



**DOCUMENT CONTAINING INFORMATION
ABOUT THE INSURANCE PRODUCT
AND THE GENERAL TERMS AND CONDITIONS OF
SUPPLEMENTARY GROUP INSURANCE AGAINST BODILY
HARM OF THE INSURED PARTY CAUSED BY MYOCARDIAL
INFARCTION OR STROKE**



SUPPLEMENTARY GROUP INSURANCE AGAINST BODILY HARM OF THE INSURED PARTY CAUSED BY MYOCARDIAL INFARCTION OR STROKE

Code of terms and conditions: TZGP56

Document version of 21 September 2024

This material contains information about an insurance product. Full information about the insurance can be found in other documents, in particular in the general terms and conditions of the supplementary group insurance against bodily harm of the insured party caused by myocardial infarction or stroke, code of terms and conditions: TZGP56 (GTCl). Please read the GTCl before you decide to conclude a contract. The definitions used in the GTCl may differ from the commonly accepted concept, so pay particular attention to them. The conclusion of a contract is voluntary.

INFORMATION ABOUT THE PRODUCT:

- is informative material,
- is not part of the insurance contract (contract),
- is not an offer within the meaning of the Article 66 of the Civil Code,
- should not be the sole basis for the decision to conclude a contract.

SUBJECT MATTER OF THE INSURANCE AND ITS COVERAGE - WHAT WE INSURE AND WHAT EVENTS WE COVER

We insure the health of the insured party.

The coverage of the supplementary insurance covers the occurrence of bodily harm to the insured party listed in the Table of Bodily Harms annexed to the GTCl, which is the result of myocardial infarction or stroke occurring during the coverage period.

Whereby, in accordance with the GTCl, a bodily harm is an injury resulting from myocardial infarction or stroke occurring during the period of cover, as indicated in the Table of Bodily Harms, determined after the dates specified in the clause 7 of the GTCl.

PRODUCT CHARACTERISTICS - WHAT ARE THE MAIN FEATURES OF OUR INSURANCE

If the insured party suffers a bodily harm, we will pay a benefit for 1% of the bodily harm equal to the product of the sum insured and the percentage of the sum insured specified in the policy and in the individual insurance confirmation. We will determine the benefit based on the sum insured and the percentage of the sum insured current at the date of the myocardial infarction or stroke. We determine the percentage of bodily harm based on the Table of Bodily Harms. We are liable:

- if there is a normal causal link between the myocardial infarction or stroke and the bodily harm,
- for a maximum of 100% of the bodily harm due to one stroke.

The supplementary insurance may be taken out together with the conclusion of the basic insurance - PZU Na Życie Plus (PZU For Life Plus) Group Insurance - or in the course of its duration.

WHO CAN CONCLUDE A CONTRACT WITH US AND WHO WE INSURE

The supplementary insurance is taken out by the policyholder, who is obliged to pay the premium for the insurance. The supplementary insurance can be taken out by insured parties who have taken out the basic insurance.

WHAT IS THE TERM OF THE CONTRACT

The policyholder may take out supplementary insurance with us for a fixed period. We confirm the term 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 THE INSURANCE APPLIES

The insurance cover applies worldwide.

HOW AND WHEN THE PREMIUM IS PAID

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

WHEN THE INSURANCE COVER BEGINS AND ENDS

The cover in the supplementary insurance starts according to the terms described in the basic insurance.

The cover in the supplementary insurance will 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 primary insurance ends,
- on the date on which we receive a declaration from the policyholder that the latter is withdrawing from 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 abandon the supplementary insurance,
- at the end of the month of supplementary insurance under 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 COVER

We will not pay the benefit in the event of, inter alia:

- a lack of our cover on the date of myocardial infarction or stroke resulting in bodily harm,
- a lack of a normal causal link between the heart attack or stroke and the bodily harm,
- a failure to provide documents necessary to establish the validity of the claim.

Furthermore, we are not liable if the situation in question is not covered, including the accepted definitions, or our liability has ended (e.g. due to non-payment of premium), and in other cases specified in the GTCI.

HOW TO TERMINATE THE CONTRACT

The policyholder may withdraw from the contract of supplementary insurance within:

- 7 days from the conclusion of the contract - if the latter is an entrepreneur,
- 30 days from the conclusion of the contract - if the latter is not an entrepreneur. After this period, the policyholder may terminate the contract by giving a written notice. The policyholder may abandon the renewal of the supplementary insurance by giving us a written declaration of non-renewal at the latest 30 days before its termination.

REMUNERATION OF THE INSURANCE DISTRIBUTOR

The distributor is remunerated on a commission basis in connection with the proposed contract.

COMPLAINTS, CLAIMS AND GRIEVANCES

1. A complaint, claim or grievance can be lodged at any of our units where we serve the clients.
2. A complaint, claim or grievance can be lodged:
 - 1) in writing - in person or sent by post within the meaning of the Act 'Postal Law', for example by writing to: PZU Życie S.A. ul. Postępu 18A, 02-676 Warsaw (address for correspondence only);
 - 2) in writing - sent to the electronic delivery address of PZU Życie S.A. within the meaning of the Act on Electronic Deliveries, starting from the date of entry of that address into the electronic address database;
 - 3) in the oral form - by telephone, for example by calling the helpline number 801 102 102, or in person, which we confirm by means of a protocol during a visit at our unit;
 - 4) in the electronic form - by sending an e-mail to reklamacje@pzu.pl or by filling in a form on pzu.pl.
3. We will respond to complaints, claims and grievances as soon as possible and no later than 30 days from the date we received them. In particularly complex cases, if we are unable to respond within 30 days, we will inform:
 - 1) why the response is delayed;
 - 2) what circumstances we still need to establish in order to deal with the matter;
 - 3) what is the new time limit for our response - this time limit must not be more than 60 days from the date we received the complaint, claim, grievance.
4. We will respond to a complaint, claim and grievance to the person who has lodged it:
 - 1) where the client is a natural person - in writing, except that we will only provide a response by electronic means if requested by the client;
 - 2) where the client is an entity other than those referred to in subclause 1, in writing or by means of another durable medium.

5. If, after considering the complaint:
 - 1) we have not admitted the claims made, or
 - 2) we have admitted the claims, but within the time limit specified in our response to that complaint we have not carried out the actions to which we have committed ourselves,
 - 3) a natural person who has lodged a complaint may write to the Financial Ombudsman on this matter.
6. We handle complaints, claims and grievances at our units which have jurisdiction over the subject matter of the case.
7. You can find out more about complaints in the 'Act on the Handling of Complaints by Financial Market Entities, the Financial Ombudsman and the Financial Education Fund' and the 'Act on Insurance Distribution'.
8. We anticipate the possibility of extrajudicial dispute resolution.
9. The entity authorised within the meaning of the 'Act on Extrajudicial Resolution of Consumer Disputes', competent for the PZU Życie for extrajudicial resolution of disputes is the Financial Ombudsman. Its website address is: rf.gov.pl.
10. If the insured party or the policyholder, beneficiary and entitled party are consumers, they may seek assistance from Municipal and Poviát Consumer Ombudsmen.
11. The language used by us in our relations with the consumer is Polish.
12. At PZU Życie we are subject to the supervision of the Polish Financial Supervision Authority (KNF).

In the table below you can find the provisions of the general terms and conditions of the supplementary group insurance for bodily harm to the insured party caused by myocardial infarction or stroke, terms and conditions code: TZGP56 (GTCI), which specify the main terms and conditions of the insurance contract.

This information is part of the GTCI and follows from the provisions (Art. 17 sec. 1 of the Act on Insurance and Reinsurance Activities).

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

You can find out about the insurance:

www.pzu.pl



under the helpline number 801 102 102
(Charge according to the operator's tariff)



SUPPLEMENTARY GROUP INSURANCE AGAINST BODILY HARM OF THE INSURED PARTY CAUSED BY MYOCARDIAL INFARCTION OR STROKE

Code of the GTCI: TZGP56

The Management Board of PZU Życie S.A. established the general terms and conditions of supplementary group insurance against bodily harm to the insured party caused by myocardial infarction or stroke by the Resolution No. UZ/119/2024 of 18 June 2024 (hereinafter referred to as the GTCI).

The GTCI come into force on 21 September 2024 and apply to insurance contracts concluded from 1 October 2024. The policyholder should thoroughly familiarise himself/herself with the GTCI before concluding the contract and provide the GTCI to anyone wishing to take out the insurance.

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

GLOSSARY

– i.e. what the terms used mean

1. In the GTCI we use the terms:

- 1) **cover period** – the period during which our liability to the insured party under the supplementary insurance continues;
- 2) **Table of Bodily Harms** – the table annexed to the GTCI;
- 3) **supplementary insurance** – the insurance contract to which these GTCI apply;
- 4) **basic insurance** – the PZU Na Życie Plus (PZU For Life Plus) group insurance contract, to which the policyholder may take out a supplementary insurance;
- 5) **stroke** – a sudden focal or generalised impairment of brain function caused exclusively by closure of the lumen of a cerebral vessel or interruption of the continuity of its wall. We are liable only for such a stroke:
 - a) which has been diagnosed on the basis of the presence of fresh vascular lesions on cerebral imaging, or
 - b) which has been treated with thrombolytic therapy.Our cover under this insurance does not include a transient cerebral ischaemic attack (known as a TIA) and such a stroke which has a non-vascular cause or has arisen as a result of trauma.
The date of occurrence of a stroke is the date on which, according to medical records, the following conditions are met:
 - a) a stroke has been diagnosed as described above, or
 - b) a treatment for stroke as indicated above has been administered;
- 6) **bodily harm** – bodily harm resulting from a myocardial infarction or stroke occurring during the period of cover, as indicated in the Table of Bodily Harms, to be determined after the expiry of the time limits specified in the clause 7 of the GTCI;
- 7) **myocardial infarction** – damage to part of the myocardium as a result of acute ischaemia.
We are only liable for such a myocardial infarction whose diagnosis is confirmed by an increase or decrease in cardiac troponin levels, with at least one value above normal, and at least one of the following criteria is met:
 - a) clinical symptoms of myocardial ischaemia,
 - b) new ischaemic changes in the ECG,
 - c) new loss of viable myocardium on imaging studies or new regional systolic dysfunction, the location of which is consistent with an ischaemic aetiology,
 - d) thrombus in a coronary artery detected by coronary angiography.We are also liable for myocardial infarction associated with coronary artery intervention if imaging studies show a new loss of viable myocardium of a location consistent with an ischaemic aetiology, or coronary angiography shows complications of the procedure that restrict blood flow, and in which an increase in the blood concentration of cardiac troponin to a value of:
 - a) 5 times the upper limit of normal for myocardial infarction associated with percutaneous coronary intervention or
 - b) 10 times the upper limit of normal for myocardial infarction associated with coronary artery bypass grafting. The date of occurrence of a myocardial infarction is the date on which, according to the medical records, a myocardial infarction is diagnosed as described above.

2. The other terms we use in these GTCIs are defined in the general terms and conditions of the basic insurance – we use these terms with the same meaning.

SUBJECT MATTER OF THE INSURANCE

– i.e. what we insure

3. We insure your health.

INSURANCE COVERAGE AND AMOUNT OF BENEFIT

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

4. The coverage of the supplementary insurance shall include the occurrence of bodily harm to you as indicated in the Table of Bodily Harms, which is the result of myocardial infarction or stroke occurring during the period of cover.
5. If you suffer bodily harm, we will pay you a benefit for 1% of the bodily harm equal to the product of the sum insured and the percentage of the sum insured specified in the policy and in the individual confirmation of insurance.
6. We will determine the benefit based on the sum insured and the percentage of the sum insured current at the date of myocardial infarction or stroke.
7. We determine bodily harm:
 - 1) in respect of bodily harm caused by myocardial infarction indicated in the Table of Bodily Harms – not earlier than 3 months after the occurrence of myocardial infarction;
 - 2) in respect of bodily harm caused by a stroke as indicated in the Table of Bodily Harms – not earlier than 6 months after the occurrence of the stroke, and in respect of bodily harm indicated in the Table of Bodily Harms under the clauses 27 and 28 – not earlier than the date of the stroke.
8. We are liable:
 - 1) if there is a normal causal link between myocardial infarction or stroke and bodily harm;
 - 2) for a maximum of 100% bodily harm due to one stroke.
9. In the situation where, after the benefit has been paid, it turns out that your bodily harm related to the same myocardial infarction or stroke qualifies as a higher percentage of bodily harm according to the Table of Bodily Harms, we will pay you a benefit in the amount representing the difference between the benefit payable for this higher percentage of bodily harm and the benefit previously paid.

SUM INSURED

– what it is and where we indicate its amount

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

PREMIUM

– what does it depend on and when to pay it

13. The amount of the premium for the supplementary insurance:
 - 1) is fixed, but may be changed by mutual agreement;
 - 2) depends on:
 - a) sum insured,
 - b) amount of the benefit,
 - c) 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 the contract and in the policy.
15. The policyholder transfers the premiums for the supplementary insurance to us on a monthly basis, together with the premium for the basic insurance.

CONCLUDING AND TAKING OUT THE SUPPLEMENTARY INSURANCE

– 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 THE SUPPLEMENTARY INSURANCE

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

18. The policyholder may take out the 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.

EXTENSION OF THE SUPPLEMENTARY INSURANCE

– i.e. what are the terms of the extension of the supplementary insurance

19. Unless otherwise agreed by either contractual party and provided that the primary insurance is in force, the supplementary insurance is extended for the next policy year automatically – under the same terms and conditions. In this case, as the insured party, you do not have to re-submit the declaration of taking out the insurance to us.
20. Either party may abandon from the extension of the supplementary insurance, of which it should notify the other party in writing. This must be done at least 30 days before the end of this 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 takes place according to the terms and conditions described in the basic insurance.
22. If the policyholder withdraws from the basic insurance, this results in the withdrawal from the supplementary insurance.
23. If the policyholder withdraws from the supplementary insurance, this does not result in withdrawal from the basic insurance.

TERMINATION OF THE SUPPLEMENTARY INSURANCE

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

24. Termination of the supplementary insurance takes place according to the terms and conditions described in the basic insurance.
25. If the policyholder terminates the basic insurance, this results 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 COVER

– i.e. from when we insure you

27. The cover in respect of supplementary insurance begins in accordance with the terms and conditions of the basic insurance.
28. The cover in respect of supplementary insurance begins only if the cover in respect of the basic insurance is in force.

END OF OUR COVER

– i.e. when the supplementary insurance ends

29. Our cover under the supplementary insurance ends:
 - 1) on the date our cover under the basic insurance ends;
 - 2) on the date on which we receive a declaration from the policyholder that the latter is withdrawing from the supplementary insurance;
 - 3) with the date of the end of cover in the supplementary insurance – if it is not extended;
 - 4) on the last day of the month in which you abandon 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 terminated.

ENTITLED TO THE BENEFIT

– i.e. who is entitled to the payment

30. The right to the benefit is vested in you, i.e. the insured party.

PERFORMANCE OF THE BENEFIT

– i.e. when we pay the benefit to you

31. If you suffer from bodily harm, provide us with:
 - 1) application for the payment of benefit;
 - 2) medical records that confirm the occurrence of bodily harm;
 - 3) records that confirm myocardial infarction or stroke.
32. If the documents provided are not sufficient for us to consider that payment of the benefit is due to you and in what amount, we may request you for other necessary documents.
33. If necessary, we may additionally:
 - 1) ask for the opinion of a physician whom we shall indicate;

2) order a medical examinations.

34. We bear the costs of the physician's opinion and the medical examinations we order.

35. If the documents we have requested are in a language other than Polish, you must provide us with a translation into Polish.

This translation must be done by a sworn translator.

36. We will decide on the payment of the benefit on the basis of the documentation provided.

FINAL PROVISIONS

– i.e. what else is important

37. In matters not governed by the supplementary insurance, the general terms and conditions of the basic insurance, the provisions of the Civil Code, the Act on Insurance and Reinsurance Activities and other provisions apply.

TABLE OF BODILY HARMS

I. Table of Bodily Harm caused by myocardial infarction

The degree of myocardial contractility abnormalities and the size of the ejection fraction are assessed on the basis of cardiac imaging examinations performed at the earliest 3 months after the occurrence of myocardial infarction.

		Percentage of bodily harm
1.	myocardial infarction without contractility dysfunctions	5%
2.	myocardial infarction with minor contractility dysfunctions	10%
3.	myocardial infarction with moderate contractility dysfunctions or with an ejection fraction above 45% to 50%	20%
4.	myocardial infarction with severe contractility dysfunctions or with an ejection fraction of more than 35% to 45%	40%
5.	myocardial infarction with significant contractility dysfunctions or with an ejection fraction of up to 35%	60%

II. Table of Bodily Harm caused by stroke

		Percentage of bodily harm
Pareses and paralyses of the upper limbs		
We assess the damage listed in the clauses 1–4 at the earliest 6 months after stroke occurrence.		
1.	paresis of the upper limb: impairing only fine hand movement or Lovett's rating scale IV° (one limb)	10%
2.	paresis of the upper limb: not impairing the weight-bearing capacity of the limb or Lovett's rating scale III° (one limb)	20%
3.	paresis of upper limb: preventing weight-bearing limb or Lovett's rating scale II° (one limb)	40%
4.	paralysis of upper limb: 0° or Lovett's rating scale I° (one limb)	50%
Pareses and paralyses of the lower limbs		
We assess the damage listed in the clauses 5–8 at the earliest 6 months after stroke occurrence.		
5.	paresis of lower limb: with gait fatigability, without limp and without impairment of support or Lovett's rating scale IV° (one limb)	10%
6.	paresis of lower limb: with gait fatigability and limp without impairment of support or Lovett's rating scale III° (one limb)	20%
7.	paresis of lower limb: preventing walking and supporting or Lovett's rating scale II° (one limb)	30%
8.	paralysis of lower limb: 0° or Lovett's rating scale I° (one limb)	50%
Speech disorders		
We assess the damage listed in the clauses 9–13 at the earliest 6 months after stroke occurrence.		
9.	low-grade aphasia: with loss of fluency of speech and preserved ability to understand speech	10%
10.	low-grade aphasia: with impaired speech or a slight loss of comprehension	15%
11.	moderate-grade aphasia: with loss of ability to speak or understand complex commands	25%
12.	severe-grade aphasia: with loss of ability to speak or understand simple commands	50%
13.	total aphasia: with total loss of articulation of words or total loss of comprehension of speech	100%
Extrapyramidal syndrome		
We assess the damage listed in the clauses 14–16 at the earliest 6 months after stroke occurrence.		
14.	extrapyramidal syndrome with the ability to walk unaided	15%

		Percentage of bodily harm
15.	extrapyramidal syndrome with the ability to walk only with the support of orthopaedic aids	30%
16.	extrapyramidal syndrome with total loss of ability to walk unaided	70%
Cerebellar syndrome		
We assess the damage listed in the clauses 17–19 at the earliest 6 months after stroke occurrence.		
17.	cerebellar syndrome with the ability to walk unaided	15%
18.	cerebellar syndrome with the ability to walk only with the support of orthopaedic aids	30%
19.	cerebellar syndrome with total loss of ability to walk unaided	70%
Mental health disorders		
We assess the damage listed in the clauses 20–24 at the earliest 6 months after stroke occurrence.		
20.	organic mood or cognitive disorders – making it difficult to fulfil social roles without affecting independent functioning	15%
21.	organic affective liability or dementia – making it difficult to fulfil social roles without affecting independent functioning	30%
22.	organic delusional disorder, organic amnesic syndrome or dementia – making it difficult to function independently	60%
23.	organic delusional disorder, organic amnesic syndrome or dementia – preventing independent functioning	80%
24.	coma or vegetative state	100%
Epilepsy		
We assess the damage listed in the clause 25–26 at the earliest 6 months after stroke occurrence.		
25.	epilepsy with seizures without loss of consciousness	10%
26.	epilepsy with seizures with loss of consciousness	15%
Other consequences of stroke		
We assess the damage listed in the clauses 29–30 at the earliest 6 months after stroke occurrence.		
27.	hydrocephalus treated conservatively	10%
28.	hydrocephalus treated surgically	15%
29.	hydrocephalus	10%
30.	urinary or faecal incontinence	30%
Injury to olfactory nerves		
We assess the damage listed in the clause 31 at the earliest 6 months after stroke occurrence.		
31.	damage to olfactory nerves with partial or total loss of smell	3%
Injury to optic nerve		
We assess the damage listed in the clauses 32–53 at the earliest 6 months after stroke occurrence. Deterioration of visual acuity is assessed according to distance vision after optical correction.		
32.	decrease in visual acuity by 0.1 dioptres (one eye)	2,5%
33.	decrease in visual acuity by 0.2 dioptres (one eye)	5%
34.	decrease in visual acuity by 0.3 dioptres (one eye)	7,5%
35.	decrease in visual acuity by 0.4 dioptres (one eye)	10%
36.	decrease in visual acuity by 0.5 dioptres (one eye)	12,5%
37.	decrease in visual acuity by 0.6 dioptres (one eye)	15%
38.	decrease in visual acuity by 0.7 dioptres (one eye)	20%
39.	decrease in visual acuity by 0.8 dioptres (one eye)	25%
40.	decrease in visual acuity by 0.9 dioptres (one eye)	30%
41.	total loss of visual acuity in one eye	35%
42.	total loss of visual acuity in both eyes	100%

		Percentage of bodily harm
43.	restriction of the visual field concentric up to 50° (one eye)	5%
44.	restriction of the visual field concentric up to 40° (one eye)	10%
45.	restriction of the visual field concentric up to 30° (one eye)	15%
46.	restriction of the visual field concentric up to 20° (one eye)	20%
47.	restriction of the visual field concentric up to 10° (one eye)	25%
48.	restriction of the visual field concentric to do less than 10° (one eye)	35%
49.	unilateral quadrantanopsia (one eye)	5%
50.	lateral homonymous hemianopsia (both eyes)	25%
51.	binasal hemianopsia (both eyes)	30%
52.	altitudinal (lower) hemianopsia (both eyes)	40%
53.	bitemporal hemianopsia (both eyes)	60%

Injuries to motor nerves of the eyeball

The motor nerves of the eyeball are as follows: oculomotor nerve, trochlear nerve and abducens nerve. We assess the damage listed in the clauses 54-58 at the earliest 6 months after stroke occurrence.

54.	optic nerve injury in one or both eyes – with double vision when looking straight ahead	15%
55.	optic nerve injury in one or both eyes – with double vision when looking downwards	10%
56.	optic nerve injury in one or both eyes – with double vision when looking left or right	5%
57.	optic nerve injury in one or both eyes – with double vision when looking upwards	2%
58.	injury to the oculomotor nerve in one eye with disorders of the pupillary reflex	5%

Injuries to trigeminal nerve

We assess the damage listed in the clauses 59–60 at the earliest 6 months after stroke occurrence.

59.	unilateral injury to trigeminal nerve with sensory impairment or neuralgia	3%
60.	unilateral injury to trigeminal nerve with impaired masticatory function	5%

Injuries to the following nerves: facial, glossopharyngeal, vagus ones

We assess the damage listed in the clauses 61–68 at the earliest 6 months after stroke occurrence.

61.	unilateral injury to facial nerve: with partial or total forehead crease impairment	2%
62.	unilateral injury to facial nerve with insufficiency of palpebral fissure	5%
63.	unilateral injury to facial nerve with partial dropping of the corner of the mouth	5%
64.	unilateral injury to facial nerve with total dropping of the corner of the mouth	10%
65.	unilateral injury to facial nerve or to glossopharyngeal nerve – with partial or total loss of taste	3%
66.	unilateral injury to glossopharyngeal nerve with neuralgia	2%
67.	unilateral injury to glossopharyngeal nerve or vagus nerve – with speech disorders	10%
68.	unilateral injury to glossopharyngeal nerve or vagus nerve – with swallowing disorders	10%

Injury to vestibulocochlear nerve

We assess the damage listed in the clauses 69–73 at the earliest 6 months after stroke occurrence.

We calculate hearing loss from the audiogram as the arithmetic mean of the hearing losses of sounds at 500, 1000 and 2000 Hz.

69.	hearing loss with a loss of more than 25 to 40 dB (in one ear)	10%
70.	hearing loss with a hearing loss exceeding 40 to 70 dB (in one ear)	15%
71.	hearing loss with a hearing loss exceeding 70 dB (in one ear)	25%
72.	injury to vestibulocochlear nerve with tinnitus	5%
73.	injury to inner ear in one or both ears – with dizziness or balance disorder	5%

		Percentage of bodily harm
Injuries to accessory nerve		
We assess the damage listed in the clauses 74–75 at the earliest 6 months after stroke occurrence.		
74.	unilateral injury to accessory nerve with paresis of sternocleidomastoid or quadriceps muscle	3%
75.	unilateral injury to accessory nerve with paralysis of sternocleidomastoid or quadriceps muscle	6%
Injury to sublingual nerve		
We assess the damage listed in the clauses 76–77 at the earliest 6 months after stroke occurrence.		
76.	unilateral injury to sublingual nerve with hemiparesis of tongue	5%
77.	unilateral injury to sublingual nerve with hemiparesis of tongue	15%