



ADDITIONAL GROUP INSURANCE IN THE EVENT OF HOSPITAL TREATMENT PLUS

Condition code: LPGP55

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 a severe illness of the insured Plus, conditions code: LPGP55 (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.

The following events that occur during the period of cover are covered:

- hospitalisation due to:
 - a personal accident,
 - a traffic accident,
 - an accident at work,
 - a heart attack or a stroke;
 - a stay in the intensive care unit;
 - convalescence – if your hospital stay lasted at least 14 days
- provided that we recognise our cover for hospital stays under the insured's additional group hospital treatment insurance.

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

Regarding on the applicable agreement:

- We will pay a benefit equal to a percentage of the sum insured – for each day of hospitalisation as a result of an accident during the first 14 days of that stay, provided that the stay:
 - it is your first stay caused by the personal accident in question and
 - it started no later than 14 days after the personal accident.
- We will pay a benefit equal to a percentage of the sum insured – for each day of hospitalisation as a result of an accident during the first 14 days of that stay, provided that the stay:
 - It is your first stay caused by the traffic accident in question and
 - it started no later than 14 days after the communication accident.
- We will pay a benefit equal to a percentage of the sum insured – for each day of hospitalisation as a result of an accident during the first 14 days of that stay, provided that the stay:
 - it is your first stay caused by the accident at work in question and
 - it started no later than 14 days after the accident at work.
- We will pay a benefit equal to a percentage of the sum insured – for each day of hospitalisation as a result of a myocardial infarction or a cerebrovascular accident during the first 14 days of that stay, provided that the stay:
 - is your first stay due to the heart attack or stroke in question and
 - it started no later than 14 days after the day of the heart attack or stroke.
- If you are in an intensive care unit, we will pay a single benefit equal to a percentage of the sum insured.
- For each day of convalescence, we will pay a benefit equal to a percentage of the sum insured.

We will pay the maximum for:

- o 90 days of hospitalisation,
- o 90 days of convalescence
- in the 12-month period between the policy anniversaries.

If you are in hospital or in an intensive care unit during your recovery, we will pay the benefit:

- o for a hospital stay and for a stay in an intensive care unit (if you remained at an intensive care unit) or
- o for convalescence
- of your choice.

You make the decision while making the application for payment:

- o for a hospital stay and for a stay in an intensive care unit (if you remained at an intensive care unit) or
- o for convalescence

We determine the payment based on the sum insured valid as at the day of the hospital stay.

Our cover extends to hospital stays and at intensive care units the countries of the European Union or in Australia, Iceland, Japan, Canada, Monaco, Norway, New Zealand, the United States of America, Switzerland, the Vatican, United Kingdom, if the cover selected by the policyholder includes the stay in the hospital and at intensive care units in these countries.

Such an extension also covers hospitalisation in the additional group insurance for hospital treatment of the insured.

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 hospital treatment 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 hospital treatment 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 applies in Poland, 24 hours a day. Our cover extends to hospital stays and at intensive care units the countries of the European Union or in Australia, Iceland, Japan, Canada, Monaco, Norway, New Zealand, the United States of America, Switzerland, the Vatican, United Kingdom, if the cover selected by the policyholder includes the stay in the hospital and at intensive care units in these countries.

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 hospital treatment 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 hospital treatment 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:

- a hospital stay of less than 4 days,
- the inapplicability of our coverage during hospitalisation,
- 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 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 is 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.