



**GENERAL TERMS
ADDITIONAL GROUP INSURANCE
WITH PHAMACY CARD**

The table below presents the provisions of the general terms and conditions of the additional group insurance in with a Pharmacy Card, terms and conditions code APGP55 (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 4-7 items 8-9 items 31-33 item 34
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 28-29 item 30 item 34

Information about the insurance are available from:

 **at pzu.pl**



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

GENERAL CONDITIONS FOR SUPPLEMENTARY GROUP INSURANCE WITH PHARMACY CARD

GTC code: APGP55



The Board of Directors of PZU Życie SA set out the general terms and conditions of the additional group insurance in case of bereavement of a 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) **pharmacy** – any pharmacy or point of pharmacy open to the public which operates in Poland in accordance with the Pharmaceutical Law;
 - 2) **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;
 - 3) **Pharmacy card** – A card which gives you the right to receive pharmacy products. We have described the rules for its operation in the Pharmacy Card Regulations;
 - 4) **insurance protection period** – the period of time during which our liability to the insured under the supplementary insurance continues;
 - 5) **pharmacy products/products** – products offered and available at pharmacy;
 - 6) **health care provider** – an entity that has entered into a cooperation agreement with us for Pharmacy Cards. This cooperation consists of organising the collection of products at the pharmacy using Pharmacy Cards;
 - 7) **supplementary insurance** – the insurance agreement to which these GTC apply;
 - 8) **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 and the additional group .

OBJECT OF INSURANCE

– czyli co ubezpieczamy

3. We insure your health.

INSURANCE COVERAGE AND BENEFITS UNDER THE AGREEMENT

– i.e. when can you get a pharmacy card

4. The additional cover includes your stay at hospital as a result of illness or accident during the period of cover, covered by the liability under the additional group insurance for hospital treatment of the insured.
5. In the event of your hospital stay, we will issue you with a Pharmacy Card, which allows you to pick up products at a pharmacy worth 100% of the sum insured – valid on the day of your hospital stay, subject to the next point.
6. You can pick up products at the pharmacy in each consecutive 12-month period between policy anniversaries – up to a maximum of three hospital stays started during that time that are covered by our supplementary group insurance cover in the event of the insured's hospital treatment, i.e. may be eligible to a maximum of three Pharmacy Cards during that period.
7. If the insured person has stayed in a hospital or several hospitals in continuity – i.e. there are no pauses between these stays - we consider them to be a single hospital stay.

SUM INSURED

– what is it, and where is it indicated

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

Powszechny Zakład Ubezpieczeń na Życie Spółka Akcyjna, District Court for the Capital City of Warsaw, XIII Commercial Division, KRS [National Court Register] 30211, NIP [Tax Identification Number] 527-020-60-56, share capital: PLN 295,000,000.00 paid up in full, Rondo Ignacego Daszyńskiego 4, 00-843 Warszawa, pzu.pl, helpline: 801 102 102 (fee according to the operator's tariff)

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

PREMIUM

– what does it depend on and when to pay it

10. Amount of the premium per the insured:
- 1) it is fixed, but may be changed by mutual agreement;
 - 2) 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.
11. 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.
12. 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

13. 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.
14. 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

15. 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

16. Unless otherwise agreed by either party to the agreement 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.
17. 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

18. The cancellation of the additional insurance is carried out in accordance with the rules laid down in the basic insurance.
19. If the policyholder cancels the primary insurance, this results in cancellation of the secondary insurance.
20. If the policyholder withdraws from the additional insurance, this does not result in withdrawal from the primary insurance.
21. 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.
22. If the policyholder withdraws from the additional insurance, this does 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

23. The termination of the supplementary insurance is carried out in accordance with the rules outlined in the basic insurance.
24. In the event the policyholder terminates the primary insurance, this results in the termination of the additional insurance.
25. If the policyholder terminates the additional insurance, this does not result in termination of the primary insurance.
26. If the policyholder terminates the additional group insurance for hospital treatment of the insured, this results in the termination of the additional insurance.
27. 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

- 28. Coverage under the supplementary insurance commences as described in the basic insurance.
- 29. 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

- 30. 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 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.

THE RIGHT TO A PHARMACY CARD AFTER A HOSPITAL STAY

– THE RIGHT TO A PHARMACY CARD AFTER A HOSPITAL STAY

- 31. You have the right to receive a Pharmacy Card.
- 32. The application for payment of the benefit from the insured's hospital treatment insurance is at the same time an application for a Pharmacy Card from this supplementary insurance – subject to the next point.
- 33. We will only pay the benefit once in the full amount due in the case of:
 - 1) termination of the cooperation agreement with the provider of Pharmacy Cards;
 - 2) not being able to collect the products at the pharmacy through the fault of the provider – its liquidation or bankruptcy.

FINAL PROVISIONS

– what other matters are important

- 34. 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.

PHARMACY CARD REGULATIONS

Annex to the general terms and conditions of supplementary group insurance with Pharmacy Card.

The terms and conditions present the following rules:

- activation of the Pharmacy Card,
- use of the Pharmacy Card.

GLOSSARY

– i.e. what do the terms actually mean

1. the GTC uses the following terminology:
 - 1) **expiry date** – the last day of the month following the end of three years from the end of the month in which the Pharmacy Card was posted by us in the post;
 - 2) **proof of purchase** – proof of purchase of products at a pharmacy during the validity period of the Pharmacy Card (e.g. receipt, invoice);
 - 3) **a duplicate Pharmacy Card** – a card that has been issued for a blocked Pharmacy Card. It has the same features as a blocked Pharmacy Card, including the expiry date, and the limit is reduced by the value of products collected with the Pharmacy Card or a duplicate Pharmacy Card;
 - 4) **limit** – the value of the products you are insured to receive at the pharmacy;
 - 5) **receipt of a product from a pharmacy without using the Pharmacy Card** – purchase of products from a pharmacy that does not accept the Pharmacy Card. After the products have been paid for, we will reimburse the cost on the basis of the

PHARMACY CARD

– key information

2. Pharmacy Card is used to collect products at a pharmacy.
3. The pzu.pl website, our helpline and PZU Branches provide information on:
 - 1) the current list of pharmacies that accept the Pharmacy Card;
 - 2) the rules for collecting products at the pharmacy with and without the use of the Pharmacy Card.
4. The pharmacy card includes:
 - 1) an identification number;
 - 2) a barcode;
 - 3) an expiry date;
 - 4) a limit.
5. We activate the pharmacy card after having submitted your card activation instruction. Activation will be based on your personal details and your Pharmacy Card ID number. The card will become active at the latest on the next day. Information – on how to activate the Pharmacy Card can be found in the correspondence regarding the Pharmacy Card.
6. The validity of the pharmacy card ceases:
 - 1) on the day of collection of products with a limit value;
 - 2) on its expiry date;
 - 3) on the day it is blocked – in accordance with item 16, 17.

RULES FOR THE USE OF THE PHARMACY CARD

– or how to use it

7. The pharmacy card must be activated before the products are collected at the pharmacy.
8. In order to collect products using your Pharmacy Card, show your active Pharmacy Card at a pharmacy that accepts Pharmacy Cards.
9. In order to receive reimbursed for products purchased at a pharmacy without using your Pharmacy Card, you report this to us and show your active Pharmacy Card and proof of purchase of products at the pharmacy. We are going to reimburse you within 21 days after the date of application and presentation of an active Pharmacy Card, up to the limit remaining on the Pharmacy Card.
10. The pharmacy card cannot be exchanged for cash.
11. The available limit gets reduced each time the Pharmacy Card is used. You can obtain information regarding the remaining limit from the pharmacy that accepts the Pharmacy Card or from our helpline.
12. If the value of your pharmacy purchases exceeds the limit on your Pharmacy Card, you pay for the rest of your purchases from your own funds.
13. Products collected with the Pharmacy Card cannot be returned – subject to items 22 and 23.
14. We will pay you the equivalent of the unused limit on your Pharmacy Card in the event of liquidation or bankruptcy of the provider.
15. If you lose, damage or destroy your Pharmacy Card, please immediately report it to our helpline.

BLOCKING OF THE PHARMACY CARD

– i.e. what happens in such situation

16. We block the pharmacy card if:
 - 1) our helpline will be informed that you have not received your Pharmacy Card after 30 days of posting it in the post – for reasons beyond our control;
 - 2) report to our helpline the loss, destruction or damage of the Pharmacy Card that prevents its use.
17. We block the pharmacy card no later than the next day after our hotline has received the information from item 16.
18. The blocking of the Pharmacy Card is irreversible.
19. We are not responsible for any unauthorised use of the Pharmacy Card that has occurred:
 - 1) before reporting the loss, destruction or damage of the Pharmacy Card;
 - 2) as a result of the transfer of the Pharmacy Card to another person.

DUPLICATE PHARMACY CARD

– when it can be issued

20. We issue a duplicate Pharmacy Card once it has been blocked. A duplicate Pharmacy Card has a limit remaining at the time of the blocking.
21. The duplicate Pharmacy Card has a new, inactive identification number and is inactive. The pharmacy card must be activated in accordance with item 5.

COMPLAINTS RELATED TO THE USE OF THE PHARMACY CARD

– how to report them

22. You can report complaints relating to the use of the Pharmacy Card to our helpline.
23. Complaints regarding the products due to a quality defect or misdelivery are dealt with by the pharmacy – in accordance with the legal provisions, in particular the pharmaceutical law.
24. If a product is returned due to a complaint – as described in point 23 – the pharmacy shall refund up to the value of the returned product.

FINAL PROVISIONS

– what other matters are important

25. 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.