



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

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 insured PLUS, terms and conditions code LPGP55 (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 4-14 items 23-25 item 47 items 48-51 item 52
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 15-18 items 19-20 items 21-22 items 44-45 item 46 item 52

Information about the insurance are available from:

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## GENERAL TERMS AND CONDITIONS OF ADDITIONAL GROUP INSURANCE IN THE CASE OF HOSPITAL TREATMENT OF THE INSURED PLUS



GTC code: LPGP55

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 insured Plus 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) **additional group insurance against hospital treatment of the insured** – additional insurance in the event of hospital treatment of the insured indicated by PZU Życie SA in the agreement;
- 2) **intensive care unit** – a hospital ward which is isolated within the hospital structure for the treatment of patients requiring intensive care and is equipped to enable the continuous monitoring of vital functions or the undertaking of replacement activities of failing organs or systems and provides continuous and direct supervision by a doctor and a nurse. An intensive care unit shall also be interpreted as an intensive care room that is set apart in a hospital ward for the treatment of patients requiring intensive care and is equipped with equipment that allows continuous monitoring of vital functions or the undertaking of replacement activities of failing organs or systems, and provides continuous and direct supervision by a doctor and a nurse;
- 3) **insurance protection period** – the period of time during which our liability to the insured under the supplementary insurance continues;
- 4) **a stay in an intensive care unit** – a stay in an intensive care unit which lasts for a continuous period of at least 48 hours;
- 5) **convalescence** – a maximum of 30 days' uninterrupted sick leave immediately following the stay at a hospital. The sick leave immediately following your hospital stay must be issued to you by the hospital department where your treatment took place;
- 6) **ship** – a passenger ship or a sea-going cargo ship or an inland waterway vessel that is motorised or sailing – warships are not considered ships;
- 7) **legal relationship** – an employment agreement or other civil-law relationship giving rise to a legal obligation to pay accident insurance premiums within the meaning of the provisions of the social insurance system on the day of the accident at work;
- 8) **supplementary insurance** – the insurance agreement to which these GTC apply;
- 9) **basic insurance** – PZU Na Życie Plus group insurance agreement, to which the policyholder has the right to take out additional insurance;
- 10) **stroke** – a stroke is a focal or generalised disorder of brain function of sudden onset caused exclusively by occlusion of the lumen of a cerebral vessel or interruption of its wall. We are only responsible for a stroke where:
  - a) brain imaging studies unequivocally confirmed fresh vascular lesions or
  - b) which was treated with thrombolytic therapy.Our cover under this insurance does not include a transient cerebral ischaemic attack (the so-called TIA) and a stroke with a non-vascular cause or that arose from trauma;
- 11) **traffic accident** – only such a traffic accident caused by:
  - a) the movement of a vehicle on the road (a tram is also a vehicle) – if you took part in it as a participant in traffic (as defined in the Road Traffic Law),
  - b) the movement of a railway vehicle hauled by a traction vehicle (self-propelled vehicle) and the movement of an underground vehicle – if you were a passenger or crew member on such vehicle. A transport accident is not an accident that involves intra-company rail transport and rope and cable transport,
  - c) the movement of a passenger aircraft of a licensed airline – if you were a crew member or passenger while the aircraft:
    - was damaged or destroyed or
    - lost or in a place where it cannot be accessed,
  - d) the movement of the ship – if you were a crew member or a passenger at the time when the ship:
    - has sunk or been damaged, or
    - lost or in a place where it cannot be accessed;
- 12) **an accident at work** – only such an accident which is accidental and occurred during or in connection with your occupation:
  - a) ordinary activities or

- b) the instructions of your superiors
  - within the legal relationship you were bound by at the time of the accident at work. An accident at work is not an accident on the way to or from work;
- 13) **heart attack** – which is the damage to part of the heart muscle as a result of acute ischaemia. We are only liable for such a myocardial infarction whose the diagnosis is confirmed by an increase or decrease in cardiac troponin levels, with at least one value above normal, and if at least one of the following criteria is met:
  - a) clinical signs of myocardial ischaemia,
  - b) new ischaemic changes in the ECG,
  - c) new loss of viable myocardium on imaging studies or new regional systolic dysfunction, the location of which is consistent with an ischaemic aetiology,
  - d) a thrombus in the coronary artery discovered through coronary angiography.

We are also liable for a heart attack associated with a coronary artery procedure if imaging studies show a new loss of viable myocardium of a location consistent with an ischaemic aetiology, or coronary angiography shows complications of the procedure that restrict blood flow, and where cardiac troponin levels in the blood are found to be increased to the value of:

  - a) 5 times the upper limit of normal for a heart attack associated with percutaneous coronary intervention, or
  - b) 10 times the upper limit of normal for heart attack associated with coronary artery bypass grafting.
- 2. The other terms used in these GTC are defined in the general terms and conditions of the basic insurance and the additional group insurance in case of hospital treatment of the insured – 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 additional insurance covers, depending on the choice made by the insured, the following events that occur during the period of cover:
  - 1) hospitalisation due to:
    - a) a personal accident,
    - b) a traffic accident,
    - c) an accident at work,
    - d) a heart attack or a stroke;
  - 2) A stay in the intensive care unit;
  - 3) 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.
- 5. 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.
- 6. We confirm the scope of supplementary insurance in the policy and in the individual confirmation of insurance.
- 7. If the scope of the supplementary insurance includes a hospital stay in the countries listed in point 5, we also extend the cover in the supplementary group insurance for hospital treatment of the insured person to include a hospital stay in these countries.
- 8. We will pay a benefit equal to a percentage of the sum insured, which is specified in the policy and in the individual confirmation of insurance – for each day of hospitalisation as a result of an accident during the first 14 days of that stay, provided that:
  - 1) it is your first stay caused by the personal accident in question and
  - 2) it started no later than 14 days after the personal accident.
- 9. We will pay a benefit equal to the percentage of the sum insured which is stated in the policy and in the individual confirmation of insurance – for each day of hospitalisation as a result of a traffic accident during the first 14 days of that stay, provided that:
  - 1) It is your first stay caused by the traffic accident in question and
  - 2) it started no later than 14 days after the communication accident.
- 10. We will pay a benefit equal to the percentage of the sum insured which is stated in the policy and in the individual confirmation of insurance - for each day of hospitalisation as a result of an accident at work during the first 14 days of that stay, provided that:
  - 1) it is your first stay caused by the accident at work in question and
  - 2) it started no later than 14 days after the accident at work.
- 11. We will pay a benefit equal to a percentage of the sum insured, which is specified in the policy and in the individual confirmation of insurance - for each day of hospitalisation caused by a heart attack or stroke during the period of the first 14 days of that stay, provided that:
  - 1) it is your first stay due to the heart attack or stroke in question and
  - 2) it started no later than 14 days after the day of the heart attack or stroke.
- 12. If you are in an intensive care unit, we will pay a one-off benefit equal to the percentage of the sum insured that is specified in your policy and individual confirmation of insurance.
- 13. For each day of convalescence, we will pay a benefit equal to a percentage of the sum insured as defined in the policy and the individual confirmation of insurance.

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

## EXCLUSIONS OF PROTECTION

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

15. For the purposes of defining our exclusions of protection, we use the term competitive sports – meaning the practice of sports by:
- 1) 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
  - 2) individuals who play 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
  - 3) 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.
16. Our liability does not cover a hospital stay that began before our cover started or a hospital stay that has followed:
- 1) occurring in war operations;
  - 2) as a result of disasters that cause radioactive, chemical or biological contamination;
  - 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 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) as a result of a traffic accident – if the Insured drove the vehicle while intoxicated within the meaning of the provisions on upbringing in sobriety and counteracting alcoholism or after using: drugs, narcotics, psychotropic substances or substitute substances within the meaning of the provisions on counteracting drug addiction – as far as any of these circumstances played a role in the traffic accident;
  - 6) as the insured was in a state of intoxication within the meaning of 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 – if any of these circumstances influenced the personal accident;
  - 7) as a result of the insured'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 by the insured of medicinal products contrary to medical advice or contrary to the information provided in the leaflet accompanying the medicinal product and as a result of conditions caused by the abuse of the above products;
  - 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 result of epilepsy – apart from symptomatic epilepsy, which is a symptom of another disease;
  - 12) as a result of mental illness or behavioural disorders falling into categories F00 – F99 of the ICD-10 International Statistical Classification of Diseases and Related Health Problems;
  - 13) as a result of diseases caused by immunosuppression in the course of HIV infection;
  - 14) in connection with dental treatment and procedures – unless these are due to the need to treat injuries sustained as a result of the accident;
  - 15) in connection with the performance of diagnostic tests which do not result from an illness or accident, or serve to diagnose an occupational disease, or serve to identify a suitable organ donor for transplantation (with the exception of stays related to the removal of an organ for transplantation) or hospital observation at the request of a court;
  - 16) as a result of fertility treatment;
  - 17) in connection with the performance of a surgical operation for cosmetic or aesthetic purposes with the exception of an operation necessary for the removal of the implications:
    - a) a personal accident which occurs during our period of cover or
    - b) cancer that occurred during the period of insurance coverage;
  - 18) due to the performance of a surgical operation for gender reassignment;
  - 19) 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,
  - 20) due to the involvement of the insured in competitive sport or recreational combat sports, motor and motorboat motor-sports, air sports, rock or mountain climbing (construed as any climbing practised at an altitude exceeding 2,000 metres above sea level), caving, diving with specialised equipment for underwater breathing, water jumping (ang. bungee jumping).
17. Our liability also does not cover the stay at:
- 1) hospices, 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 16(19);

- 4) at day wards;
  - 5) at such health care establishments which are not intended to provide hospital treatment.
18. Our liability does not cover convalescence, if:
- 1) Your stay in hospital, immediately followed by convalescence, was due to infertility treatment;
  - 2) your convalescence took place during your health leave or sick leave.

## **PROTECTION RESTRICTIONS**

- i.e. in which situations and how much the maximum insurance pay-out will be

19. We will pay the maximum for:
- 1) 90 days of hospitalisation;
  - 2) 90 days of convalescence
- in each 12-month period between the policy anniversaries.
20. If you are in hospital or in an intensive care unit during your recovery, we will pay the benefit:
- 1) for a hospital stay and for a stay in an intensive care unit (if you remained at an intensive care unit) or
  - 2) for convalescence
- of your choice.
- You make the decision while making the application for payment:
- 1) for a hospital stay and for a stay in an intensive care unit (if you remained at an intensive care unit) or
  - 2) for convalescence

## **GRACE PERIOD**

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

21. We are not liable for the first 30 days counted from the moment you join the supplementary insurance.
22. We are liable if the hospital stay, the stay in the intensive care unit and the convalescence is the result:
- 1) a personal accident;
  - 2) a traffic accident;
  - 3) an accident at work
- which occurred within the first 30 days counted from the moment you join the supplementary insurance.

## **SUM INSURED**

- what is it, and where is it indicated

23. The sum insured is the amount which we use as the basis for determining the benefit due.
24. The amount of the sum insured can be included in the policy and in the individual confirmation of insurance.
25. 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

26. 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) insurance coverage,
    - 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.
27. 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.
28. 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

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

30. 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.

#### **DURATION OF SUPPLEMENTARY INSURANCE**

- i.e., which period we take out the supplementary insurance for

31. 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 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

32. Unless otherwise agreed by either party to the contract and provided that the primary insurance is in force and supplementary group insurance for hospital treatment of the insured, the supplementary insurance is renewed for the next policy year automatically – under the same conditions. In this case, as an insured, you do not have to re-submit the declaration of membership.
33. 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

34. The cancellation of the additional insurance is carried out in accordance with the rules laid down in the basic insurance.
35. If the policyholder cancels the primary insurance, this results in cancellation of the secondary insurance.
36. If the policyholder withdraws from the additional insurance, this does not result in withdrawal from the primary insurance.
37. If the policyholder withdraws from the additional group insurance for hospital treatment of the insured, this shall also result in the withdrawal from the additional insurance.
38. If the policyholder withdraws from the additional insurance, this does shall not result in the withdrawal from the additional group insurance for hospital treatment of the insured.

#### **TERMINATION OF SUPPLEMENTARY INSURANCE**

- i.e. the manner in which the policyholder can cancel the supplementary insurance

39. The termination of the supplementary insurance is carried out in accordance with the rules outlined in the basic insurance.
40. In the event the policyholder terminates the primary insurance, this results in the termination of the secondary insurance.
41. If the policyholder terminates the additional insurance, this does not result in termination of the primary insurance.
42. If the policyholder terminates the additional group insurance for hospital treatment of the insured, this results in the termination of the additional insurance.
43. If the policyholder terminates the additional insurance, this does not result in the termination of the additional group insurance for the hospital treatment of the insured.

#### **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 and the additional group insurance in case of hospital treatment of the insured is in force.

#### **THE CESSATION OF OUR PROTECTION**

- i.e. when the supplementary insurance ends

46. The cover under the supplementary insurance ceases:
- 1) 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;
  - 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 they 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**

- 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 the event of a hospital stay, provide us with:
- 1) a request for payment of a benefit, You can deliver it:
    - a) when you finish your stay in hospital, if there has been no convalescence,
    - b) when you have completed your hospital stay and the convalescence,
    - c) during a hospital stay – after the 30th or 60th day;
  - 2) hospital treatment information sheet or discharge card from the intensive care unit – when you have completed your hospital stay and convalescence;
  - 3) a document which confirms the hospital stay or a discharge card from the intensive care unit, issued by the attending physician – during the hospital stay;
  - 4) in the case of convalescence, additionally a document (copy, printout) of the sick leave issued by the hospital, certified as a true copy by the policyholder, or a certificate issued by the policyholder of the sickness benefit received in connection with your stay on sick leave issued by the hospital.
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. 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.
51. We decide on the payment of the benefit on the basis of the documentation provided.

#### **FINAL PROVISIONS**

- what other matters are important

52. 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.