



ADDITIONAL GROUP INSURANCE IN THE EVENT OF HOSPITAL TREATMENT OF THE INSURED PERSON

Condition code: LSGP55

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, conditions code: LSGP55 (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 disease,
- hospitalisation due to a personal accident.

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

We will pay you a benefit of 0.5% of the sum insured for each day of your hospital stay (if your hospital stay exceeded 3 continuous days and was for in-patient treatment).

If, on the other hand, your stay in hospital:

- in the consequence of an unfortunate accident occurring during our protection and
- It is the first stay caused by the accident in question and
- it started no later than 14 days after the personal accident

– in such event we will pay you a benefit of 1% of the sum insured for each day of your stay for the initial 14 days.

If the personal accident occurred before the start of the insurance coverage, we are going to pay 0.5% of the sum insured for each day the child is hospitalised as a result of the accident,

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

We are going to pay a benefit for a maximum of 90 days of the insured's hospital stay in each 12-month period between policy anniversaries.

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

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: 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.