



**GENERAL TERMS
OF ADDITIONAL GROUP INSURANCE
IN THE EVENT OF A SPECIALIST 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 bereavement of a child, terms and conditions code LCGP55 (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 4–5 items 12–14 item 32 items 33–36 item 37
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 6–9 items 10–11 items 29–30 item 31 item 37

Information about the insurance are available from:

 pzu.pl



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

GENERAL TERMS AND CONDITIONS OF ADDITIONAL GROUP INSURANCE IN CASE OF SPECIALIST TREATMENT OF THE INSURED

GTC code: LCGP55



The Board of Directors of PZU Życie SA set out the general terms and conditions of the additional group insurance in case of specialist 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

– i.e. what do the terms actually mean

1. The GTC uses the following terminology:
 - 1) **ablation** – a procedure consisting in destroying or isolating an area in the heart that is the source of a heart rhythm disturbance. We are only responsible for such ablation of heart rhythm disturbances where a current generator or low temperature is used;
 - 2) **chemotherapy** – a method of treating a malignant tumour with at least one anti-cancer drug belonging to group L01 of the ATC classification. Our cover in this insurance does not include the use of group L02 hormonal drugs, group L03 immunostimulants or group L04 immunosuppressants of the ATC classification as a treatment for malignant tumour;
 - 3) **dialysis therapy** – a method of treating kidney failure by haemodialysis or peritoneal dialysis. We are only responsible for such dialysis therapy used to treat chronic renal failure. Our cover in this insurance does not include temporary dialysis therapy used in reversible renal failure;
 - 4) **insurance protection period** – the period of time during which our liability to the insured under the supplementary insurance continues;
 - 5) **radiotherapy for cancer** – a method of treatment using ionising radiation to treat malignant tumours or benign tumours;
 - 6) **gamma Knife or Cyber Knife radiotherapy of cancer** – A method of treatment using stereotactic radiotherapy known as Gamma Knife or Cyber Knife for the treatment of malignant tumours or benign tumours;
 - 7) **interferon therapy** – a method of treatment using interferon. We are solely responsible for the interferon treatment of multiple sclerosis and chronic hepatitis C;
 - 8) **radioiodine therapy for non-cancerous thyroid diseases** – a method of treating non-cancerous thyroid diseases, through the use of a radioisotope of iodine, by irreversibly destroying thyroid tissue;
 - 9) **supplementary insurance** – the insurance agreement to which these GTC apply;
 - 10) **basic insurance** – PZU Na Życie Plus group insurance agreement, to which the policyholder has the right to take out additional insurance;
 - 11) **implantation of a cardioverter-defibrillator** – implantation of a permanent cardiac pacing device with defibrillation or cardioversion function into the patient's body. Our cover in this insurance does not include procedures for repositioning, revision and replacement of leads and pacing system;
 - 12) **implantation of a resynchronisation pacemaker** – a procedure to permanently implant a cardiac pacemaker with cardiac synchrony into the patient's body. Our cover in this insurance does not include procedures for repositioning, revision and replacement of leads and pacing system;
 - 13) **implantation of a cardiac pacemaker (implantation of a pacemaker)** – a procedure to permanently implant a cardiac pacing device, known as a pacemaker, into the patient's body, without the function of defibrillation, cardioversion and synchronisation of heart contraction. Our cover in this insurance does not include procedures for repositioning, revision and replacement of leads and pacing system.
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 supplementary insurance cover includes specialist treatment which has commenced during the period of cover i.e.:
 - 1) ablation;
 - 2) chemotherapy;
 - 3) dialysis therapy;
 - 4) radiotherapy for cancer;
 - 5) Gamma Knife or Cyber Knife cancer radiotherapy;
 - 6) interferon treatment;
 - 7) radioiodine therapy for non-cancerous thyroid diseases;
 - 8) cardioversion / defibrillator engraftment;
 - 9) implantation of cardiac resynchronization stimulator;
 - 10) implantation of heart stimulator (pacemaker).
5. In the event that you have a specialist treatment which has commenced during the period of cover, we will pay the percentage of the sum insured current at the date specified in the policy and in the individual confirmation of insurance:
 - 1) performing the first ablation;
 - 2) administration of the first dose of a drug – in the case of chemotherapy or interferon therapy;
 - 3) performing the first dialysis treatment;
 - 4) administration of the first dose of ionising radiation – in the case of radiotherapy for cancer;
 - 5) performing the first Gamma Knife or Cyber Knife radiotherapy of malignant degeneration;
 - 6) performing the first radioiodine therapy for non-cancerous thyroid diseases;
 - 7) the first cardioversion – defibrillator engraftment;
 - 8) implantation of cardiac resynchronization stimulator,
 - 9) implantation of heart stimulator (pacemaker).

PROTECTION RESTRICTIONS

– i.e. in which situations and how much the maximum insurance payout will be

6. Our liability covers the first use of the respective specialist treatment indicated in the GTC during the period of cover, subject to items 7 to 9.
7. If we pay the benefit after:
 - 1) ablation;
 - 2) chemotherapy or radiotherapy for cancer or Gamma Knife or Cyber Knife radiotherapy for cancer;
 - 3) dialysis therapy;
 - 4) interferon treatment;
 - 5) radioiodine therapy for non-cancerous thyroid diseases;
 - 6) cardioversion / defibrillator engraftment;
 - 7) implantation of cardiac resynchronization stimulator;
 - 8) implantation of heart stimulator (pacemaker)– then our cover for this specialist treatment, for which you have already received a benefit, ends.
8. If you have undergone the specialist treatment listed under item 4 prior to the start of our cover and the same treatment is given again during the period of cover, we will pay the benefit if there is no causal link between the current and previous treatment. We will not apply this exemption if your previous specialist treatment ended before you reached the age of 18.
9. If you have undergone radiotherapy for cancer, Gamma Knife or Cyber Knife radiotherapy for cancer or chemotherapy, we will only pay the benefit for one of these specialist treatments.

GRACE PERIOD

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

10. We are not liable for the first 90 days counted from the moment you join the supplementary insurance.
11. We are liable if the specialist treatment was the result of an accident.

SUM INSURED

– what is it, and where is it indicated

12. The sum insured is the amount which we use as the basis for determining the benefit due.
13. The amount of the sum insured can be included in the policy and in the individual confirmation of insurance.
14. 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

15. 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) benefit amount,
 - c) the number, age structure and gender of those who take out insurance, as well as the type of work they do.
16. 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.
17. 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

18. Supplementary insurance may be taken out either with or during the conclusion of the basic insurance.
19. 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

20. 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

21. 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.
22. 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

23. The cancellation of the additional insurance is carried out in accordance with the rules laid down in the basic insurance.
24. If the policyholder cancels the primary insurance, this results in cancellation of the secondary insurance.
25. 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

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

29. Coverage under the supplementary insurance commences as described in the basic insurance.
30. 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

31. 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 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

32. In such case you have the right to receive the benefit.

PROVISION OF THE HEALTH BENEFIT

– when we pay the benefit

33. After specialist treatment, please deliver to us:
- 1) a request for payment of a benefit;
 - 2) medical records that confirm specialised treatment.
34. 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.
35. 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.
36. We decide on the payment of the benefit on the basis of the documentation provided.

FINAL PROVISIONS

– what other matters are important

37. 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.