



**GENERAL TERMS
OF SUPPLEMENTARY GROUP DISABILITY
INSURANCE**

The table below presents the provisions of the general terms and conditions of the additional group insurance in the event of disability in daily life, terms and conditions code USGP55 (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 4-18 items 27-29 items 47 items 48-53 items 54
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 18 items 19-23 items 24-26 items 44-45 items 46 items 54

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GENERAL CONDITIONS FOR SUPPLEMENTARY GROUP INSURANCE IN THE EVENT OF AN IMPAIRMENT IN DAILY LIFE

GTC code: USGP55

The Board of Directors of PZU Życie SA established the general terms and conditions of additional group insurance in the event of disability in daily life 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 agreement 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) **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) **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;
- 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) **disability** – is the loss by the insured of one or more of the following abilities:
 - a) sight,
 - b) hearing,
 - c) speaking;or at least two of the following abilities or skills:
 - a) walking ability,
 - b) the ability to climb stairs,
 - c) standing ability,
 - d) the ability to kneel or bend,
 - e) the ability to lift and carry objects,
 - f) seating capacity,
 - g) efficiency of both hands,
 - h) upper limb dexterity; as defined in items 5-15.

We shall be solely liable for such impairment which lasts continuously for at least six months and for which, according to current medical knowledge, there is no positive prognosis of recovery, or however long it lasts, if it is unquestionably permanent according to current medical knowledge;

- 7) **poisoning** – the effects of alcohol, drugs, narcotics, psychotropic substances or substitutes within the meaning of the provisions on the prevention of drug addiction on the human body, which has been recognised by a doctor.
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 the supplementary insurance covers loss of physical fitness by the insured during the insurance protection period, as a result of a disease which has been diagnosed or for which diagnostic and therapeutic treatment has been commenced during the insurance protection period, subject to point 23 of the GTC, or as a result of an accident occurring during the insurance protection period, understood as loss:
- 1) one of the following capacities:
 - a) sight,
 - b) hearing,
 - c) speaking;
 - or
 - 2) at least two of the following abilities or skills:
 - a) walking ability,
 - b) the ability to climb stairs,
 - c) standing ability,
 - d) the ability to kneel or bend,
 - e) the ability to lift and carry objects,
 - f) seating capacity,
 - g) efficiency of both hands,
 - h) upper limb dexterity; as defined in items 5-15.
5. **Loss of vision** meaning the complete loss of vision in both eyes. We shall be only responsible for a loss of vision that is irreversible and in which the visual acuity in each eye is less than 0.1 (5/50) or the visual field is less than 20 degrees. The loss of vision and the underlying health problem must clearly be confirmed by the medical records.
6. **Hearing loss** is the total loss of hearing in both ears. We are only responsible for hearing loss that is irreversible and in which the hearing loss in each ear as measured by audiometric testing or auditory evoked potential testing is at least 90dB. The loss of hearing and the underlying health problem must clearly be confirmed by the medical records.
7. **Speech loss** is the total loss of the ability to communicate with others using speech, consisting in the inability to form or utter intelligible words or in the uttering of meaningless words (Wernicki aphasia). We shall be only responsible for an irreversible loss of the ability to speak. The loss of the ability to speak and the health issue that causes it are clearly confirmed by the medical records. Diagnostic tests specific to the diagnosis of loss of speaking ability must be carried out in the insured person's native language.
8. **Loss of walking ability** is the loss of the ability to walk unaided. We shall be only responsible for such a loss of walking ability that is irreversible and that makes it impossible to walk 400 metres on a hard, flat surface without a rest break. Our cover also extends to cases where walking is only possible with the aid of a prosthesis or a walker – regardless of the distance covered. The loss of the ability to walk and the health problem that is the cause of this loss is one-significantly confirmed by the medical records.
9. **Loss of ability to climb stairs** – is the loss of the ability to climb stairs independently. We are only responsible for such loss of stair climbing ability that is irreversible and prevents you from climbing 12 stairs, each 20 cm high. Our protection does not cover cases where climbing stairs:
- 1) requires a rest period of less than 1 minute or
 - 2) is possible using a handrail.
- The loss of the ability to climb stairs and the underlying health problem is clearly confirmed by the medical documentation.
10. **Loss of standing ability** is the loss of the ability to stand unassisted. We shall be only responsible for a loss of standing ability that is irreversible and in which it is impossible to maintain standing for at least 10 minutes, regardless of the change in body position. The loss of standing ability and the underlying health problem are clearly confirmed by the medical records.
11. **Loss of ability to kneel or bend** is the loss of the ability to kneel or bend unaided. We are only responsible for such a loss of kneeling or bending capacity that is irreversible and in which renders it impossible to:
- 1) touch the ground with one or two knees and then assuming a standing position or
 - 2) the bend the knees and touch the ground with the fingertips and then assume a standing position.
- The loss of the ability to kneel or bend and the underlying health problem is clearly confirmed by the medical documentation.
12. **Loss of ability to lift and carry objects** is the loss of the ability to lift and carry objects independently. We shall be only responsible for such a loss of lifting and carrying capacity that is irreversible and in which it is impossible to lift an object weighing 5 kilograms from a table with both hands and carry it a distance of 5 metres on a hard, level surface. The loss of the ability to lift and carry objects and the underlying health problem is clearly confirmed by the medical records.
13. **Loss of sitting ability** is the loss of the ability to maintain a sitting position independently. We shall be only responsible for a loss of sitting ability that is irreversible and in which it is impossible to maintain sitting position for at least 20 minutes which regardless of the change in body position. The loss of the ability to sit and the underlying health problem must clearly be confirmed by the medical records.

- 14. Loss of function of both hands** is the loss of the ability to make precise hand movements. We are only responsible for such loss of use of both hands that is irreversible and in which renders it impossible to independently:
- 1) button a garment or
 - 2) tie shoelaces, or
 - 3) unscrew and cap a bottle, or
 - 4) opening the lock with the key, or
 - 5) use of scissors or a screwdriver.
- The loss of use of both hands and the underlying health problem is clearly confirmed by the medical records.
- 15. Loss of function of the upper limb** is the loss of the ability to lift the upper limb independently at the shoulder joint. We shall be only responsible for loss of function of the upper limb that is irreversible and in which it is impossible to raise the limb to shoulder level and maintain it in that position for at least 10 seconds. The loss of use of the upper limb and the health problem that caused it are clearly confirmed by the medical records.
- 16.** The date of loss of capacity is the day during the insurance protection period on which the capacity is lost and is evidenced by medical records.
- 17.** In the event of the issue of a severe loss of fitness, we issue a benefit equal to a percentage of the sum insured applicable at the date of the severe illness, as listed in the policy and in the individual confirmation of insurance.
- 18.** The benefit shall be awarded under the condition that there is a normal medical causal link between the personal accident and the loss of fitness or illness.

EXCLUSIONS OF PROTECTION

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

- 19.** We are not liable if the impairment has occurred:
- 1) following an accident that occurred before the start of our cover;
 - 2) occurring in war operations;
 - 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 insured 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, – 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) 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) as a result of the insured's self-harm or attempted suicide;
 - 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) as a result of the insured's participation in the following sports or recreational activities of a risky nature: combat sports, motor and motor-boat sports, aviation sports, air sports (ballooning, paragliding, gliding, motor-gliding), mountain or rock climbing with or requiring the use of safety or belaying equipment, caving, scuba diving with specialised equipment that allows breathing underwater (excluding snorkel), jumping into water, bungee jumping, wing diving, jumping from high objects (base jumping, wing diving), obstacle courses in an urban area, and other activities. caving, caving with specialised equipment that allows breathing underwater (excluding snorkelling), water jumping, bungee jumping, base jumping, wing diving, urban obstacle courses (parkour, free-running, rooftopping) and racing, except running and swimming;
 - 12) as a result of the insured person's mental illnesses or behavioural disorders within the meaning of the International Statistical Classification of Diseases and Health Problems ICD – 10 (F00-F99);
 - 13) as a result of radioactive or ionising radiation from thermonuclear reactions, nuclear explosions;
 - 14) in result of an aircraft accident, unless the insured was a crew member or passenger of a passenger aircraft during scheduled air transport or charter transport performed by an air carrier within the meaning of the Aviation Law.

20. We shall not be liable in the event of an impairment which can be remedied by treatment or rehabilitation recommended in the medical records.
21. We are not liable in the event of impairment that is correctable through the use of – recommended in the medical records:
 - 1) in case of loss of vision – glass lenses, contact lenses;
 - 2) in the event of hearing loss – hearing aids;
 - 3) in the case of speech loss – speech aids;
 - 4) in case of loss of walking ability – orthopaedic shoes, lower limb orthoses, lower limb stabilisers, single crutch, single cane;
 - 5) for loss of standing ability – orthopaedic corsets, trunk orthoses, neck orthoses, orthopaedic shoes, lower limb orthoses, lower limb stabilisers, single crutch, single cane.
22. We shall not be liable if the impairment was the result of an illness that was diagnosed or for which diagnostic and treatment proceedings were initiated before our cover began.
23. The exemption under section 22 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) impairment caused by an illness when there is no causal link between a previous and a current occurrence of the same illness.

PROTECTION RESTRICTIONS

- i.e., cases where the insurance coverage is reduced

24. If you are over 60 years of age, the insurance covers only impairment resulting from an accident. The premium for the insured is fixed and takes into account the change in insurance risk once the insured has reached the age of 60.
25. We will pay a single benefit for impairments listed in item 4 caused by the same disease or accident.
26. We will only pay further benefits if another illness or another accident results in the loss of further other faculties listed in item 4.

SUM INSURED

- what is it, and where is it indicated

27. The sum insured is the amount which we use as the basis for determining the benefit due.
28. The amount of the sum insured can be included in the policy and in the individual confirmation of insurance.
29. 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

30. Amount of the premium per the insured:
 - 1) takes into account the change in coverage associated with the insured turning 60;
 - 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.
31. 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.
32. 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

33. Supplementary insurance may be taken out either with or during the conclusion of the basic insurance.
34. 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

35. 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

36. 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.
37. 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

38. The cancellation of the additional insurance is carried out in accordance with the rules laid down in the basic insurance.
39. If the policyholder cancels the primary insurance, this results in cancellation of the secondary insurance.
40. 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

41. The termination of the supplementary insurance is carried out in accordance with the rules outlined in the basic insurance.
42. In the event the policyholder terminates the primary insurance, this results in the termination of the secondary insurance.
43. 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

44. Coverage under the supplementary insurance commences as described in the basic insurance.
45. 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

46. 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 60 – to the extent of impairment due to illness – in relation to that insured person.

PERSONS ENTITLED TO OBTAIN THE BENEFIT

– the person to whom the payment is due

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

PROVISION OF THE HEALTH BENEFIT

– when we pay the benefit

48. In order to receive a payment, the person requesting it must provide us with:
 - 1) a request for payment of a benefit;
 - 2) medical documentation confirming the impairment;
 - 3) in the event of disability resulting from an accident, documentation confirming the circumstances of the accident;
 - 4) in the case of disability resulting from an illness, medical records of the illness.
49. 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.

50. 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.
51. We cover the costs of the doctor's opinion and the medical tests we order.
52. 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.
53. We decide on the payment of the benefit on the basis of the documentation provided.

FINAL PROVISIONS

– what other matters are important

54. 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.