



## **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 GTCI before you decide to conclude a contract. The definitions used in the GTCI 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](http://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](http://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).