



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

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, terms and conditions code LSGP55 (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 14-16 item 34 items 35-37 item 38
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GENERAL TERMS AND CONDITIONS OF ADDITIONAL GROUP INSURANCE IN THE CASE OF HOSPITAL TREATMENT OF THE INSURED



GTC code: LSGP55

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 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

– 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) **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;
 - 3) **insurance protection period** – the period of time during which our liability to the insured under the supplementary insurance continues;
 - 4) **hospitalisation** – a stay in a hospital in Poland which lasts continuously for more than 3 days and is for in-patient treatment; the first day of a hospital stay is considered to be the day of registration and the last day is considered to be the day of discharge from hospital;
 - 5) **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;
 - 6) **supplementary insurance** – the insurance agreement to which these GTC apply;
 - 7) **basic insurance** – PZU Na Życie Plus group insurance agreement, to which the policyholder has the right to take out additional insurance;
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 following events that occur during the period of cover are covered:
 - 1) hospitalisation due to a disease;
 - 2) hospitalisation due to a personal accident.
5. For each day of your hospital stay, we will pay you a benefit of 0.5% of the sum insured – subject to the next item.
6. If your hospital stay:
 - 1) in the consequence of an unfortunate accident occurring during our protection and
 - 2) It is the first stay caused by the accident in question and
 - 3) 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.
7. 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.
8. 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

9. 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) 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
 - 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.
10. 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) 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) 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 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;
 - 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, bungee jumping.
11. 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 10(19);
 - 4) at day wards;
 - 5) at such health care establishments which are not intended to provide hospital treatment.

PROTECTION RESTRICTIONS

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

12. 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.

GRACE PERIOD

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

13. We are not liable for the first 30 days counted from the moment you join the supplementary insurance. However, we are liable if the hospital stay was the result of an accident that occurred within these 30 days.

SUM INSURED

- what is it, and where is it indicated

14. The sum insured is the amount which we use as the basis for determining the benefit due.

15. The amount of the sum insured can be included in the policy and in the individual confirmation of insurance.

16. 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

17. 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) the number, age structure and gender of those who take out insurance, as well as the type of work they do.

18. 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.

19. 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

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

21. 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

22. 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

23. 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.

24. 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

25. The cancellation of the additional insurance is carried out in accordance with the rules laid down in the basic insurance.

- 26. If the policyholder cancels the primary insurance, this results in cancellation of the secondary insurance.
- 27. 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

- 28. The termination of the supplementary insurance is carried out in accordance with the rules outlined in the basic insurance.
- 29. In the event the policyholder terminates the primary insurance, this results in the termination of the secondary insurance.
- 30. 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

- 31. Coverage under the supplementary insurance commences as described in the basic insurance.
- 32. 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

- 33. 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

- the person to whom the payment is due

- 34. In such case you have the right to receive the benefit.

PROVISION OF THE HEALTH BENEFIT

- when we pay the benefit

- 35. 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 have completed your hospital stay,
 - b) during a hospital stay – first application after 30 days and another application after 60 days;
 - 2) hospital treatment information sheet – when you have completed your hospital stay;
 - 3) a document that confirms the diagnosis of the illness, issued by the treating doctor – when you apply for payment of benefits during a hospital stay.
- 36. 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.
- 37. We decide on the payment of the benefit on the basis of the documentation provided.

FINAL PROVISIONS

- what other matters are important

- 38. 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.