DOCUMENT CONTAINING INFORMATION ABOUT INSURANCE PRODUCT AND GENERAL TERMS AND CONDITIONS OF ADDITIONAL GROUP INSURANCE AGAINST SERIOUS ILLNESS OF A CHILD

Document containing information about the insurance product

ADDITIONAL GROUP INSURANCE AGAINST SERIOUS ILLNESS OF A CHILD

Version dated 20.01.2020

This material contains key information. Complete information about insurance can be found in other documents, in particular in the general terms and conditions of Additional Group Insurance against a serious illness of a child, code of the terms and conditions: DCGP33 (GTCI). Before you decide whether to enter into the contract, please read the GTCI.
The conclusion of the contract is voluntary.

PRODUCT INFORMATION:
- is presented for information purposes,
- is not part of the insurance contract (contract),
- does not constitute an offer within the meaning of Article 66 of the Civil Code,
- should not constitute an exclusive basis for making a decision on insurance.

SUBJECT OF INSURANCE – WHAT DO WE INSURE?
The subject of additional insurance is an event in the life of the insured person, i.e. a serious illness of a child of the insured person.
The scope of insurance covers an event in the life of the insured person, i.e. the occurrence of a serious illness in a child, as indicated in Appendix No. 1 to the GTCI (26 serious illnesses) which occurred during our liability period.

PRODUCT CHARACTERISTICS – WHAT ARE THE MAIN FEATURES OF OUR INSURANCE?
If there is an insured event in the life of the insured person, i.e. a serious illness of a child in the period of our liability, depending on the scope of benefits applicable in the contract applicable as at the date of the event:
- we shall pay the insured person a cash benefit equal to the percentage of the sum insured effective on the date of serious illness of the child, as specified in the policy,
- we shall grant the insured person the right to use medical services for the child.

The scope of insurance and benefits is confirmed in the policy.
An additional insurance contract may be concluded along with the conclusion of the basic insurance contract or at any time during its term.

WHO CAN ENTER INTO THE CONTRACT WITH US, WHO DO WE INSURE?
The insurance contract shall be concluded by the policyholder that pays insurance premiums.
The insurance may be taken out by insured persons covered by basic insurance.

HOW LONG WILL THE CONTRACT BE IN EFFECT?
An additional insurance contract is concluded for a period of 1 year, and if it is concluded in between policy anniversaries, it is concluded for the period until the coming anniversary of the policy.
The additional insurance contract shall be extended for subsequent annual periods, as long as the basic insurance contract is in force and none of the parties decides otherwise.

WHERE IS THE INSURANCE COVER VALID?
The insurance shall be effective all over the world, 24 hours a day.

HOW AND WHEN DO I PAY PREMIUMS?
The premium shall be paid by the policyholder together with basic insurance premium.

WHEN DOES THE INSURANCE COVER BEGIN AND END?
Our liability (i.e. insurance cover) begins in accordance with the rules applicable in the basic insurance. The grace period shall apply in the period of the first 90 days, counting from the beginning of liability in relation to the insured person. We shall bear liability only for serious illnesses of the child resulting from an accident, as long as the accident occurred during that period.
Our liability towards the insured person under the contract shall end:
- as of the last day of our insurance cover in the basic insurance,
- as of the day on which we receive a statement from the policyholder about withdrawal from the contract,
- as of the last day of our insurance cover in the scope of additional insurance (if not extended),
- as of the last day of the month in which you resign from additional insurance and for which we received the premium,
- as of the day on which the notice period for additional insurance expires,
- as of the day on which the contract is terminated in terms of additional insurance.

MAIN EXCLUSIONS AND LIMITATIONS OF INSURANCE COVER – WHAT IS NOT INCLUDED IN INSURANCE COVER?
We shall not bear liability in the case of:
- a serious illness of a child before the commencement of insurance cover,
- re-emergence of a serious illness that has already occurred in a child,
- serious illness of a child which does not meet the definition of serious illness according to the GTCI.

Furthermore, we shall not bear liability if a situation is not covered by the scope of insurance, it does not meet the definition indicated in the contract or our liability has already expired (e.g. due to failure to pay the premium).

HOW DO I TERMINATE THE CONTRACT?
The policyholder may withdraw from the additional insurance contract within 30 days from the conclusion of the contract, and if the policyholder is an entrepreneur, within 7 days from the conclusion of the contract. After that time, the policyholder may terminate the contract by written notice. The additional insurance contract may be terminated as a result of non-renewal.

REMUNERATION OF THE INSURANCE DISTRIBUTOR
In connection with the proposed contract, the distributor receives a commission.

The table below presents provisions of the general terms and conditions of additional group insurance against serious illness of a child, code of the terms and conditions: DCGP33 (GTCI), which refer to the basic terms and conditions of the insurance contract. This information is part of the GTCI and arise from the provisions of law (Article 17(1) of the Act on Insurance and Reinsurance Activity).

No.	Type of information	Entry number
1.	Premises for benefit payment	sections 1–2 sections 4–8 sections 13–14 sections 28–29 sections 36–37 sections 38–43 section 54
2.	Insurance company liability limitations and exclusions based on which the payment of benefits may be denied or reduced	sections 1–2 section 7 sections 9–14 section 15 sections 33–34 section 35 section 54

GENERAL TERMS AND CONDITIONS OF ADDITIONAL GROUP INSURANCE AGAINST SERIOUS ILLNESS OF A CHILD

Code of the terms and conditions: DCGP33

The Management Board of PZU Życie SA established the general terms and conditions of additional group insurance against serious illness of a child by way of Resolution No. UZ/231/2019 of 5 December 2019 (hereinafter referred to as GTCI).

The GTCI shall enter into force on 20.01.2020 and apply to insurance contracts concluded since 01.03.2020. Prior to the conclusion of the contract, the policyholder should read the GTCI carefully and provide the GTCI to each and every person that wants to enter into the contract. Before you enter into the contract, please read carefully the GTCI you received from the policyholder.

GLOSSARY
– definitions of the terms

1. The GTCI contain the following terms:
1) **serious illness** – only such a disease, injury or surgery which is covered by our insurance. The list of serious illnesses is as follows: bacterial endocarditis, total loss of hearing in at least one ear, total loss of vision in at least one eye, severe burn, type 1 diabetes, Crohn's disease, muscular dystrophy, poliomyelitis (Heine-Medin disease), neuroborreliosis, aplastic anaemia, haemolytic anaemia, benign brain tumour, malignant neoplasm, paralysis of limbs as a result of spinal cord injury, chronic renal failure, end-stage liver failure, sepsis, coma, tetanus, systemic lupus erythematosus, transplantation, loss of limb, rabies, HIV infection as a result of transfusion, encephalitis, meningitis. The definitions of serious illnesses covered by the insurance can be found in Appendix No. 1 to these GTCI;
2) **medical records** – documentation describing the health condition of the child or health services provided to him or her, prepared by health care providers, persons practising medical professions, and other persons involved in the provision of health care services;
3) **child** – a child under 18 years of age or, if the child attends school, under 25 years of age on the day on which a serious illness occurred. This may be:
   a) insured person's child,
   b) stepson of the insured person (if the second parent of the stepson is dead);
4) **medical facility** – a clinic, doctor's office or laboratory providing medical services, the list of which is published at pzu.pl and can be accessed by calling the medical helpline number (specified in the decision on granting the right to use medical services) and at each branch;
5) **diagnostic and treatment procedure** – medical procedures which consist of: medical history, physical examination of the patient and running additional tests to make a diagnosis, or a medical procedure aimed at treatment;
6) **benefit payment** – payment of a cash benefit to the insured person or granting the insured person the right to use medical services for a child in the case of occurrence of an event covered by our insurance;
7) **additional insurance** – an insurance contract governed by these GTCI;
8) **basic insurance** – a group life insurance indicated in the policy with respect to which the policyholder may enter into additional insurance;
9) **attending school** – receiving education in a public or non-public school, a state or non-state school of higher education, whether on a full-time or evening basis or at weekends, within the meaning of regulations on learning and higher education, excluding any courses or distance learning;
10) **medical services** – services whose list can be found in Appendix No. 2 to these GTCI;
11) **serious illness** – the occurrence of the following circumstances during the period of insurance cover:
   a) diagnosis – in the case of: bacterial endocarditis, total loss of hearing in at least one ear, total loss of vision in at least one eye, severe burn, type 1 diabetes, Crohn's disease, muscular dystrophy, poliomyelitis (Heine-Medin disease), neuroborreliosis, haemolytic anaemia, benign brain tumour, malignant neoplasm, paralysis of limbs as a result of spinal cord injury, end-stage liver failure, sepsis, tetanus, systemic lupus erythematosus, loss of limb, rabies, encephalitis, meningitis,
   b) specialist treatment – in the case of: aplastic anaemia, chronic renal failure, transplantation,
   c) infection – in the case of: HIV infection as a result of transfusion,
   d) falling into a coma – in the case of: coma.

2. The remaining terms used in these GTCI have been defined in the general terms and conditions of basic insurance – these terms are used in the same meaning.

SUBJECT OF INSURANCE
– meaning what do we insure

3. We insure an event in your life, i.e. occurrence of a serious illness of the child.

SCOPE OF INSURANCE AND BENEFITS UNDER THE CONTRACT
– meaning for which event you will receive payment and when you will be provided with medical services

4. The scope of insurance covers an event in your life, i.e. the occurrence of a serious illness in a child, in line with the definition provided for in Appendix No. 1 to the GTCI, which occurred in the period of our insurance cover provided under additional insurance.
5. If there is an insured event in your life, i.e. a serious illness of a child, depending on the scope of benefits applicable as at the date of the event:
   1) we shall pay you a cash benefit equal to the percentage of the sum insured effective on the date of serious illness of the child, as specified in the policy;
   2) we shall grant you the right to use medical services for the child.
6. The scope of insurance and benefits is confirmed in the policy.
7. You may use medical services until their limit has been exhausted (as indicated in Appendix No. 2 to these GTCI) and for not longer than 12 months from the date of issue of the decision confirming the right to use medical services for the child.
8. Medical services apply to each serious illness of the child for which the cash benefit is due.

EXCLUSIONS OF LIABILITY
– meaning in what situations you will not receive the benefit

9. In order to establish exclusions of our liability, we hereby use the following terms:
   1) **terrorist acts** – individual or group actions against population or property aimed at achieving economic, political or social consequences; the purpose of terrorist acts is to create chaos, intimidate people, disorganise public life, functioning of public transport, service establishments or production plants;
   2) **warfare** – actions of armed forces aimed at beating armed forces of the opponent on land, air or sea;
   3) **mass social unrest** – the emergence of a social group against authorities that hold power by law; it is caused by dissatisfaction

with a political, economic or social situation; mass social unrest is usually accompanied by acts of physical violence;

4) **congenital malformations** – a derogation from an anatomical structure, as stipulated by the classification of the International Statistical Classification of Diseases and Related Health Problems ICD-10 in Chapter XVII „Congenital malformations, deformations, and chromosomal aberrations (from Q00 to Q99)";
5) **professional sports practise** – practising sport disciplines by:
   a) staff members of clubs who take part in professional, national or international competitions. These competitions – in relation to team games – must be organised by: a sports union or a professional sports federation appropriate for a given discipline – or
   b) persons who practise individual sports and take part in professional, national or international competitions. These competitions must be organised by: a sports union or a professional sports federation appropriate for a given discipline – or
   c) persons who receive remuneration, scholarship or are reimbursed for costs related to practising individual sports or participating in team games (allowances, benefits) on the basis of an employment contract or a civil law contract.

10. Our insurance does not cover a serious illness of a child if it occurred in said child as a result of an accident that took place:
1) as a result of warfare;
2) as a result of child's active participation in terrorist acts or mass social unrest,
3) as a result of child attempting to commit or committing an act that meets statutory elements of an intentional crime;
4) as a result of a traffic accident – if the child was driving the vehicle:
   a) without a licence,
   b) that was not admitted to traffic within the meaning of road traffic regulations,
   c) in a state of intoxication or under the influence of alcohol or drugs, intoxicants, psychotropic substances or substitute substances within the meaning of the Polish Act on Counteracting Drug Addiction,

   – if any of these circumstances had an impact on the occurrence of the traffic accident;
5) because the child was in a state of intoxication or under the influence of drugs, intoxicants, psychotropic substances or substitute substances within the meaning of the Polish Act on Counteracting Drug Addiction – if it had an impact on the occurrence of the accident;
6) because the child practised professional sports.

11. In the event of a serious illness of a child, our insurance cover shall not include:
1) a serious illness where there is a causal relationship between that serious illness and a congenital malformation of a child;
2) a serious illness which occurred as a result of consumption of alcohol, the use of drugs, intoxicants, psychotropic substances or substitute substances within the meaning of the Polish Act on Counteracting Drug Addiction – if it had an impact on the occurrence of the event and as a result of abuse of the above substances;
3) a serious illness resulting from the use of medicinal products by the child contrary to doctor's recommendations or to the information provided on the leaflet attached to the medicinal product;
4) a serious illness resulting from an intentional self-mutilation by the child, deliberately causing the illness, or from a suicide attempt made by the child;
5) congenital hemolytic anaemia that results from the effects of drugs or toxic substances or symptoms of paroxysmal nocturnal hemoglobinuria;
6) benign brain tumour – in the case of reporting a cyst, granulomas, vascular malformations, haematoma of the brain, pituitary tumours;
7) malignant neoplasm in the case of reporting:
   a) a neoplasm evaluated in histopathology as mild, borderline, low grade, non-invasive or pre-invasive (in situ),
   b) dysplasia-associated lesions,
   c) stage 1 Hodgkin lymphoma,
   d) malignant melanoma, described according to TNM as T1aN0M0, and any skin cancers, including skin lymphoma,
   e) papillary thyroid cancer, described according to TNM scale as T1aN0M0,
   f) cervical dysplasia and cervical cancer, described according to CIN scale as CIN1, CIN2 or CIN3,
   g) any and all neoplasms related to AIDS and HIV infection;
8) chronic renal failure – in the case of acute renal failure which is reversible and requires a temporary dialysis only;
9) end-stage liver failure caused by alcohol, abuse of drugs or any other substances which are toxic for liver;
10) coma caused by alcohol, abuse of drugs or any other substances which are toxic for brain;
11) coma, if the child was diagnosed before the commencement of insurance cover with a neoplasm, diabetes, renal failure, liver failure, which were caused by coma;
12) transplantation, if the child was put on the transplant waiting list before the commencement of insurance cover;
13) HIV infection as a result of transfusion, if the child was diagnosed with haemophilia before the commencement of insurance cover.

12. Our insurance does not cover serious illnesses which have occurred or resulted in diagnostic and medical treatment of the child before the beginning of the period of our liability, except for serious illnesses in which there is no causal relationship between the previous and current occurrence of the same illness for which we bear liability.

13. After the occurrence of a serious illness, our cover shall expire in the scope of that illness in that child. In the case of a malignant neoplasm, only one benefit shall be paid, regardless of the location, number or type of neoplasms.

14. We shall not pay the benefit if you have intentionally contributed to a serious illness of your child.

GRACE PERIOD

– meaning the period after you have concluded and taken out insurance in which we do not bear liability

15. We shall not bear liability for the first 90 days counting from the moment you joined the insurance.

16. We shall bear liability if an event in your life, i.e. a serious illness of the child, was caused by an accident which occurred within these 90 days.

CONCLUSION THE CONTRACT AND JOINING INSURANCE

– meaning how we provide insurance for you

17. An additional insurance contract may be concluded along with the conclusion of the basic insurance contract or during its term.

18. Additional insurance may be provided to insured persons that joined basic insurance.

TERM OF THE CONTRACT

– meaning how long does insurance cover last?

19. The policyholder may enter into an additional insurance contract with us for a period of one year. If insurance is concluded in between policy anniversaries, our insurance coverage shall last until the coming anniversary of the policy.

EXTENSION OF THE CONTRACT

– meaning how insurance contract is extended

20. If none of the parties to the contract, i.e. neither the policyholder nor us, decides otherwise, the additional insurance contract together with the basic insurance contract shall be extended automatically for the next year on the same terms and conditions. In such a case, there is no need for you to submit another insurance declaration.

21. Each party may resign from the extension of the additional insurance contract, which should be notified to the other party in writing. This should take place not later than 30 days before the end of this contract.

WITHDRAWAL FROM THE CONTRACT
– meaning when the policyholder is entitled to withdraw from insurance contract

22. Withdrawal from an additional insurance shall take place on the basis of the principles defined in basic insurance.
23. If the policyholder withdraws from basic insurance, this action shall result in withdrawal from additional insurance.
24. If the policyholder withdraws from additional insurance, this action shall result in withdrawal from basic insurance.

TERMINATION OF THE CONTRACT
– meaning how the policyholder is entitled to withdraw from insurance contract

25. Termination of the contract shall take place on the basis of the principles defined in basic insurance.
26. If the policyholder terminates basic insurance, this action shall result in the termination of additional insurance.
27. If the policyholder terminates additional insurance, this action shall result in the termination of basic insurance.

SUM INSURED
– what is it and where can I learn about its amount

28. The sum insured is the amount based on which we determine the amount of cash benefit to be paid.
29. The amount of sum insured is provided for in the policy.

PREMIUM
– what are its factors and when should I pay it

30. The amount of premium per insured person:
1) includes the grace periods applicable in the insurance;
2) depends on:
a) sum insured,
b) scope of insurance,
c) amount of benefit,
d) scope of benefits,
e) its payment frequency,
f) the number, age and sex structure of the persons entering into the contract, together with the type of their work.

31. The amount of additional insurance premium is provided for in the policy.
32. The policyholder shall pay additional insurance premiums along with the basic insurance premium.

THE BEGINNING OF OUR COVER
– meaning when we begin providing you with insurance cover

33. Our liability begins in accordance with the rules defined in the basic insurance.
34. The period of insurance cover in this contract shall begin only as long as insurance cover under the basic contract is in force.

THE END OF OUR COVER
– meaning when the insurance cover comes to an end

35. Our liability under the contract shall end:
1) as of the last day of our insurance cover in the basic insurance;
2) as of the day on which we receive a statement from the policyholder about withdrawal from the contract;
3) as of the last day of our insurance cover in the scope of additional insurance (if not extended);
4) as of the last day of the month in which you resign from additional insurance and for which we received the premium;
5) as of the day on which the notice period for additional insurance expire;
6) as of the day on which the additional insurance contract is terminated.

PERSONS ENTITLED TO RECEIVE THE BENEFIT
– meaning: who is eligible to receive payment and who will be granted the right to use medical services.

36. You have the right to a cash benefit.
37. We grant you the right to use medical services.

BENEFIT PAYMENT
– meaning when we will pay you a cash benefit and how to start using medical services

38. If the child is diagnosed with a serious illness, please submit the following documents:
1) benefit payment request;
2) child's birth certificate;
3) medical records confirming occurrence of a serious illness, in the case of burns – their degree and area;
4) hospital discharge summary, if the child was in hospital;
5) documentation which confirms the circumstances of the accident – if a serious illness is caused by an accident;
6) if you file a request for payment of a benefit for a child:
a) who is under 18 years of age – consent of the legal guardian of the child for the processing of personal data of the child,
b) who is over 18 years of age – consent of the child for the processing of their personal data,

39. If the documents you submitted are not sufficient to conclude whether the benefit should be provided and, if so, in what amount, we may ask you for other necessary documents.
40. We can also:
1) ask for the opinion of the doctor indicated by us;
2) order medical examinations, if necessary.

41. We shall cover the costs of medical opinion and medical examinations ordered by us.
42. Based on the documentation, we will make a decision on the payment of a cash benefit or granting you the right to use medical services for the child (if applicable in the scope of insurance).
43. After receiving the decision on granting you the right to use medical services for the child, you will be able to begin using these services.

COMPLAINTS, CLAIMS, AND GRIEVANCES; REFERRING A CASE TO A COURT
– where and how can they be submitted, and by whom

44. Complaints, claims or grievances may be filed with any unit that belongs to us and deals with customer service.
45. A complaint, claim or grievance may be filed:
1) in writing – delivered by post, within the meaning of the Postal Law Act, or personally;
2) orally – by phone, for example by calling 801 102 102, or personally, which is confirmed for the record;
3) electronically – by sending an e-mail to: reklamacje@pzu.pl or using the form available at pzu.pl.

46. We respond to all complaints, claims or grievances as soon as possible, but not later than within 30 days from the date on which it was received. In particularly complex cases, if we are not able to respond within 30 days, we will inform you about:
1) the reasons for the delay;

2) the circumstances that still need to be determined in order to examine the case;
3) the new deadline for our reply – this deadline may not be longer than 60 days from the date on which we received the complaint, claim or grievance.

47. The reply to a complaint, claim or grievance shall be:
1) in paper form, or
2) by e-mail – at the request of the person (entity) that submitted the complaint.

48. If, after considering the complaint:
1) we have not agreed with the demands, or
2) we have agreed with the demands, but within the time limit specified in the reply we have not performed the activities we undertook to perform

– the natural person that filed the complaint may write a request in this matter to the Financial Ombudsman.

49. Complaints, claims, and grievances shall be handled at our units which are competent for the subject matter of the case.

50. Legal action in cases arising from contracts may be brought with a court:
1) according to general jurisdiction – in accordance with the Code of Civil Procedure, or
2) competent for the place of residence (or registered office) of: You, insured person or his or her heir, person eligible under the contract or his or her heir.

51. More about complaints can be found in the „Act on Handling Complaints by Financial Market Entities and Financial Ombudsman" and in the „Act on Insurance Distribution".

52. We consider it possible to apply out-of-court dispute resolution.

53. The entity, having jurisdiction over the registered office of PZU Życie SA, authorised to settle disputes out of court, within the meaning of the Act on Out-of-Court Settlement of Consumer Disputes, is the Financial Ombudsman. Its website address is: rf.gov.pl.

FINAL PROVISIONS

– meaning what is still important

54. In matters not regulated hereunder, the general terms and conditions of basic insurance specified in the policy, the provisions of the Civil Code, the „Act on Insurance and Reinsurance Activity", and other provisions of law shall apply.

APPENDIX NO. 1
TO THE GENERAL TERMS AND CONDITIONS OF ADDITIONAL GROUP INSURANCE AGAINST SERIOUS ILLNESS OF A CHILD

LIST OF SERIOUS ILLNESSES

Serious illnesses for which we bear liability are only as follows:

1) **bacterial endocarditis**, i.e. endocarditis caused by a bacterial infection. We are solely responsible for bacterial endocarditis that required hospitalisation and pertained to our own heart valves or atria, without foreign bodies or medical devices. Diagnosis of the disease is confirmed by microbiological tests identifying bacteria causing inflammation, imaging tests or pathology tests revealing endocarditis damage;
2) **total loss of hearing in at least one ear**, which is a permanent, irreversible loss of the ability to hear. We are only liable for loss of hearing due to an illness in which the hearing loss in the ear affected by the illness is at least 90dB and is calculated as an average value for speech band sounds. The degree of hearing loss must be clearly confirmed by treatment medical records;
3) **total loss of vision in at least one eye**, which is a permanent, irreversible loss of the ability to see. We are only liable for loss of vision due to an illness in which visual acuity in the eye affected by the illness after an optical correction is less than 0.1 (5/50) or the visual field is less than 20 degrees. The degree of vision loss must be clearly confirmed by treatment medical records;
4) **severe burn**, which is a local skin damage and deeper tissues, caused by a thermal, chemical or electric factor. We are only liable for a severe burn that required hospitalisation and affected:
   a) over 40% of body surface area – for second-degree burns,
   b) over 20% of body surface area - for second- and third-degree burns in total,
   c) over 10% of body surface – for third-degree burns;
5) **type 1 diabetes**, which is a metabolic, autoimmune disease requiring permanent insulin treatment. We are liable only for such type I diabetes, where the need for permanent insulin application is confirmed by a diabetologist;
6) **Crohn's disease**, which is a chronic, non-specific inflammation of the intestinal wall. We are only liable for where Crohn's disease is confirmed in a histopathological test and which gave rise to fistula, abscess or stricture of the intestine;
7) **muscular dystrophy**, which is a genetically determined group of illnesses, consisting in slow atrophy of skeletal muscles, without infiltration of the nervous system. We are liable only where muscular dystrophy has been diagnosed by a neurologist and caused muscle weakness or atrophy;
8) **poliomyelitis (Heine-Medin disease)**, which is an acute infectious disease caused by the poliovirus. We are only liable for paralytic poliomyelitis, which in at least one group of muscles caused their shrinkage or spasm with a trace force, lasting for at least 3 months. The diagnosis and etiological factor of the disease must be clearly confirmed by medical records;
9) **neuroborreliosis**, which is an infectious disease caused by a spirochete of the genus Borrelia, accompanied by infiltration of the nervous system. We are only liable for neuroborreliosis that caused at least one of the following clinical syndromes:
   a) encephalomyelitis,
   b) meningitis,
   c) cranial nerve inflammation,
   d) polyradiculitis.
   The diagnosis and etiological factor of the disease must be clearly confirmed by medical records;
10) **aplastic anaemia**, which is a chronic and irreversible bone marrow failure, consisting in atrophy of all cell cultures of systems related to erythropoietin, granulocyte, and thrombopoietin. We are only liable for aplastic anaemia that has been diagnosed on the basis of bone marrow examination and during which immunosuppressive or immunostimulation treatment was applied or bone marrow transplant was performed;
11) **haemolytic anaemia**, which results from a shorter survival time of red blood cells and is manifested by a low level of haemoglobin – below the average for child's age. We are only liable for haemolytic anaemia which required hospitalisation;
12) **benign brain tumour**, which is a mild intracranial tumour of the brain, meninges or cranial nerves. We are only liable for benign brain tumour that has been removed, or if it was not possible to remove the tumour for medical reasons, one that has caused neurologic deficits. The diagnosis of benign brain tumour is confirmed in histopathology or brain imaging;
13) **malignant neoplasm**, which is an uncontrolled growth of cancer cells, characterised by the ability to infiltrate and damage tissues and to create distant metastases. We are only liable for malignant neoplasm whose invasive nature was confirmed by histopathology. We are also liable for malignant neoplasm with metastatic lesions when no specimen was collected for histopathology, but the clinical image and diagnostic tests are unambiguous as to the malignancy of cancer growth;
14) **paralysis of limbs as a result of spinal cord injury**, which is the loss of motor function of the limbs. We are only liable for paralysis that affects at least two limbs, is irreversible and lasts for at least 3 months;
15) **chronic renal failure**, which is a permanent impairment of both kidneys or the only kidney. We are only liable for chronic renal failure that is irreversible and was subjected to the application of constant dialysis or performance of kidney transplant;
16) **end-stage liver failure**, which is the final stage of impairment of the liver function.
   We are only liable for end-stage liver failure whose form led to the emergence of at least one of the following symptoms:
   a) ascites,
   b) esophageal varices,
   c) hepatic encephalopathy;
17) **Sepsis**, which is a systemic, non-specific reaction of the body to bacteria, viruses or fungi present in the blood and their toxins. We are only liable for sepsis that led to failure of at least two of the following organs or systems:
   a) central nervous system,
   b) circulatory system,
   c) respiratory system,
   d) haematopoietic system,
   e) kidneys,
   f) liver.
   The diagnosis of sepsis must be clearly confirmed in medical records;
18) **coma**, which is a deep state of unconsciousness, manifested by failure to respond normally to external stimuli in the form of sound or pain, resulting severe brain damage. We are only liable for coma that lasted for a continuous period of at least 96 hours, and brain damage resulted in a neurologic deficit or cognitive disorders lasting for a period of at least 30 days, which has been assessed according to MMSE Mini-Mental State Examination) below 20 points;
19) **tetanus**, which is an infectious disease caused by a neurotoxin produced by Clostridium tetani. We are only liable for tetanus which required hospitalisation, and the diagnosis and etiological factor are clearly confirmed by medical records;
20) **systemic lupus erythematosus**, which is an autoimmune disease, accompanied by involvement of the skin and internal organs. We are only liable for systemic lupus erythematosus which was confirmed in a final diagnosis by a rheumatologist and during which one of the following organs or systems was involved:
   a) kidneys,
   b) heart,

c) nervous system;

21) **transplant**, which is a surgical procedure of transplantation of human organs or tissues. We are only liable for transplant of heart, lung, liver or its part performed in the recipient or allogeneic bone marrow transplant performed in the recipient;
22) **loss of limb**, which is the loss of the whole limb or its part. We are only liable for loss of upper limb above the wrist or loss of lower limb above the ankle;
23) **rabies**, which is an infectious disease caused by rabies or related viruses. We are only liable for rabies manifested by symptoms of encephalitis or myelitis and which required hospitalisation, and the diagnosis and etiological factor are clearly confirmed by medical records;
24) **HIV infection as a result of transfusion**, which is a human immunodeficiency virus that occurred in connection with transfusion of blood or blood products and is confirmed by the evidence submitted. We are only liable for an HIV infection as a result of transfusion that took place in the Republic of Poland;
25) **encephalitis**, which is an infectious disease caused by bacteria, viruses or fungi and is manifested by neurological symptoms of inflammation of the brain. We are only liable for encephalitis that caused neurologic deficits that last for a period of at least 3 months. The diagnosis and etiological factor must be clearly confirmed by medical records;
26) **meningitis**, which is an infectious disease caused by bacteria, viruses or fungi and is manifested by neurological symptoms of inflammation of the meninges. We are only liable for meningitis that caused neurologic deficits that last for a period of at least 3 months. The diagnosis and etiological factor must be clearly confirmed by medical records;

APPENDIX NO. 2
TO THE GENERAL TERMS AND CONDITIONS OF ADDITIONAL GROUP INSURANCE AGAINST SERIOUS ILLNESS OF A CHILD

SERVICE	SCOPE	LIMIT	DESCRIPTION
Medical consultations	Andrologist	4 consultations – total limit for all consultations	1. Consultations do not include professor consultations with professors (physicians holding an academic title: – post-doc, – professor). 2. You can take part in medical consultations without a referral at a medical facility indicated by us. 3. You can take part in a psychological consultation without a referral at a medical facility indicated by us. 4. You can take part in a telemedical consultation without a referral through a telecommunications network. In order to take part in a telemedical consultation, we will create an individual account for you on the website. We will provide you with data necessary for registration purposes on the account.
	Audiologist		
	Paediatric surgeon		
	General surgeon		
	Surgical oncologist		
	Dermatologist – venereologist		
	Paediatric dermatologist		
	Diabetologist		
	Paediatric diabetologist		
	Dietician		
	Endocrinologist		
	Paediatric endocrinologist		
	Gastroenterologist		
	Paediatric gastroenterologist		
	Gynecologist		
	Gynecological endocrinologist		
	Paediatric gynecologist		
	Haematologist		
	Paediatric haematologist		
	Hepatologist		
	Paediatric hepatologist		
	Internal medicine physician		
	Heart surgeon		
	Paediatric heart surgeon		
	Cardiologist		
	Paediatric cardiologist		
	Laryngologist		
	Paediatric laryngologist		
	Infectious disease specialist		
	Rehabilitation physician		
	Family physician		
	Nephrologist		
	Paediatric nephrologist		
	Neurosurgeon		
	Paediatric neurosurgeon		
	Neurologist		
	Paediatric neurologist		
	Ophthalmologist		
	Paediatric ophthalmologist		
	Oncologist		
	Paediatric oncologist		
	Orthopaedic traumatologist		
	Paediatric orthopaedist		
	Paediatrician – sick children		
	Proctologist		
	Pulmonologist		
	Paediatric pulmonologist		
	Rheumatologist		
	Paediatric rheumatologist		
	Transplantologist		
	Urologist		
	Paediatric urologist		
Psychological consultation	Psychologist		

SERVICE	SCOPE	LIMIT	DESCRIPTION
Telemedical consultations	Dermatologist – telemedical advice		
	Paediatric dermatologist – telemedical advice		
	Diabetologist – telemedical advice		
	Dietician – telemedical advice		
	Endocrinologist – telemedical advice		
	Paediatric endocrinologist – telemedical advice		
	Gynaecologist – telemedical advice		
	Internist – telemedical advice		
	Cardiologist – telemedical advice		
	Paediatric cardiologist – telemedical advice		
	Oncologist – telemedical advice		
	Orthopaedist – telemedical advice		
	Paediatric orthopaedist – telemedical advice		
	Paediatrician – telemedical advice		
	Nurse – telemedical advice		
	Diabetologist nurse – telemedical advice		
	Psychologist – telemedical advice		
	Paediatric psychologist – telemedical advice		
	Pulmonologist – telemedical advice		
	Paediatric pulmonologist – telemedical advice		
Blood count	Hematocrit	5 tests – total limit for all the tests listed	You can undergo tests on the basis of a physician's referral at a medical facility indicated by us.
	Hemoglobin		
	Leukocytes		
	Blood count + platelets + automated smear		
	Blood count + platelets + automated smear with manual smear		
	Blood count without smear		
	Erythrocyte sedimentation rate (ESR)		
	Blood platelets		
	Reticulocytes		
Coagulation system tests	Activated Partial Thromboplastin Time (APTT)	5 tests – total limit for all the tests listed	You can undergo tests on the basis of a physician's referral at a medical facility indicated by us.
	Bleeding time		
	Clotting time		
	Prothrombin time (PT/INR)		
	Thrombin time (TT)		
	D-Dimers		
	Fibrinogen		
Biochemical blood tests	Albumins	10 tests – total limit for all the tests listed	You can undergo tests on the basis of a physician's referral at a medical facility indicated by us.
	Alpha globulins		
	Total protein		
	Direct bilirubin		
	Total bilirubin		
	Indirect bilirubin		
	Chlorides (Cl)		
	C-reactive protein (CRP)		
	Lactate dehydrogenase (LDH)		
	Ferritin		
	Alkaline phosphatase (AP)		
	Bone alkaline phosphatase (AP)		
	Phosphorus		
	GGTP		
	Fasting blood glucose		
	HbA1c – glycated hemoglobin		
	Creatinine clearance		
	Creatinine		
	Uric acid		
	Magnesium (Mg)		
	Urea / blood urea nitrogen (BUN)		

SERVICE	SCOPE	LIMIT	DESCRIPTION
	Potassium (K)		
	Protein electrophoresis		
	Sodium (Na)		
	Total iron-binding capacity (TIBC)		
	Transaminase GOT / AST / AspAT		
	Transaminase GPT / ALT / ALAT		
	Transferrin		
	Total calcium (Ca)		
	Ionised calcium		
	Iron (Fe)		
	Iron absorption curve		
Urine tests	Total protein in urine – daily excretion	5 tests – total limit for all the tests listed	You can undergo tests on the basis of a physician's referral at a medical facility indicated by us.
	Protein in urine		
	Bilirubin in urine		
	Ketone bodies in urine		
	Phosphorus in urine – daily excretion		
	Glucose in urine		
	Glucose in urine – daily excretion		
	Creatinine in urine		
	Creatinine in urine – daily excretion		
	Uric acid in urine		
	Uric acid in urine – daily excretion		
	Magnesium (Mg) in urine		
	Magnesium (Mg) in urine – daily excretion		
	Urine – general examination		
	Urea / blood urea nitrogen (BUN) in urine – daily excretion		
	Urea / blood urea nitrogen (BUN) in urine		
	Potassium (K) in urine – daily excretion		
	Potassium (K) in urine		
	Sodium (Na) in urine		
	Sodium (Na) in urine – daily excretion		
	Calcium (Ca) in urine		
	Calcium (Ca) in urine – daily excretion		
	Urine albumin to creatinine ratio (ACR) (urine microalbumin)		
Serological tests	indirect Coombs test	1 test – total limit for all the tests listed	You can undergo tests on the basis of a physician's referral at a medical facility indicated by us.
	Coombs test		
	ANA1 antinuclear antibodies		
	ANA2 antinuclear antibodies		
	ANA antinuclear antibodies (qualitative)		
Fecal examination	Fecal occult blood test	1 test – total limit for all the tests listed	You can undergo tests on the basis of a physician's referral at a medical facility indicated by us.
	Feces – general culture		
Tumour markers	CA 125 antigen	1 test – total limit for all the tests listed	You can undergo tests on the basis of a physician's referral at a medical facility indicated by us.
	Carcinoembryonic antigen (CEA)		
	CA 19-9 antigen – gastrointestinal cancer associated antigen		
	Alpha-fetoprotein (AFP)		
	CA 15-3 (CA 15-3) antigen		
Cultures and bacteriology	Urine culture (identification + antibiogram)	2 test – total limit for all the tests listed	You can undergo tests on the basis of a physician's referral at a medical facility indicated by us.
	Wound culture		

SERVICE	SCOPE	LIMIT	DESCRIPTION
X-ray and ultrasound on	X-ray description	2 test – total limit for all the tests listed	You can undergo X-ray and ultrasound tests on the basis of a physician's referral at a medical facility indicated by us.
	Skull X-ray		
	Chest X-ray AP		
	Chest X-ray AP and lateral		
	Entire spine X-ray in lateral projection		
	Lumbosacral spine X-ray AP and lateral		
	Lumbosacral spine X-ray in AP projection		
	Lumbosacral spine X-ray in lateral projection		
	Thoracic spine X-ray AP and lateral		
	Thoracic spine X-ray in AP projection		
	Thoracic spine X-ray in lateral projection		
	Cervical spine X-ray AP and lateral		
	Cervical spine X-ray in AP projection		
	Cervical spine X-ray in lateral projection		
	urography		
	gastrointestinal series – smear		
	echocardiography (ECHO) – adults		
	echocardiography (ECHO) – children		
	transesophageal echocardiography (ECHO)		
	Doppler echocardiography (ECHO)		
	2-sided mammography		
	gynecological ultrasound through abdominal walls		
	transvaginal gynecological ultrasound		
	prostate gland ultrasound through abdominal walls		
	transrectal prostate gland ultrasound		
	abdominal cavity ultrasonography		
	testicles ultrasound		
	lesser pelvic ultrasound		
	breast ultrasound		
	cranial ultrasound in children		
	salivary gland ultrasound		
	thyroid ultrasound		
	urinary tract ultrasound		
	lymph nodes ultrasound		
endoscopy	Anoscopy with specimen collection for histopathology (does not include the cost of histopathology)	1 test – total limit for all the endoscopic tests listed	You can undergo tests on the basis of a physician's referral at a medical facility indicated by us.
	Colonoscopy with specimen collection for histopathology (does not include the cost of histopathology)		
	Sigmoidoscopy with specimen collection for histopathology (does not include the cost of histopathology)		
Computed tomography (excluding CT angiography, spiral CT, cone beam CT, HR-CT, 32-tier CT or higher, HRT, OCT, SL-OCT) does not include the cost of a contrast agent.	Virtual CT colonoscopy	1 test – total limit for all the CT and MRI tests listed	You can undergo tests on the basis of a physician's referral at a medical facility indicated by us.
	Head CT		
	Head CT – pituitary		
	Abdominal cavity CT		
	Chest CT		
	Bone CT		
	Lumbar CT		
	Cervical spine/soft tissue CT		
	Pelvis CT		
	Eye sockets CT		
	Neck CT		
	Multi-slice CT		
	CT urography		

SERVICE	SCOPE	LIMIT	DESCRIPTION
Magnetic resonance (excluding magnetic resonance angiography, enterography) does not include the cost of a contrast agent.	Head MRI		
	Abdominal MRI		
	Chest MRI		
	Lumbar MRI		
	Thoracic spine MRI		
	Cervical spine/soft tissue MRI		
	Pelvis MRI		
	Eye sockets MRI		
Functional examinations	Dermatoscopy	1 test – total limit for all the functional examinations listed	You can undergo tests on the basis of a physician's referral at a medical facility indicated by us.
	sleep EEG		
	EEG standard paper test		
	resting ECG without description		
	resting ECG with description		
	ENG – electroneurography – examination of fibers (sensory or motor) of one nerve		
	ENG – electroneurography – examination of fibers (motor or sensory) of one nerve + F wave		
Other tests	Impedance audiometry (tympanogram)	1 test – total limit for all the tests listed	You can undergo tests on the basis of a physician's referral at a medical facility indicated by us.
	Impedance audiometry with evaluation of the eustachian tube function		
	SISI suprathreshold audiometry		
	Pure tone audiometry		
	Fine-needle biopsy (without histopathological assessment)		
	Breast lump fine-needle biopsy (without histopathological assessment)		
	Lymph node biopsy (with histopathological assessment)		
Surgical procedures	Treatment of ulcers, burns, frostbites	5 procedures – total limit for all the procedures listed	1. You can undergo procedures without a referral at a medical facility indicated by us. 2. You can undergo nursing interventions on the basis of a physician's referral at a medical facility indicated by us.
	Putting on and changing standard bandage		
	Removal of stitches		
General medical procedures	Collecting materials for microbiological examinations		
	Inserting catheters into urinary bladder		
Ophthalmological procedures	Eye fundus examination		
	Visual acuity test		
	Visual field test		
	Selection of corrective glasses		
	Intraocular pressure measurement		
Urological procedures	Inserting catheters into urinary bladder		
Nursing procedures	Intramuscular injection (excluding the cost of the drug)	10 procedures – total limit for all the procedures listed	
	Subcutaneous injection (excluding the cost of the drug)		
	Intravenous injection (excluding the cost of the drug)		
	Burn dressings		
	Administering drip infusion (without the cost of the drug)		

APPENDIX NO. 3
TO THE GENERAL TERMS AND CONDITIONS OF ADDITIONAL GROUP INSURANCE AGAINST SERIOUS ILLNESS OF A CHILD

– HOW DO I REPORT EVENT AND REALISE BENEFIT?

WAYS TO REPORT EVENT



by calling 801 102 102 or 22 566 55 55 (fees in accordance with the operator's rates)



personally at a PZU Branch



in writing, by traditional mail, by e-mail



through pzu.pl

If the benefit is due, we will pay out a cash benefit or pay out such cash benefit together with the decision on granting you the right to use medical services for the child.
The medical helpline number will be indicated in the decision.

HOW DO I REALISE MEDICAL SERVICES?

You can realise medical services once you receive the decision on the right to use medical services for the child. In order to do that:



call a 24/7 medical helpline (the medical helpline number will be indicated in the decision)



fill in a visit order form at pzu.pl/zdrowie