



**GENERAL TERMS
OF ADDITIONAL GROUP INSURANCE
IN THE EVENT OF A HOSPITAL TREATMENT
OF THE CHILD**

The table below presents the provisions of the general terms and conditions of the additional group insurance in the event of a hospital treatment of the child, terms and conditions code DLGP55 (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 4–8 items 17–19 items 37–38 items 39–44 item 45
2.	Restrictions and exemptions of the facility's liability insurance granting the right to refuse to pay benefits or their reduction	items 1–2 items 7–8 items 9–13 item 14 items 15–16 items 34–35 item 36 item 45

Information about the insurance are available from:

 at pzu.pl



at the phone number 801 102 102
(charged according to the operator's tariff)

GENERAL TERMS AND CONDITIONS OF ADDITIONAL GROUP INSURANCE IN THE CASE OF HOSPITAL TREATMENT OF THE CHILD



GTC code: DLGP55

The Board of Directors of PZU Życie SA set out the general terms and conditions of the additional group insurance in case of hospital treatment of the child by means of 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 contract 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 causing the need for hospital treatment;
 - 2) **child** – a child which at the day of the hospital stay was below the age of 18 or, if in school education, she or he was below the age of 25. The child may be:
 - a) a child of the insured,
 - b) child of the insured's spouse or domestic partner (if the other parent of the spouse's or domestic partner's child is deceased);
 - 3) **inpatient treatment** – inpatient hospital treatment:
 - a) emergencies in which delaying medical assistance may result in loss of life or limb, or
 - b) conditions where the therapeutic goal cannot be achieved during outpatient treatment;
 - 4) **insurance protection period** – the period of time during which our liability to the insured under the supplementary insurance continues;
 - 5) **medical centre** – a clinic, a doctor's surgery or a laboratory providing medical services, a list of which is published on pzu.pl and available from the medical helpline (indicated in the decision on granting the right to use medical services) and in each of our branches;
 - 6) **hospitalisation** – a stay of the child in hospital in Poland which lasts continuously for more than 3 days (and, in the case of medical services, continuously for more than 7 days) and is intended for hospital treatment; the first day of hospitalisation is considered to be the day of registration and the last day is considered to be the day of discharge from hospital;
 - 7) **performance of the benefit** – the payment of a cash benefit to the insured person or the granting to the insured person of entitlement to medical services for the child in the event of an event covered by our protection;
 - 8) **hospital** – an inpatient facility in which comprehensive health services are provided around the clock, consisting of diagnosis, treatment, care and rehabilitation, which cannot be provided on an outpatient basis;
 - 9) **supplementary insurance** – the insurance agreement to which these GTC apply;
 - 10) **basic insurance** – PZU Na Życie Plus group insurance agreement, to which the policyholder has the right to take out additional insurance;
 - 11) **school education** – education at a public or a non-public school or at a State or non-State higher education institution on a full-time, evening or extramural basis, within the meaning of legislation on education and higher education, with the exclusion of all courses and distance learning;
 - 12) **medical services** – services, a list of which can be found in appendix 1 to these GTC and which are available if the child's stay in hospital has lasted continuously for more than 7 days.
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 an event in your life, which is your child's stay at a hospital.

INSURANCE COVERAGE AND SCOPE OF BENEFITS

– which events we are responsible for and which benefits you can receive

4. The scope of supplementary insurance protection includes an event in your life which is the hospital stay of your child caused by:
 - 1) a disease;
 - 2) an unfortunate accident;– which occurred during the period of cover and lasted continuously for more than 3 days (or more than 7 days in the case of medical services).
5. In the event of an incident in your life, which is your child's stay in hospital, depending on the coverage you have at the date of the incident:
 - 1) we will pay you a cash benefit:
 - a) for each day of the child's stay in hospital of 0.5% of the sum insured – subject to item b,
 - b) if the child stays in hospital:
 - in the consequence of an 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
 - for each day of stay for the first 14 days, we will pay 1% of the sum insured.
 - c) if the accident occurred before the start of our cover, we are going to pay 0.5% of the sum insured for each day the child is hospitalised as a result of the accident,
 - if you only have a cash benefit in your benefits;
 - 2) we will pay you a cash benefit in accordance with the preceding subsection and grant you entitlement to medical services for your child if your child's hospital stay lasted longer than 7 days – if both are within the scope of benefits.
6. The scope of additional insurance and the scope of the benefits are confirmed in the policy and in the individual confirmation of insurance.
7. We determine the payment based on the sum insured valid as at the day of the hospital stay of the child. You have the right to use the medical services until your limit is reached (which you will find in the appendix 1 to these GTC) and for no longer than 24 months after the date of the decision confirming your entitlement to medical services for the child.
8. Your child's medical entitlement will be granted if you have this benefit in your scope of benefits and if your child's stay in hospital was longer than 7 days and a cash benefit is payable for this stay.

EXCLUSIONS OF PROTECTION

– i.e. cases in which you are not eligible for a benefit

9. We use the following terms for the purpose of defining exclusions to our protection:
 - 1) **congenital malformation** – a deviation from the norm of anatomical structure, located in the classification of the International Statistical Classification of Diseases and Health Problems ICD-10 in Chapter XVII "Congenital malformations, deformations and chromosome aberrations (Q00 to Q99)";
 - 2) **competitive sport** – is the practice of sports by:
 - a) members of the personnel of clubs who take part in professional, national or international competitions. These competitions must be organised by: the sports federation or professional sports federation responsible for the sport in question – or
 - b) persons who engage in individual sports and participate in professional, national or international competitions. These competitions must be organised by: the sports federation or professional sports federation responsible for the sport in question – or
 - c) persons who receive remuneration, as well as scholarships or reimbursement of expenses related to the practice of individual sports or team games (per diems, allowances) – on the basis of an employment contract or a civil law contract.
10. Our liability does not cover a hospital stay of the child that began before our cover started or a hospital stay that has occurred:
 - 1) in war operations;
 - 2) as a result of disasters that cause radioactive, chemical or biological contamination;
 - 3) in result of the child's active participation in the acts of war, active participation in acts of terror or mass social unrest;
 - 4) as a result of the commission or attempted commission by the child 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) not authorised for use within the meaning of road traffic regulations, or
 - c) 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 child 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) as a result of the child's self-harm or attempted suicide;
 - 8) 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;

- 9) as a result of the use of medicinal products by the child not in accordance with the doctor's recommendation or not in accordance with the information in the leaflet accompanying the medicinal product;
- 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) in connection with the treatment of mental and behavioural disorders listed in Division V (F00-F99) of the ICD-10 International Statistical Classification of Diseases and Related Health Problems;
- 12) as a result of diseases caused by immunosuppression in the course of HIV infection;
- 13) in connection with dental treatment, with the exception of treatment following an accident or cancer;
- 14) in connection with the performance of diagnostic tests which are not due to illness or accident;
- 15) in connection with the performance of a surgical operation for cosmetic, aesthetic purposes with the exception of an operation necessary to deal with the consequences of an accident occurring during the period of cover;
- 16) due to the performance of a surgical operation for gender reassignment;
- 17) in connection with the treatment of a congenital malformation;
- 18) in connection with rehabilitation – with the exception of the child'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 child's covered hospital stay which was connected – respectively – with the same accident or illness;
- 19) when the child has been involved in competitive or recreational sports, combat sports, motor and motor-boat sports, air sports, rock or mountain climbing (defined as any climbing at a height above the following are not covered by the terms of the accident insurance: caving, diving with specialised equipment for underwater breathing, jumping into water, bungee jumping, etc., if this was a factor in the accident.
11. Our liability does not extend to your child's hospital stay:
 - 1) drug treatment facilities, institutions for the chronically ill, care and treatment facilities and nursing homes;
 - 2) in spa treatment establishments – such as sanatoriums, pre-conventions and spa, sanatorium and rehabilitation hospitals;
 - 3) in rehabilitation centres, rehabilitation hospitals, rehabilitation wards – except for the stay referred to in section 90(10.18);
 - 4) at day wards;
 - 5) at such health care establishments which are not intended to provide hospital treatment.
12. The benefit is not payable for days when the child was on leave while in hospital.
13. We will not provide the benefit if you have deliberately contributed to causing the illness or accident that resulted in your child's hospitalisation.

PROTECTION RESTRICTIONS

– i.e. how many days of hospital stay we will pay for

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

GRACE PERIOD

– the period of the lack of or limited liability of the insurance company after you have taken out supplementary insurance

15. We are not liable for the first 30 days counted from the moment you join the supplementary insurance.
16. We are liable if the event in your life which is your child's stay in hospital was the result of an accident which occurred within those 30 days.

SUM INSURED

– what is it, and where is it indicated

17. The sum insured is the amount which we use as the basis for determining the benefit due.
18. The amount of the sum insured can be included in the policy and in the individual confirmation of insurance.
19. 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

20. Amount of the premium per the insured:
 - 1) takes into account the grace periods that apply in supplementary insurance;
 - 2) it is fixed, but may be changed by mutual agreement;
 - 3) it depends on:
 - a) the sum insured,
 - b) scope of benefits,
 - c) benefit amount
 - d) the number, age structure and gender of those who take out insurance, as well as the type of work they do.

21. 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.
22. 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

23. Supplementary insurance may be taken out either with or during the conclusion of the basic insurance.
24. 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

25. 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

26. Unless otherwise agreed by either party to the contract 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.
27. 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

28. The cancellation of the additional insurance is carried out in accordance with the rules laid down in the basic insurance.
29. If the policyholder cancels the primary insurance, this results in cancellation of the secondary insurance.
30. 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

31. The termination of the supplementary insurance is carried out in accordance with the rules outlined in the basic insurance.
32. In the event the policyholder terminates the primary insurance, this results in the termination of the additional insurance.
33. 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

34. Coverage under the supplementary insurance commences as described in the basic insurance.
35. 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

36. 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.

PERSONS ENTITLED TO OBTAIN THE BENEFIT

– i.e. to whom the payment is due and to whom we grant the right to medical services

37. You have the right to receive the benefit.

38. We grant you the right to receive medical services for your child.

PROVISION OF THE HEALTH BENEFIT

– i.e. when the cash benefit will be paid out and how to start using medical services

39. In the event of a hospital stay of the child, provide us with:

1) a request for payment of a benefit, You can deliver it:

a) when the child has completed the hospital stay,

b) during the child's hospital stay – first application after 30 days and another application 60th day;

2) the child's birth certificate;

3) hospital treatment information sheet – when you have completed your hospital stay;

4) a document which confirms the reason for the hospital stay and the name of the medical facility, issued by the doctor of that facility – when you apply for payment of a benefit while your child is in hospital;

5) if you are applying for child benefit:

a) who is under 18 years of age – the consent of the child's legal guardian to the processing of the child's personal data,

b) who is over 18 years of age – the child's consent to the processing of his/her personal data.

40. 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.

41. 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.

42. On the basis of the documentation provided, we will make a decision on whether to pay a cash benefit or grant you entitlement to medical services for your child (if they are included in the scope of your insurance).

43. Once you have received the decision on your child's medical entitlement – you will be able to start using these services.

44. In order to use medical services – through us – you book an appointment for a medical service. You can do this through the available channels set out in Appendix 2 to these GTC.

FINAL PROVISIONS

– what other matters are important

45. 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.

APPENDIX NO. 1
TO THE GENERAL TERMS AND CONDITIONS OF ADDITIONAL GROUP INSURANCE
IN THE CASE OF HOSPITAL TREATMENT OF A CHILD

THE SCOPE OF MEDICAL SERVICES

Medical treatment		Limit	Description
Outpatient consultations related to	allergology	2 consultations – total limit for all consultations	<ol style="list-style-type: none"> 1. Outpatient consultations take place in a medical facility and may include, according to the profile of the specific specialty: physical examination of the patient, taking a medical history, making a diagnosis, recommendations for treatment, issuing e-prescriptions, e-ZLAs and referrals related to further diagnostic and treatment procedures. 2. You can benefit from outpatient consultations without a referral, at our designated medical facility. 3. We do not organise and do not cover the costs of consulting medical doctors with a PhD, habilitation or professor academic degrees.
	paediatric allergology		
	paediatric surgery		
	vascular surgery		
	general surgery		
	surgical oncology		
	infectious diseases		
	dermatology		
	paediatric dermatology		
	diabetology		
	paediatric diabetology		
	endocrinology		
	paediatric endocrinology		
	gastroenterology		
	paediatric gastroenterology		
	gynaecology and obstetrics		
	paediatric gynaecology		
	haematology		
	paediatric haematology		
	hepatology		
	paediatric hepatology		
	cardiac surgery		
	paediatric cardiac surgery		
	cardiology		
	paediatric cardiology		
	nephrology		
	paediatric nephrology		
	neurosurgery		
	paediatric neurosurgery		
	neurology		
	paediatric neurology		
	ophthalmology		
	paediatric ophthalmology		
	oncology		
	paediatric oncology		
	orthopaedics and traumatology of the musculoskeletal system		
	paediatric orthopaedic		

Medical treatment		Limit	Description
	laryngology		
	paediatric laryngology		
	psychiatry		
	child psychiatry		
	pulmonology		
	paediatric pulmonology		
	medical rehabilitation		
	rheumatology		
	paediatric rheumatology		
	urology		
	paediatric urology		
	venerology		
Incubation of cultures and bacteriology	antibiogram (applies to medical services only)	2 tests – total limit for all listed tests	You can undergo these examinations on the basis of a referral from your doctor at the medical centre we have indicated.
	urethra swab culture,		
	endocervical swab		
	eye swab		
	vaginal swab		
	ear swab		
	wound swab		
Surgical procedures	removal of stitches	5 treatments – total limit for all listed treatments	You can receive treatment without a referral at our designated medical facility, with the exception of catheter insertion (referral is required in such case).
	applying a simple dressing		
	changing a simple dressing		
General medical treatment	insertion of a bladder catheter (not including the cost of the catheter)		
	immobilisation after sprain or dislocation of a lower limb joint – without the cost of orthotics, plaster		
	immobilisation after upper limb joint sprain or dislocation – without the cost of orthotics, plaster		
	immobilisation after an uncomplicated fracture of a lower limb bone – without the cost of an orthosis or plaster		
	immobilisation after an uncomplicated fracture of a lower limb bone – without the cost of an orthosis or plaster		
	applying a dressing to a wound of the skin or subcutaneous tissue.		
	computer-assisted intraocular pressure testing (does not include dynamic tonometry, induction tonometry),		
Ophthalmic examinations	ocular fundus examination		
	testing of distance and near visual acuity – computerised testing,		
	testing of distance and near visual acuity – on Snellen boards,		

Medical treatment		Limit	Description
Otolaryngological procedures	computer-assisted visual field testing (does not include dual-frequency perimetry, microperimetry),	5 treatments – total limit for all listed treatments	You can receive treatment without a referral at our designated medical facility, with the exception of catheter insertion (referral is required in such case).
	selection of corrective lenses		
	ear rinsing		
	blowing the ear trumpet using the Politzer method		
	ear dressing with medication		
Orthopaedic procedures	removal of ear wax	10 treatments – total limit for all listed treatments	You can benefit from treatments and procedures on the basis of a referral at our designated medical facility.
Urological procedures	removal of plaster		
Nursing treatments	insertion of a bladder catheter (not including the cost of the catheter)		
	intramuscular injection (without the cost of the medicinal product)		
	intravenous injections (without the cost of a medicine)		
	subcutaneous injection (without the cost of the medicinal product)		
	connecting a drip infusion (without the cost of the medicinal product)		

APPENDIX NO. 2

TO THE GENERAL TERMS AND CONDITIONS OF ADDITIONAL GROUP INSURANCE

IN THE CASE OF HOSPITAL TREATMENT OF A CHILD

– HOW TO REPORT AN EVENT AND RECEIVE A BENEFIT

HOW CAN YOU REPORT AN INCIDENT?



through the helpline
801 102 102 or 22 566 55 55
(charges as per operator's
tariff)



in person at
a PZU Branch Office



in writing by traditional post,
by electronic mail



via pzu.pl

If a benefit is due, we will either pay a cash benefit or we will pay a cash benefit and issue a decision on your child's medical entitlement.

You will receive the number of the medical hotline in your decision.

HOW TO UTILISE THE MEDICAL SERVICES?

You can benefit from the medical services when you receive your child's medical entitlement decision. In order to do so:



call the 24-hour medical hotline (you are going to receive the hotline number in your decision)