
15. The insured covers the cost of purchasing medicines.

Childcare

16. We organise childcare according to the insured's choice. This means that we cover the costs of:
 - 1) transporting the child to the designated person or
 - 2) arranging a transport to the designated person's place of residence.
17. We decide on the mode of transport, taking into account the availability of transport and the time and destination of the transport and, in the case of transporting a child to the home of a designated person, the child's age and state of health.
18. The service of transporting the child to a nominated person is provided in the company of a person appointed by the Assistance Centre and subject to the insured's written consent to the transport of the child.
19. The service of transporting a child to a nominated person or transporting a nominated person home is available to the insured, in respect of one insured event a maximum of once (1 outward and 1 return trip) and up to a maximum of PLN 1,500 in total.
20. If the nominated person cannot be contacted, or if the nominated person is not available at the address given by the insured person or refuses to care for the child, we will arrange and pay the travel expenses and fees of the persons appointed by the Assistance Centre to care for the child at home subject to the insured person's written consent to the care of the child being given to us, together with the timing of the care.
21. The care referred to in the previous paragraph consists of ensuring that the child has a proper existence in terms of basic needs and protection from dangers. The person making the childcare claim is required to provide written information if the child has a chronic illness, requires rehabilitation and if the child is taking medication or is on a diet.
22. The Assistance Centre covers the carer's travel costs and fees. The insured shall pay the remaining costs of care.
23. The service is available to the insured in respect of one insured event for a maximum of 30 hours, with a maximum of two hours per visit by the carers.
24. Each hour of care started for a small child is counted as one hour.

Care for a dependent person

25. The Assistance Centre will only organise and pay for the service if there is no person in the home to provide the service.
26. The person making the request must provide information in writing on whether the dependent person requires special care - e.g. has a chronic illness, requires rehabilitation, takes medication or is on a special diet.
27. Care for a dependent person involves:
 - 1) transporting a dependent person to a designated person or
 - 2) transport of the person designated to the home.
28. The Assistance Centre shall decide on the choice of means of transport, taking into account the availability of means of transport and the time and destination of transport and, in the case of transporting a dependent person to a designated person, his or her age and state of health.
29. The service of transporting a dependent person to a designated person is provided in the company of a person designated by the Assistance Centre and subject to the dependent person's consent to be transported. If the dependent person is totally incapacitated, written consent for his or her transportation to a designated person must be submitted by the legal guardian.
30. The Insured shall be entitled to a maximum of one trip (1 outward and 1 return trip) per incident and up to a maximum of PLN 1,500 in total.
31. If the designated person cannot be contacted, or if the designated person is not available at the address given by the insured person, or refuses to take care of the dependent person, the Assistance Centre shall organise the following and will pay the travel expenses and fees of the persons designated by the Assistance Centre to care for the dependent person at home.
32. The care referred to in the previous paragraph consists of ensuring that the child has a proper existence in terms of basic needs and protection from dangers. The person making the childcare claim is required to provide written information if the child has a chronic illness, requires rehabilitation and if the child is taking medication or is on a diet.
33. A care service for a dependent person is organised and provided subject to the dependent person's agreement to care for him/her, together with the insured person's specification of the timescales for this care. If the dependent person is totally incapacitated, written consent to care for him or her must be submitted by the legal guardian.
34. The Help Centre covers the carer's travel costs and fees. The insured covers the other costs of care, that is, for example, food, clothes, hygiene products, medicines, medical care, vaccinations.
35. The service is available to the insured in respect of one insured event for a maximum of 30 hours, with a maximum of two hours per visit by the carers.
36. Each hour of care started for a dependent person is counted as one hour.

Medical transport

37. The Assistance Centre organises and covers the costs of medical transport of the insured. The decision on the choice of time, destination and means of transport is taken by the Assistance Centre after consultation (if medically justified) with the Insured's doctor, taking into account the Insured's state of health, the means of transport available and the time and purpose of transport.
38. Medical transport is available to the insured in Poland:
 - 1) to a hospital or other medical facility or
 - 2) home from hospital or other medical facilities, or

- 3) between a hospital and another hospital or medical facility.
39. Medical transport takes place in Poland under the necessary medical supervision and using the necessary means of transport.
40. The Assistance Centre will not provide the service if the insured person takes action contrary to the recommendations of his/her doctor.
41. For one medical event, the insured is entitled to medical transport services a maximum of two times (in total for the services indicated in point 38 and up to a maximum of PLN 1,500 in total).

Provision of rehabilitation equipment

42. The Assistance Centre organises and covers the costs of the service if, due to the insured's health condition, the insured has to stay at home for at least 5 days on sick leave issued by the insured's treating doctor.
43. The Assistance Centre will provide purchased or rented equipment based on prescriptions or written recommendations from the insured's treating physician.
44. During the period of sick leave, this service is available to the insured once – but only if there is no person at home to provide this service.
45. The insured covers the costs of purchasing and renting rehabilitation equipment.

Minor domestic repairs

46. The Assistance Centre organises and covers the home and labour costs of the specialists listed below:
 - 1) electrician – in the event of damage to the electrical installation in the house;
 - 2) a plumber – to intervene in the home to prevent flooding or to increase flooding that has already occurred;
 - 3) a glazier – in the event of damage to the glass in the house;
 - 4) a locksmith – in the event that the locks on the entrance door to the house need to be replaced due to damage or loss of keys;
 - 5) heating appliance technology – in the event of airing up or unsealing radiators.
47. The Assistance Centre will only arrange this service if there is no person at home to provide this service and the insured person is present at home. If the insured person is not present at home, the service can be provided at the subject to the insured giving written consent to its execution and the home being made available by the insured and the occupants of the home.
48. The service does not include the cost of materials used during the repairs carried out by the designated specialists. The costs of these materials are paid in full by the insured.
49. For one event, the insured is entitled to a maximum of 3 visits up to a maximum of PLN 1,000 in total.

Home care by a nurse

50. The Assistance Centre organises and pays for the nurse's travel and fees.
51. The nurse's care for the insured consists of activities:
 - 1) related to hygiene and nutrition (excluding food preparation);
 - 2) therapeutic nursing interventions – as ordered by the doctor – such as performing compresses, dressings, respiratory rehabilitation, therapeutic exercises, measuring blood pressure and pulse, weighing, assisting with nutrition.
52. The Insured shall pay the costs of medical devices and medicinal products used in the aforementioned activities.
53. Nurse care is available up to one insured event, for a maximum of 30 hours, up to four hours per day, except that one visit by a nurse may not last less than one hour.
54. Each commenced hour of home care by a nurse is counted as one hour.

Care for small domestic animals

55. The Assistance Centre organises and pays for the service – but only if the following conditions are all met:
 - 1) the animals are housed and do not pose a threat to the health of the carers or the safety of the environment – in the opinion of the carer. Care can involve animals such as reptiles, rodents, cats, insects, amphibians, dogs, birds and fish;
 - 2) they are not animals of species or breeds that are considered – in particular by legislation – to be hazardous;
 - 3) there is no person in the household who can take care of them;
 - 4) the insured person or a person nominated by the insured person shall produce a document which proves that the required animal vaccinations have been carried out.
56. If the insured person is not at home, the service may be provided that the insured person has given written consent to the service and that the home is made available by the insured person and the persons in it.
57. Animal care includes:
 - 1) provision of food. The food will be purchased at a location that the insured person indicates, provided that the distance to them is no greater than the distance to the place of purchase that the Assistance Centre chooses;
 - 2) cleaning activities;
 - 3) providing temporary care for the animal.
58. The Assistance Centre covers the carer's travel costs and fees. The insured covers the remaining costs, i.e. feed, veterinary care, vaccinations, for example.
59. The service is available to the insured in respect of one insured event, for a maximum of 28 hours.
60. Each hour of care started for small pets is counted as one hour.

Assistance in housekeeping

61. The Assistance Centre arranges and pays for the travel expenses and fees of a home helper - if there is no person in the home to provide this service and the insured person is present at home. If the insured person is not at home, the service may be provided

that the insured person has given written consent to the service and that the home is made available by the insured person and the persons in it.

62. Domestic assistance to the insured includes:

- 1) housekeeping, i.e.: dry cleaning of floors, wet cleaning, dust removal from furniture, windowsills, vacuuming of carpets, carpets, cleaning of bathroom ceramics, bath tub, shower cabin, washing up, cleaning of sink, hob;
- 2) preparation of meals, including for children or dependants;
- 3) making the purchases necessary to carry out the activities indicated in points 1 and 2;
- 4) watering the flowers;
- 5) waste disposal

– using means or equipment that are made available by the insured person.

63. Purchases necessary for the service shall be made at the places indicated by the insured person, provided that the distance to them is not greater than would be the distance to the place of purchase selected by the Assistance Centre.

64. The insured covers the cost of purchases.

65. The service is available up to a maximum of one insured event for 30 hours, up to five hours per day, with no less than one hour per visit.

66. Each hour of housekeeping assistance started is counted as one hour.

Handing over personal effects for repair

67. The Assistance Centre organises and covers the costs of the service if, directly due to the insured's health condition, the insured has to stay at home for at least 5 days on sick leave issued by the insured's treating doctor.

68. The service consists of delivering the following personal items for repair:

- 1) hearing aid;
- 2) apparatus for measuring blood pressure;
- 3) rehabilitation walkers;
- 4) walker;
- 5) braille printer;
- 6) glucometer;
- 7) inhaler;
- 8) oxygen concentrator;
- 9) electronic larynx;
- 10) rehabilitation bed;
- 11) air mattress;
- 12) air humidifier;
- 13) nebuliser;
- 14) glasses;
- 15) parapodium;
- 16) verticaliser;
- 17) picoflometer;
- 18) lift;
- 19) infusion pump;
- 20) insulin pump;
- 21) prosthesis;
- 22) respirator;
- 23) mammal;
- 24) speech synthesiser;
- 25) massage device;
- 26) wheelchair.

69. The Assistance Centre delivers the items from the home to a repair centre in Poland that the insured person indicates and delivers them back to the home.

70. Personal effects will be delivered to a repair point at a location to be indicated by the insured, provided that the distance to it is not greater than the distance to the repair point chosen by the Assistance Centre.

71. The insured shall pay the cost of repairing the items.

72. During the period of sick leave, this service is available to the insured once – but only if there is no person at home to provide this service.

Transport to rehabilitation

73. The Assistance Centre organises and covers the costs of transport to rehabilitation - but only if the insured has a referral for rehabilitation issued by a doctor.

74. Transport to rehabilitation is available to the insured person:

- 1) from home to the rehabilitation site;
 - 2) from the rehabilitation site to the home
- taking into account item 76.

75. The Insured shall be entitled to organise and pay the costs of transport to rehabilitation when there is no person at home who can provide such a service.

76. The Insured is entitled to this service, in respect of one event, a maximum of ten times (10 trips there and 10 back) and up to a maximum of PLN 1,500 in total.

Psychologist home visit

77. The Assistance Centre arranges and covers the cost of visits - if the insured's mental health deteriorates due to the insured's medical condition.
78. In respect of one insured event under the benefit, the insured is entitled to a maximum of five visits, with one visit of no more than two hours per day.
79. Each commenced hour of a psychologist's visit is counted as one hour.

Home visit by a physiotherapist or masseur

80. The Assistance Centre organises and covers the costs of visits - if, due to the insured's state of health and on the basis of a medical referral, rehabilitation will be required.
81. In respect of one incident, the insured is entitled to a maximum of five visits, with one visit of no more than two hours per day.
82. Each commenced hour of a visit by a physiotherapist or massage therapist is counted as one hour.

Assistance to a person nominated by the insured

83. The Assistance Centre shall organise and pay the costs of services which are the assistance of the person named by the insured – if due to his or her state of health, the insured person is unable to fulfil his or her obligations to the designated person with regard to assistance in daily life.
84. The service consists of organising services of the insured's choice:
- 1) provision of essential medicines;
 - 2) provision of rehabilitation equipment;
 - 3) minor domestic repairs;
 - 4) care of small pets;
 - 5) assistance with housekeeping;
 - 6) handover of personal effects for repair;
85. The service is organised and provided only if there is no person in the home of the insured or in the home of the person designated by the insured who can provide such a service.
86. The services selected by the insured are provided under the terms and limits of the insured, i.e. that the total limits for the services indicated are provided to the insured and the person designated by the insured. The services provided must not exceed the limits to which the insured person is entitled (as set out in clauses: 13, 44, 49, 59, 65, 72).

EXCLUSIONS OF PROTECTION

– i.e. cases in which you are not eligible for a benefit

87. For the purposes of defining our exclusions of protection, we use the term competitive sports – meaning the practice of sports by:
- 1) members of the personnel of clubs who take part in professional, national or international competitions. These competitions must be organised by: the sports federation or professional sports federation responsible for the sport in question – or
 - 2) individuals who play individual sports and participate in professional, national or international competitions. These competitions must be organised by: the sports federation or professional sports federation responsible for the sport in question – or
 - 3) persons who receive remuneration, as well as scholarships or reimbursement of expenses related to the practice of individual sports or team games (per diems, allowances) – on the basis of an employment contract or a civil law contract.
88. Our liability does not cover:
- 1) a hospital stay commenced prior to the commencement of our liability in respect of the insured person and
 - 2) a surgical operation carried out before the commencement of our liability in respect of the insured person.
89. Our liability does not cover the insured's stay in hospital and the insured's surgical operation, the necessity for which has arisen:
- 1) in war operations;
 - 2) as a result of disasters that cause radioactive, chemical or biological contamination;
 - 3) as a result of active participation of the insured in the acts of terror or mass social unrest;
 - 4) as a result of the commission or attempted commission by the child of an act which fulfils the requirements of an intentional crime;
 - 5) as a result of a traffic accident while the insured was driving a vehicle:
 - a) without holding the authority to drive as defined by the law or,
 - b) being under the influence of alcohol or in a state of intoxication as defined by the regulations on education in sobriety and counteracting alcoholism or under the influence of: drugs, narcotics, psychotropic substances or substitutes within the meaning of the provisions on counteracting drug addiction – insofar as any of these circumstances played a role in the traffic accident;
 - 6) when the Insured was intoxicated within the meaning of regulations on upbringing in sobriety and counteracting alcoholism or after using: drugs, narcotics, psychotropic substances or substitutes within the meaning of regulations on counteracting drug addiction - if any of these circumstances influenced the accident;
 - 7) as a result of the insured's self-harm or attempted suicide;
 - 8) directly as a result of intoxication by alcohol, drugs, narcotics, psycho-tropic substances or substitutes – within the meaning of the regulations on counteracting drug addiction – and in the scope of the illnesses caused by the aforementioned substances;

- 9) in result of bodily injuries caused by medical treatment and therapeutic or diagnostic procedures, regardless of who they were performed by, unless it was to treat the direct consequences of an accident;
- 10) due to the involvement of the insured in competitive sport or recreational combat sports, motor and motorboat motor-sports, air sports, rock or mountain climbing (construed as any climbing practised at an altitude exceeding 2,000 metres above sea level), caving, diving with specialised equipment for underwater breathing, water jumping (ang. bungee jumping).
90. Our liability does not cover the insured's stay in hospital which has occurred:
 - 1) in result of epilepsy – apart from symptomatic epilepsy, which is a symptom of another disease;
 - 2) as a result of mental illness or behavioural disorders falling into categories F00 – F99 of the ICD-10 International Statistical Classification of Diseases and Related Health Problems;
 - 3) as a result of diseases caused by immunosuppression in the course of HIV infection;
 - 4) in connection with dental treatment and procedures – unless these are due to the need to treat injuries sustained as a result of the accident;
 - 5) in connection with the performance of diagnostic tests which do not result from an illness or accident, or serve to diagnose an occupational disease, or serve to identify a suitable organ donor for transplantation (with the exception of stays directly related to the removal of an organ for transplantation) or hospital observation at the request of a court;
 - 6) as a result of fertility treatment;
 - 7) in connection with the performance of a surgical operation for cosmetic or aesthetic purposes with the exception of an operation necessary for the removal of the implications:
 - a) a personal accident which occurs during our period of cover or
 - b) cancer that occurred during the period of insurance coverage;
 - 8) due to the performance of a surgical operation for gender reassignment;
 - 9) in connection with rehabilitation - with the exception of the Insured's first stay in hospital on account of rehabilitation necessary to deal with the direct consequences of an accident or illness, if this stay began no later than 6 months after the end of the Insured's covered hospital stay which was connected – respectively – with the same accident or illness.
91. Our liability also does not cover the stay of the insured:
 - 1) hospices, drug treatment facilities, institutions for the chronically ill, care and treatment facilities and nursing homes;
 - 2) in spa treatment establishments – such as sanatoriums, pre-conventions and spa, sanatorium and rehabilitation hospitals;
 - 3) in rehabilitation centres, rehabilitation hospitals, rehabilitation wards – except for the stay referred to in section 90(9);
 - 4) at day wards;
 - 5) at such health care establishments which are not intended to provide hospital treatment.
92. Our liability does not cover surgical interventions, in cases where:
 - 1) the insured person was an organ donor;
 - 2) it was performed for cosmetic or aesthetic purposes with the exception of an operation necessary for the removal of the implications:
 - a) a personal accident which occurs during our period of cover or
 - b) malignant tumour diagnosed during the period of our protection;
 - 3) it was performed for contraceptive purposes;
 - 4) it performed to reduce or enlarge breasts or change gender;
 - 5) performed for dental purposes – with the exception of surgery necessary to deal with the consequences of an accident that occurred during our period of cover;
 - 6) it was performed for diagnostic purposes;
 - 7) was related to the removal of a foreign body by endoscopy.

GRACE PERIOD

– the period of the lack of or limited liability of the insurance company after you have taken out supplementary insurance

93. During the first calendar month counting from the date you join the supplementary insurance, we are only liable for an accident resulting in a permanent injury of at least 30% during the period of cover. In the case of a hospital stay initiated during this period and surgical operation carried out, we only provide a 24-hour telephone medical service.
94. After the expiry of the period referred to in paragraph 93, we are only liable for the following five months (grace period):
 - 1) hospitalisation and for an accident causing a permanent injury of at least 30%;
 - 2) to carry out such surgical operation following an accident. If a surgical operation is carried out during this period which was not the result of an accident, we only provide the 24-hour Telephone Medical Service benefit.

PREMIUM

– what does it depend on and when to pay it

95. Amount of the premium per the insured:
 - 1) takes into account the grace periods that apply in supplementary insurance;
 - 2) it is fixed, but may be changed by mutual agreement;
 - 3) depending on the number, age structure and gender of those who take out insurance, as well as the type of work they do.
96. The amount of the premium applicable to the additional insurance agreement is specified in the application for conclusion of the agreement as well as in the policy.

97. The policyholder pays us the premiums for the supplementary insurance on a monthly basis, together with the premium for the primary insurance.

TAKING OUT AND JOINING SUPPLEMENTARY INSURANCE

– i.e., How do we insure you

98. Supplementary insurance may be taken out either with or during the conclusion of the basic insurance or in the course of its duration, provided that an additional group insurance contract for a hospital treatment of the insured is concluded or in force at the same time.
99. The additional insurance may be joined by insured persons who joined the basic insurance and the additional group insurance in the event of a permanent health detriment.

DURATION OF SUPPLEMENTARY INSURANCE

– i.e., which period we take out the supplementary insurance for

100. The policyholder may take out supplementary insurance with us for a limited period. We confirm the duration of the additional insurance in the policy. If the additional insurance is concluded with us between policy anniversaries, our cover continues until the next policy anniversary.

EXTENSION OF SUPPLEMENTARY INSURANCE

– what are the rules for extending supplementary insurance

101. Unless otherwise agreed by either party to the contract and provided that the primary insurance is in force and the supplementary group insurance in case of permanent health detriment, the supplementary insurance is renewed for the next policy year automatically – under the same conditions. In this case, as an insured, you do not have to re-submit the declaration of membership.
102. Either party has the right to cancel the extension of the supplementary insurance, of which it shall notify the other party in writing. This must be done at the latest 30 days before the termination of this insurance.

WITHDRAWAL FROM SUPPLEMENTARY INSURANCE

– i.e. the conditions under which a policyholder may withdraw from the supplementary insurance

103. The cancellation of the additional insurance is carried out in accordance with the rules laid down in the basic insurance.
104. If the policyholder cancels the primary insurance, this results in cancellation of the secondary insurance.
105. If the policyholder withdraws from the additional insurance, this does not result in withdrawal from the primary insurance.
106. If the policyholder withdraws from the additional group insurance in case of permanent health detriment, this shall also result in the withdrawal from the additional insurance.
107. If the policyholder withdraws from the additional insurance, this does not result in the withdrawal from the additional group insurance in the event of permanent health detriment.

TERMINATION OF SUPPLEMENTARY INSURANCE

– i.e. the manner in which the policyholder can cancel the supplementary insurance

108. The termination of the supplementary insurance is carried out in accordance with the rules outlined in the basic insurance.
109. In the event the policyholder terminates the primary insurance, this results in the termination of the secondary insurance.
110. If the policyholder terminates the additional insurance, this does not result in termination of the primary insurance.
111. If the policyholder terminates the additional group insurance for permanent health detriment, this results in the termination of the additional insurance.
112. If the policyholder terminates the additional insurance, this does not result in the termination of the additional group insurance for permanent health detriment.

THE BEGINNING OF OUR PROTECTION

– When our insurance protection starts

113. Coverage under the supplementary insurance commences as described in the basic insurance.
114. Cover under the additional insurance shall only commence if the cover under the basic insurance and the additional group insurance in case of permanent health detriment of the insured is in force.

THE CESSATION OF OUR PROTECTION

– i.e. when the supplementary insurance ends

115. The cover under the supplementary insurance ceases:

- 1) on the day of the termination of the cover under the basic insurance or the additional group insurance in the event of permanent health detriment;
- 2) from the date on which we receive the policyholder's declaration that he or she is withdrawing from the additional insurance;
- 3) on the date of termination of cover under the supplementary insurance – if not renewed;
- 4) on the last day of the month in which you cancel the supplementary insurance;
- 5) at the end of the month of the supplementary insurance on the current terms and conditions, if they have not given the required consent to change the supplementary insurance;
- 6) as from the date of expiry of the notice period of the supplementary insurance;
- 7) as from the date on which the supplementary insurance is terminated.

PERSONS ENTITLED TO OBTAIN THE BENEFIT

– who the benefit is due to

116. Benefits are available to the insured person.

PROVISION OF THE HEALTH BENEFIT

– or how to start using benefits

117. If you experience an insured event, provide us with such medical documentation that confirms the occurrence:

- 1) a surgical intervention – an information sheet from a medical facility that confirms that a surgical operation was performed;
- 2) hospital stay – hospital treatment information card and a document which confirms the diagnosis of the illness or accident, issued by the doctor treating the insured;
- 3) such medical records as confirm the occurrence of the permanent injury and the circumstances under which it occurred.

118. If the documents provided are not sufficient to consider that you are entitled to a benefit payment and in what amount, we may ask you for other necessary documents.

119. We decide on your right to use medical services on the basis of the documentation provided.

120. Benefits are provided only on the basis of a telephone request for the organisation of a benefit submitted to the Assistance Centre by the Insured or a person acting on his or her behalf. The request should be submitted to the 24-hour telephone number indicated by PZU Życie SA in the declaration of accession.

121. We shall commence the provision of services immediately, but no later than within 48 hours of the fulfilment of the prerequisites set out in paragraphs 124-129.

122. Where a request for benefits is made by a person acting on behalf of the insured person, we provide benefits once the insured person has confirmed the need for them.

123. We realise the last benefit due for an insurance event no later than 6 months from the date of the insured person's first application entitling them to a benefit for that event.

124. In the event of an insured event, the person making a claim for the organisation of a benefit is obliged to contact the Assistance Centre immediately and:

- 1) in order to complete the authorisation procedure confirming that he/she is covered by the liability of PZU Życie SA, provide the following information:
 - a) name and surname of the insured,
 - b) PESEL number of the insured person,
 - c) name of the insurance,
 - d) the type, detailed description and date of the insured event;

2) provide all available information needed to organise the benefit, in particular:

- a) indicate the telephone number where the Assistance Centre can reach the insured person or his or her representative,
- b) data of the nominee necessary for the organisation of the service,
- c) personal details of the person nominated by the insured,
- d) the address of the home as the place of organisation of the benefit,
- e) other data – insofar as they are necessary for the organisation of the service;

3) follow the instructions of the Assistance Centre.

125. In the case of an application for implementation:

- 1) childcare;
- 2) organising care for dependent persons;
the insured person must sign a consent to entrust the care of the child and dependent person (if he/she is the legal guardian of the dependent person).

126. If the benefit is to be provided in the absence of the insured person at home, the insured person must give his/her written consent.

127. Prior to the commencement of the service, the insured person is obliged to present a valid identity document at the summons of the incoming service provider and:

- 1) an information sheet for hospital treatment, if the insured person has already completed his/her hospital stay, or an information sheet from a medical institution confirming that an operation has been carried out, or a certificate confirming that a surgical operation has been carried out, if a surgical operation has been carried out, and
 - 2) a sick leave document, in the event of a claim for the benefit:
 - a) provision of essential medicines,
 - b) provision of rehabilitation equipment,
 - c) handing over personal items for repair,
 - d) referral to rehabilitation in the case of a request for a visit by a physiotherapist or massage therapist and transport to rehabilitation.
- 128.** All declarations and notifications of the Insured regarding the performance of the benefit may be effectively made in a telephone conversation recorded and archived by PZU Życie SA.
- 129.** Telephone conversations between PZU Życie SA and the applicant are recorded.
- 130.** If a benefit is organised as a result of misrepresentation or untruthfulness on the part of the applicant for its organisation by PZU Życie SA and, as a result, PZU Życie SA incurs the costs of such organisation, PZU Życie SA will pursue a refund of the undue benefit from the applicant.
- 131.** PZU Życie SA and the Assistance Centre shall not be obliged to reimburse costs incurred by the Insured if the event was not reported to the Assistance Centre, unless the lack of reporting was due to force majeure which made contact impossible from the Assistance Centre.
- 132.** If the Insured or the person acting on his/her behalf was unable to contact the Assistance Centre due to force majeure and has organised and paid for the services himself/herself, he/she shall, within 7 days of the day on which it became possible to contact the Assistance Centre, notify the occurrence of the insured event. Furthermore, the insured person or the person acting on his or her behalf shall state the reason for his or her inability to contact the Assistance Centre.
- 133.** In the case referred to in point 132 PZU Życie SA is obliged to reimburse to the Insured the costs incurred by him/her, up to the amount of costs actually incurred, but not more than up to the amount of the limit set for the given service, and if no limit has been set - up to the maximum amount corresponding to the average price of providing this type of service in the locality where the service was performed. The basis for consideration of the reported claim is the submission by the insured person of the documentation necessary to establish the legitimacy of the claim and the amount of the benefit: medical documentation confirming the occurrence of the insurance event covered by the liability of PZU Życie SA and named bills and proofs of payment.

FINAL PROVISIONS

– what other matters are important

- 134.** Any matters not regulated by the supplementary insurance shall be subject to the general terms and conditions of basic insurance, the provisions of the Civil Code, the Act on Insurance and Reinsurance Activity and any other applicable laws.

APPENDIX

TO THE SUPPLEMENTARY GROUP HEALTH INSURANCE ASSISTANT IN CASE OF HEALTH LOSS

No.	Surgical intervention
Nervous system	
1.	Craniotomy with removal of an epidural abscess
2.	Craniotomy with removal of an epidural hematoma
3.	Craniotomy with removal of a foreign body from the skull
4.	Craniotomy with removal of subdural hematoma
5.	Craniotomy with removal of intracerebral haematoma
6.	Drainage of intracerebral haematoma
7.	Lobotomy/tractotomy
8.	Dissection of a brain lesion
9.	Dissection of brain tissue
10.	Dissection of a cerebellar tumour
11.	Removal of cerebellar abscess
12.	Dissection of a brainstem tumour
13.	Meningeal reconstruction
14.	Closure of a meningeal fluid fistula
15.	Ventriculostomy
16.	Extracranial brain drainage
17.	Implantation of a brain stimulator
18.	Surgery for a brain aneurysm or haemangioma
19.	Decompression surgery of the spinal canal or spinal nerve root
20.	Decompression surgery of the spinal canal or spinal nerve root with stabilisation
21.	Dissection of a spinal cord lesion
22.	Dissection of a brain lesion
23.	Dissection of a peripheral nerve lesion
24.	Dissection of a cranial nerve lesion
25.	Peripheral nerve reconstruction
26.	Cranial nerve decompression
27.	Cranial nerve repair surgery
28.	Peripheral nerve repair surgery
29.	Sympathetic nerve repair surgery
30.	Implantation of a spinal cord neurostimulator
31.	Cranial nerve reconstruction
32.	Cranial nerve transplantation
33.	Subarachnoid space drainage procedure
34.	Dissection or eradication of the choroid plexus of the meninges
35.	Subarachnoid space abscess drainage procedure
36.	Ligation of the middle meningeal artery
37.	Cauterization of the choroid plexus of the meninges
38.	Ligation of the vessels of the subdural space
39.	Subdural space drainage procedure
40.	Drainage procedure of an intracranial hydrocele
41.	Meningeal decortication
42.	Dissection of a brain lesion
43.	Massive resection of brain tissue
44.	Removal of a brainstem abscess

No.	Surgical intervention
45.	Dissection of spinal cord tissue
46.	Transection of spinal cord pathways
47.	Meningeal or spinal hernia surgery
48.	Spinal subdural space drainage procedure
49.	Dissection of sural neuroma
50.	Cervical sympathectomy
51.	Lumbar sympathectomy
52.	Stereotactic ablation of brain tissue
53.	Spinal cord dissection
54.	Dissection of meninges
55.	Dura mater transplantation
Endocrine system and mammary gland	
55.	Total dissection of the thyroid gland
56.	Partial dissection of the thyroid gland
57.	Total dissection of the thyroid gland
58.	Dissection of the thyroglossal duct
59.	Partial resection of the parathyroid glands
60.	Total dissection of the parathyroid glands
61.	Partial dissection of the adrenal glands
62.	Bilateral adrenal dissection
63.	Surgery of the pineal gland
64.	Dissection of the pituitary gland
65.	Partial dissection of the thymus
66.	Total dissection of the thymus
67.	Thoracoscopic dissection of the thymus gland
68.	Thymus transplantation
69.	Dissection of a breast lesion
70.	Subtotal mastectomy
71.	Dissection of the nipple
72.	Reconstruction or repair of the nipple
73.	Unilateral total breast dissection
74.	Bilateral total breast dissection
75.	Total simultaneous breast reconstruction
76.	Unilateral breast implant
77.	Breast skin graft
78.	Sutured breast graft
79.	Breast reconstruction with a muscle flap
80.	Breast reconstruction with a dermal-muscular flap
81.	Total bilateral simultaneous breast reconstruction
Eye	
82.	Dissection of the lacrimal gland
83.	Dissection of a lacrimal gland lesion
84.	Dissection of the lacrimal sac or lacrimal duct
85.	Anastomosis of the lacrimal duct to the nasal cavity
86.	Dissection of a lesion from the conjunctiva
87.	Repair surgery for conjunctival scarring
88.	Removal of conjunctival or eyelid adhesions
89.	Conjunctival reconstruction with transplantation
90.	Dissection of corneal pterygium

Surgical intervention	
91.	Corneal transplantation
92.	Iris incision
93.	Removal of iris adhesions
94.	Iris dissection
95.	Dissection of an iris lesion
96.	Trepanation of the sclera with complete removal of the iris
97.	Scleral fistula formation
98.	Removal of a scleral lesion
99.	Scleral hump repair
100.	Scleral reinforcement
101.	Removal of vitreous body
102.	Total removal of the oculomotor muscle
103.	Dissection of the eyeball
104.	Repair of post-traumatic damage to ocular structures
105.	Operative management of a fractured eyeball
106.	Orbital lesion dissection
107.	Osteoplasty of the orbit
108.	Removal or dissection of a ciliary body lesion
Ear	
109.	Total Dissection of the external ear
110.	Reconstruction of the ossicles
111.	Eardrum repair surgery
112.	Repair surgery of the mastoid process
113.	Dissection of middle ear lesion
114.	Dissection of an inner ear lesion
115.	Inner ear drainage procedure
116.	Ablation of inner ear structures
117.	Inner ear reconstruction
118.	Surgery for inner ear fistula
119.	Cochlear prosthesis implantation
120.	Lymphatic fistula formation
121.	Decompression of the vagus
Respiratory system	
122.	Operative stopping of nasal bleeding with arterial ligation
123.	Dissection of the internal nasal auricle (dissection by diathermy, cryotherapy, laser surgery not included)
124.	Nasal dissection
125.	Opening of the maxillary sinus
126.	Dissection of a maxillary sinus lesion
127.	Frontal sinus opening
128.	Dissection of a frontal sinus lesion
129.	Obliteration of the frontal sinus
130.	Frontal sinus dissection
131.	Opening of sieve cells
132.	Dissection of sieve cells
133.	Opening of the wedge sinus
134.	Removal of the wedge sinus
135.	Opening of multiple nasal sinuses
136.	Throat dissection
137.	Dissection of a throat lesion

No.	Surgical intervention
138.	Throat expansion
139.	Posterior nostril repair surgery
140.	Throat repair surgery after cancer removal
141.	Closure of a pharyngeal fistula
142.	Partial laryngectomy
143.	Total laryngectomy
144.	Dissection of a laryngeal lesion
145.	Laryngeal dilatation
146.	Laryngeal fistula surgery
147.	Dissection of laryngeal cartilage
148.	Laryngeal repair surgery
149.	Dissection of vocal cords
150.	Vocal prosthesis implantation
151.	Simultaneous dissection of the larynx and pharynx
152.	Laryngeal transplantation
153.	Tracheostomy (does not include temporary tracheostomy)
154.	Tracheal repair surgery
155.	Tracheal fistula surgery
156.	Total simultaneous laryngotracheal reconstruction
157.	Partial resection of the trachea
158.	Bronchial repair surgery
159.	Bronchial fistula surgery
160.	Dissection of a bronchial lesion
161.	Dissection of the airway
162.	Dissection of a lung lesion
163.	Lung dissection
164.	Lung transplantation
165.	Simultaneous lung and heart transplantation
166.	Dissection of a mediastinal lesion
167.	Sinonasal duct reconstruction
Oral	
168.	Dissection of the tongue lesion
169.	Partial resection of the tongue
170.	Complete removal of the tongue
171.	Dissection of a salivary gland lesion
172.	Partial salivary gland dissection
173.	Total removal of the salivary gland
174.	Repair surgery of the salivary gland or salivary duct
175.	Closure of a salivary fistula
176.	Dissection of a hard palate lesion
177.	Dissection of a soft palate lesion
178.	Cleft palate correction
179.	Dissection of a lip lesion
180.	Dissection of an oral mucosal lesion
181.	Reconstruction of oral structures with grafting (does not include reconstruction of teeth and gums)
182.	Uvula dissection
183.	Dissection of a tonsillar lesion
184.	Partial esophagectomy
185.	Total esophagectomy

No.	Surgical intervention
186.	Mediastinal oesophageal bypass anastomosis
187.	Creation of an artificial oesophagus
188.	Intestinal formation of the oesophagus
189.	Pre-sternal oesophageal bypass anastomosis
190.	Insertion of an oesophageal endoprosthesis
191.	Suturing of an oesophageal tear
192.	Removal of oesophageal stricture
193.	Ligation of oesophageal varices
194.	Simultaneous total removal of the oesophagus and the stomach
195.	Oesophageal fistula creation
196.	Gastric fistula surgery
197.	Ligation of gastric portal varices
198.	Pyloromyotomy
199.	Pyloroplasty
200.	Partial gastrectomy
201.	Total gastrectomy
202.	Vagotomy in peptic ulcer disease
203.	Stitching up a gastric ulcer
204.	Stopping the bleeding in the stomach
205.	Stopping bleeding in the duodenum
206.	Gastric bypass anastomosis
207.	Anti-reflux surgery
208.	Suturing of a gastric tear
209.	Inversion of gastric diverticulum
210.	Dissection of the duodenum
211.	Suturing of duodenal ulcer
212.	Vagotomy in duodenal ulcer disease
213.	Duodenal bypass anastomosis
214.	Surgery for duodenal fistula
215.	Suturing of a torn duodenum
216.	Partial resection of the small bowel
217.	Total small bowel resection
218.	Small bowel bypass anastomosis
229.	Closure of small bowel fistula
220.	Small intestine colostomy
221.	Reconstruction of an intestinal fistula
222.	Suturing of a torn small bowel
223.	Intestinal diversion
224.	Drainage of intestinal indentation
225.	Affixing the small intestine
226.	Suture of the small intestine
227.	Dissection of a cyst or pilonidal sinus
228.	Caecal dissection
229.	Diaphragmatic hernia surgery
230.	Transverse colon dissection
231.	Right hemicraniectomy
232.	Left hemicraniectomy
233.	Dissection of the sigmoid colon
234.	Total intraabdominal colectomy

No.	Surgical intervention
235.	Intestinal bypass surgery
236.	Colorectal fistula surgery
237.	Multiple segmental colorectal excisions
238.	Large intestine colostomy
239.	Suture of the large intestine
240.	Affixing the large intestine
241.	Suturing of a large bowel tear
242.	Anal banding
243.	Anal fistula surgery
244.	Implantation of an artificial anal sphincter
245.	Prolapsed anus surgery
246.	Rectal dissection
247.	Suturing of a rectal tear
248.	Rectal dissection
249.	Rectal fixation
250.	Slender muscle graft
251.	Appendectomy
Abdominal viscus	
252.	Partial resection of the spleen
253.	Global dissection of the spleen
254.	Dissection of a splenic lesion
255.	Spleen transplantation
256.	Partial resection of the liver
257.	Global liver resection
258.	Dissection of a liver lesion
259.	Liver transplantation
260.	Endovascular hepatic vascular surgery
261.	Fixation of the liver
262.	Hepatic duct anastomosis
263.	Dissection of the gallbladder
264.	Dissection of a pancreatic lesion
265.	Cholecystostomy (creation of a gallbladder fistula)
266.	Suturing of the bile duct
267.	Biliary dissection
268.	Biliary duct anastomosis
269.	Dissection of a biliary tract lesion
270.	Plasticisation of the common bile duct
271.	Gallbladder anastomosis
272.	Dissection of the Vater papilla
273.	Dissection of the alveolar duct
274.	Pancreatic cyst fistula formation
275.	Partial resection of the pancreas
276.	Global pancreatic resection
277.	Simultaneous total resection of the pancreas and duodenum
278.	Whipple operation
279.	Pancreatic anastomosis
280.	Pancreatic duct anastomosis
Heart	
281.	Closed valvulotomy

No.	Surgical intervention
282.	Open valvuloplasty
283.	Aortic valve implantation
284.	Mitral valve implantation
285.	Pulmonary valve implantation
286.	Tricuspid valve implantation
287.	Valve ring repair surgery
288.	Percutaneous valvuloplasty
289.	Closure of the Botall's ductus arteriosus
290.	Atrial septal defect closure
291.	Ventricular septal defect closure
292.	Closure of cardiac septal defect
293.	Global correction of total abnormal pulmonary vein drainage
294.	Percutaneous coronary angioplasty
295.	Coronary artery bypass grafting
296.	Coronary artery aneurysm surgery
297.	Operations on the papillary muscles of the heart
298.	Heart tendon strand surgery
299.	Pericardial dissection
300.	Heart aneurysm repair surgery
301.	Dissection of a cardiac aneurysm
302.	Ventricular remodelling
303.	Surgical reduction of the heart chamber
304.	Heart transplant
305.	Implantation of an artificial heart
306.	Implantation of a mechanical heart support system
307.	Implantation of a cardiac pacing system
308.	Cardioversion / defibrillator engraftment
309.	Cardiac resynchronisation therapy (CRT) implantation
310.	Open cranioplasty
311.	Myocardial bead surgery
312.	Bypasses for cardiac revascularisation
313.	Percutaneous pulmonary artery surgery
314.	Percutaneous closure of the atrial appendage
Arterial and venous vessels	
315.	Carotid artery reconstruction
316.	Carotid artery bypass grafting
317.	Reconstruction of the abdominal arteries
318.	Endarterectomy of the arteries of the lower limb
319.	Dissection or anastomosis of the arteries of the lower limb
320.	Bypass of the abdominal aorta or lower limb arteries
321.	Cerebral artery aneurysm surgery
322.	Aortic repair surgery
323.	Bypass of the abdominal aorta or abdominal arteries
324.	Reconstruction of another artery
325.	Suturing the artery
326.	Reconstruction of the subclavian artery
327.	Subclavian artery bypass grafting
328.	Endovascular aortic repair surgery
329.	Endovascular repair surgery of lower limb arteries

No.	Surgical intervention
330.	Endovascular repair of visceral branches of the aorta
331.	Endovascular repair surgery of the cerebral artery
332.	Endovascular repair of another artery
333.	Dissection of aneurysm with anastomosis of the following veins: abdominal, iliac, portal, renal, splenic, inferior vena cava
334.	Dissection of a vascular lesion with anastomosis
335.	Carotid artery endovascular surgery
336.	Cerebral artery reconstruction
337.	Pulmonary artery reconstruction
338.	Dissection of a thoracic vascular aneurysm
339.	Dissection of a vascular lesion with an insertion
340.	Dissection of upper limb vascular aneurysm
341.	Upper limb vascular endarterectomy
342.	Abdominal vein anastomosis
Urinary system	
343.	Surgery for a kidney cyst
344.	Kidney stone removal
345.	Pielostomy
346.	Dissection or destruction of a lesion of the pyelocaliceal system
347.	Dissection or destruction of the renal lesion
348.	Thermal ablation of a renal lesion
349.	Dissection of the renal calyx
350.	Partial dissection of the kidney
351.	Global kidney dissection
352.	Bilateral simultaneous renal dissection
353.	Kidney transplantation
354.	Fixation or suspension of a hypermobile kidney
355.	Supply of traumatic kidney lesion
356.	Renal fistula surgery (does not include percutaneous fistula creation)
357.	Urinary system anastomosis
358.	Urinary system repair
359.	Removal of a clot from the urinary tract
360.	Stone evacuation from the urinary tract
361.	Complete removal of the lesion from the ureter
362.	Correction of ureteral stenosis
363.	Incision of the ureter
364.	Partial dissection of the ureter
365.	Global dissection of the ureter
366.	Surgery for ureteral fistula
367.	Reimplantation of the ureter into the bladder
368.	Intestinal ureteral insertion
369.	Fabrication of a terminal faecal fistula with ureteral implantation
370.	Reimplantation of the ureter
371.	Suturing of a ureteral wound
372.	Fixation of the ureter
373.	Surgery of a ureter affected by retroperitoneal fibrosis
374.	Extravesical anti-reflux surgery
375.	Ureteral replacement with an implant
376.	Urethral prosthesis
377.	Ureteral folding

No.	Surgical intervention
378.	Release of the ureter from adhesions
379.	Implantation of an electronic ureteral stimulator
380.	Bladder stone evacuation
381.	Bladder outlet repair surgery
382.	Bladder and urethral repair
383.	Surgical repair of bladder diverticulum
384.	Bladder outlet plication
385.	Foliation of the bladder outlet
386.	Urethral strictures correction
387.	Incision and drainage of a sterile abscess
388.	Bladder fistula surgery
389.	Dissection or destruction of a bladder lesion
390.	Dissection of a bladder diverticulum
391.	Partial dissection of the bladder
392.	Global bladder dissection
393.	Vaginal fistula surgery
394.	Fabrication of a replacement bladder
395.	Urethral repair surgery
396.	Urethral fistula surgery
397.	Urethral infolding
398.	Implantation of an artificial urethral sphincter
399.	Urethral prosthesis implantation
400.	Surgery for hypospadias
401.	Operative treatment of urinary incontinence
402.	Dissection or destruction of steroid tissue
403.	Dissection or destruction of a sterile lesion
404.	Global dissection of the prostate
405.	Dissection of a urethral lesion
406.	Dissection of a urethral diverticular
407.	Uterine fistula surgery
408.	Bladder reconstruction
409.	Bladder repair surgery
410.	Bladder anastomosis creation
411.	Implantation of an electronic bladder stimulator
412.	Partial dissection of the urethra
413.	Global dissection of the urethra
Male genitalia	
414.	Hydrocele testis repair
415.	Dissection of a testicular lesion
416.	Unilateral dissection of the testis
417.	Dissection of the only testicle
418.	Dissection of both testes at the same time
419.	Bringing down the testicles
420.	Testicular prosthesis
421.	Operation for varicose veins of the spermatic cord
422.	Repair surgery of the spermatic cord
423.	Transplantation of the spermatic cord
424.	Seminal vesicle surgery
425.	Epididymis surgery

No.	Surgical intervention
426.	Dissection of the epididymis
427.	Dissection of the vas deferens
428.	Dissection or destruction of the penile lesion
429.	Global penile dissection
430.	Partial penile dissection
431.	Penile prosthesis
432.	Penile reimplantation
433.	Penile repair surgery
434.	Foreskin repair surgery
435.	Scrotal dissection
Female reproductive system	
436.	Bartholin's gland surgery
437.	Dissection or destruction of a lesion in the recto-uterine pouch
438.	Closure of the recto-uterine pouch
439.	Dissection of a vaginal lesion
440.	Vaginal dissection
441.	Vaginal repair surgery
442.	Vaginal fistula surgery
443.	Reconstruction of the vaginal vault
444.	Dissection of a vulvar lesion
445.	Dissection of the vulva
446.	Release of vulvar adhesions
447.	Clitoral surgery
448.	Ovarian or fallopian tube surgery
449.	Bilateral dissection of the ovaries or fallopian tubes
450.	Dissection of a cervical lesion
451.	Removal of uterine myomas
452.	Global or partial dissection of the endometrial lesion
453.	Uterine septum repair surgery
454.	Removal of uterine adhesions
455.	Destruction of the endometrial lesion
456.	Suturing the uterus to the abdominal wall
457.	Suturing of a uterine tear
458.	Closure of uterine fistula
459.	Repair of postpartum uterine tear
460.	Repair of a congenital uterine defect
461.	Global or partial dissection of the uterus
462.	Operations on the uterine suspensory apparatus
Skin	Szycie rany przepony
463.	Noninfarcted skin graft
464.	Engraftment of hairy skin flap
465.	Transplantation of foreign tissue into the skin
466.	Pedunculated or flap skin graft
467.	Local grafting of a subcutaneous tissue-supported skin flap
468.	Scar release surgery using a skin flap
469.	Dermo-fascial flap transplantation
470.	Insertion of an expander under the skin
471.	Mucosal transplantation

No.	Surgical intervention
Soft tissues	
472.	Tendon release
473.	Dissection of a lateral neck cyst
474.	Dissection of residual gill slit
475.	Dissection of a chest wall lesion with removal of a rib or ribs
476.	Lung decortication
477.	Chest wall reconstruction
478.	Thoracoplasty
479.	Diaphragm repair surgery
480.	Diaphragmatic fistula closure
481.	Suturing diaphragm
482.	Completely block dissection of lymph nodes
483.	Bilateral inguinal hernia surgery
484.	Unilateral inguinal hernia surgery
485.	Umbilical hernia surgery
486.	Unilateral femoral hernia surgery
487.	Bilateral femoral hernia surgery
488.	Surgery for abdominal wall hernia of unspecified location
489.	Hernia operation in a postoperative scar
490.	Diaphragm plication
491.	Ureteral surgery
492.	Dissection of peritoneal tissue
493.	Network repair operation
494.	Cutting out network changes
495.	Repair surgery on the mesentery of the bowel
496.	Dissection of mesenteric bowel lesion
497.	Dissection of a peritoneal lesion
498.	Release of peritoneal adhesions
499.	Lymphatic duct surgery
500.	Dissection of a tendon
501.	Dissection of a gelatinous cyst of the tendon sheath
502.	Bursa surgery
503.	Dissection of the fascia
504.	Dissection of the muscle
505.	Release of muscle spasm
506.	Tendon repair surgery
507.	Muscle repair surgery
508.	Muscle transplantation
509.	Muscle release
510.	Dissection of a lesion or tissue of the diaphragm
511.	Pleural repair procedure
512.	Operative repair of sciatic hernia
513.	Operative repair of ischio-anal hernia
514.	Lumbar hernia repair surgery
515.	Reconstructive surgery for an obturator hernia
516.	Reconstructive surgery for a mesh hernia
517.	Retroperitoneal hernia repair surgery
518.	Peritoneal repair surgery
519.	Dissection of the tendon sheath

No.	Surgical intervention
520.	Fascia repair surgery
521.	Surgery for fasciocutaneous fistula
522.	Dissection of the fascia
Bones and joints of the skeleton and spine	
523.	Elevation of a fractured skull fragment
524.	Restoration of cranial bone defect
525.	Open setting of a nasal bone fracture
526.	Dissection of a facial bone lesion
527.	Dissection of the facial bones
528.	Open setting of a fracture of the zygomatic bone
529.	Open setting of a fracture of the jaw
530.	Open setting of a mandibular fracture
531.	Open set of facial bones
532.	Open setting of an orbital fracture
533.	Facial bone graft
534.	Open setting of a temporomandibular joint dislocation
535.	Partial dissection of the mandible
536.	Global dissection of the mandible
537.	Intervertebral disc dissection of the spine
538.	Removal of a herniated nucleus pulposus
539.	Stiffening (arthrodesis) of the spinal joints
540.	Cervical spine decompression surgery
541.	Vertebral fracture surgery
542.	Reconstruction of multiple facial bones
543.	Reconstruction of one facial bone
544.	Dissection of a bone lesion
545.	Dissection of a bone necrosis
546.	Osteotomy without separation (excludes osteotomies in the feet and hands)
547.	Wedge osteotomy (excludes osteotomies in the feet and hands)
548.	Other osteotomy (does not include osteotomies in the feet and hands)
549.	Bone resection (excludes foot and hand resections)
550.	Closed setting of a bone fracture with internal stabilisation
551.	Open set bone fracture with internal stabilisation
552.	Closed stabilisation of the separated bone root
553.	Open stabilisation of the separated bone root
554.	Restorative treatment of poor or non-union of a bone fracture
555.	Release of the joint capsule
556.	Joint release
557.	Ligament release
558.	Open dislocation setting
559.	Dissection of the knee meniscus
560.	Hip joint stiffening (arthrodesis)
561.	Stiffening (arthrodesis) of the knee joint
562.	Shoulder joint stiffening (arthrodesis)
563.	Stiffening (arthrodesis) of the elbow joint
564.	Ligament stabilisation surgery of the knee joint
565.	Shoulder joint stabilisation surgery
566.	Suturing of the joint capsule or ligaments of the upper limb
567.	Surgery to stabilise the patella of the knee joint

No.	Surgical intervention
568.	Suturing of the joint capsule or ligaments of the lower limb
569.	Global hip replacement
570.	Partial hip replacement
571.	Carpal or metacarpal arthroplasty
572.	Metacarpophalangeal and interphalangeal arthroplasty
573.	Global wrist endoprosthesis
574.	Global endoprosthesis of the foot or toe joint
575.	Global ankle replacement
576.	Microsurgical reconstruction of vessels or nerves of the foot
577.	Finger placement
578.	Global thumb reconstruction
570.	Partial endoprosthesis of the shoulder joint
580.	Partial endoprosthesis of the elbow joint
581.	Global shoulder joint endoprosthesis
582.	Global elbow endoprosthesis
583.	Global knee replacement
584.	Global dissection of the ectopic bone
585.	Partial dissection of ectopic bone
Other	
586.	Thumb amputation
587.	Upper limb amputation at wrist level
588.	Carpal extrusion
589.	Amputation of the upper limb at the level of the forearm
590.	Extrusion at the elbow joint
591.	Upper limb amputation at arm's length
592.	Shoulder joint extrusion
593.	Upper limb amputation with scapula subtraction
594.	Toe amputation
595.	Amputation of the lower limb at the level of the ankle joint
596.	Extrusion in the ankle joint
597.	Lower limb amputation at lower leg level
598.	Amputation of the lower limb at knee level
599.	Extirpation in the knee joint
600.	Lower limb amputation at thigh level
601.	Hip joint replacement
602.	Lower limb amputation with part of the pelvis
603.	Thumb replantation
604.	Replantation of the upper limb at wrist level
605.	Replantation of the upper limb at shoulder height
606.	Toe replantation
607.	Replantation of the lower limb at the level of the ankle joint
608.	Replantation of the lower limb at the level of the lower leg
609.	Replantation of the lower limb at the level of the thigh
610.	Full face transplant