

GENERAL TERMS AND CONDITIONS

Additional PZU Na Życie Plus packages Child Protection



Contens

- **TWGP55** - GENERAL TERMS OF GROUP INSURANCE PZU NA ŻYCIE PLUS
- **DCGP55** - GENERAL CONDITIONS FOR SUPPLEMENTARY GROUP INSURANCE IN THE EVENT OF SERIOUS ILLNESS OF A CHILD
- **DLGP56** - GENERAL TERMS AND CONDITIONS OF THE SUPPLEMENTARY GROUP INSURANCE AGAINST A CHILD'S HOSPITAL TREATMENT
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**INSURANCE PRODUCT INFORMATION DOCUMENT
AND GENERAL TERMS AND CONDITIONS
OF GROUP INSURANCE PZU NA ŻYCIE PLUS**



GROUP LIFE INSURANCE PZU NA ŻYCIE PLUS

Condition code: TWGP55

Version dated: 20.11.2021

This is the key information material. Full details of the insurance can be found in other documents, in particular in the general conditions of the General Terms and Conditions of Group Insurance PZU Na Życie Plus, conditions code: TWGP55 (GTC). Please read the GTCs before deciding to conclude the agreement. The definitions used in the GTCs can have meanings that deviate from their common meanings, so please make sure to pay particular attention to them. The conclusion of the agreement is voluntary.

PRODUCT INFORMATION

- is an information material,
- is not part of the insurance agreement (agreement),
- does not constitute a trade offer within the meaning of article 66 of the Civil Code,
- should not be the sole grounds for taking the decision on executing the agreement.

THE SCOPE AND OBJECT OF INSURANCE – WHAT IS INSURED?

We insure the life of the insured.

Coverage includes the death of the insured during the period of our cover.

PRODUCT CHARACTERISTICS – WHAT ARE THE MAIN FEATURES OF OUR INSURANCE?

In the event of the death of the insured, we pay a benefit to the beneficiary equal to a percentage of the sum insured current at the date of death. If the insured has named several beneficiaries and some of them die before the insured's death or lose their right to the benefit, then their share of the benefit will be distributed proportionally among the remaining beneficiaries. If the insured has not named a beneficiary or if all beneficiaries have died before the death of the insured or have forfeited their right to the benefit, then the benefit is due to the following family members of the insured in order of priority:

- spouse in full,
- children in equal parts,
- parents in equal parts,
- all legal successors to the insured in equal parts.

This is a primary insurance agreement. It is possible to extend the coverage to additional accident and sickness risks by concluding appropriate ancillary contracts.

WHO CAN CONCLUDE AN AGREEMENT WITH US, WHO DO WE INSURE?

The insurance agreement is concluded by the policyholder who pays the insurance premiums.

The Policyholder is allowed to enter into an agreement with us including several variants of insurance. The agreement defines who can joint the particular variants of the insurance.

You can join the insurance according to the insurance options in force in the contract if, on the date you sign the declaration of joining:

- you have a legal relationship with the policyholder and you are over 16 and under 69 years of age, or
- you are the spouse of the primary insured and you are over 16 years of age and under 69 years of age, or you are the life partner of the primary insured and you are over 18 years of age and under 69 years of age, or
- you are the adult child of the primary insured and are under 69 years of age and
- you declare that you are not on sick leave, in hospital, in a hospice, in an institution for the chronically ill, on rehabilitation benefits and that you are not a person declared unfit for work or unfit for uniformed service on the basis of a decision of a competent authority according to social insurance or social security regulations.

You can join the insurance if, on the date on which you sign the declaration of accession, you are a person deemed unfit to perform work in accordance with your qualifications or unfit for uniformed service on the basis of a certificate from a competent authority and:

- you have a legal relationship with the policyholder and are admitted to work by an occupational physician, or
- you are a natural person who carries out a business activity.

As a close insured who immediately prior to joining the insurance:

- has not been covered by another of our group life insurance policies, or
- has been covered by our other group life insurance policies for less than 12 months without any continuity of cover, or
- has been covered by out group life insurance for at least 12 months, however without maintaining the continuity of the insurance coverage,

You can join the insurance, if on the day of signing the declaration of membership; you file in the additionally required declaration of your health status.

Before joining the insurance you submit to the policyholder a signed declaration of membership. If the contract includes several insurance variants, you can only join one insurance variant.

WHAT IS THE DURATION OF THE INSURANCE?

The contract is concluded between PZU Życie SA and the policyholder for a fixed period. We confirm the duration of the additional insurance in the policy. The contract renews for the next policy year automatically – under the same conditions. In this case, as an insured, you do not have to re-submit the declaration of membership.

WHAT LOCATION DOES THE INSURANCE COVER?

The insurance cover operates worldwide, 24 hours a day.

HOW AND WHEN SHOULD THE CONTRIBUTIONS BE PAID?

The Policyholder pays for the premiums for all the insured at a monthly basis. The deadline for payment of the premium is specified in the contract application and the policy.

WHEN DOES THE INSURANCE COVERAGE BEGIN AND END?

Provided that you meet the conditions for taking out insurance as set out in the GTC, our cover in respect of you starts from the first day of the month following the month in which:

- we have received your signed declaration of adherence in which you agree to be covered in accordance with the terms and conditions agreement, including the amount of the sum insured,
- we received from the policyholder a list of insured who signed the declarations of membership and you are included in the list, however, no earlier than the date on which we conclude the contract with the policyholder. The date of commencement of cover is indicated on the individual confirmation of insurance.

If you are the primary insured, our insurance protection against you ceases:

- from the date on which we receive the policyholder's declaration that he or she is withdrawing from the agreement,
- upon your death,
- at the end of the month in which the legal relationship you had with the policyholder ceased (e.g. your employment contract ended); if we receive a premium for a subsequent month, our cover ends at the end of that subsequent month,
- upon the end of the month preceding the policy anniversary in the calendar year in which you turn 70,
- on the last day of the month in which you resign from our insurance protection,
- at the end of the month of the applicability of the insurance contract on the current terms and conditions, if they have not given the required consent to change the insurance;
- the expiry of the term of the supplementary insurance agreement in the event of non-renewal,
- on the date on which the period of notice specified in the GTC expires,
- at the end of the first month for which all premiums have not been received – if the policyholder fails to remit the outstanding premium on time in the situation referred to in the GTC,
- in the existing insurance option – upon the beginning of your coverage in another insurance variant.

If you are the close insured, our insurance protection against you ceases:

- on the date of termination of our cover in respect of the primary policyholder of whom you are the spouse or life partner or the adult child,
- from the date on which we receive the policyholder's declaration that he or she is withdrawing from the agreement,
- upon your death,
- on the date of death of the primary insured, of whom you are the spouse or life partner or an adult child,
- at the end of the month in which the legal relationship between the primary insured and the policyholder ceased; if we receive a premium for a subsequent month, our coverage ends at the end of that subsequent month;
- upon the end of the month preceding the policy anniversary in the calendar year in which you turn 70,
- on the last day of the month in which you resign from our insurance protection,
- at the end of the month of the applicability of the insurance contract on the current terms and conditions, if they have not given the required consent to change the insurance,

- the expiry of the term of the supplementary insurance agreement in the event of non-renewal,
- on the date on which the period of notice specified in the GTC expires,
- at the end of the first month for which all premiums have not been received – if the policyholder fails to remit the outstanding premium on time in the situation referred to in the GTC,
- in your current variant of insurance – on the day of commencement of cover in respect of you under another variant of the insurance,
- on the last day of the month in which we received notification of the dissolution of the marriage to the primary insured,
- on the last day of the month in which the primary insured person designated a new life partner or resigned from identifying you as a life partner.

MAIN EXCLUSION AND PROTECTION LIMITS– WHAT IS EXCLUDED FROM THE INSURANCE?

We are not responsible for the consequences of circumstances that you have not made known to us. If you have not deliberately made known to us all the circumstances known to you which we have asked about in your declaration of enrolment or other letter, prior to your enrolment, then in case of doubt, the event covered and its consequences shall be assumed to be the result of these circumstances. If an event covered by us occurred more than three years after you joined the insurance, we cannot claim that you provided false information when you joined the insurance.

We will not pay the benefit in the event of:

- failure to provide documents necessary to determine the validity of the claim as far as we are unable to establish our liability or the amount of the benefit on the basis of other evidence,
- the death of the insured person if it is caused by the suicide of the insured person – committed within 2 years from the beginning of the period of protection.

In addition, we are not liable if a situation is not covered, it does not meet the definition set out in the agreement or our liability has ended (e.g. due to non-payment of premiums as well as in other cases indicated in the GTC).

HOW TO TERMINATE THE AGREEMENT?

The policyholder may withdraw from the insurance contract within 30 days of the conclusion of the contract, or, if the policyholder is a trader, within seven days of the conclusion of the contract. After this period, the policyholder has the right to terminate the agreement by a written notice. The Policyholder may choose not to renew the contract by giving us written notice of non-renewal at least 30 days before the end of the contract.

REMUNERATION FOR THE DISTRIBUTOR OF THE INSURANCE

The distributor shall receive a commission in connection with the proposed agreement.

COMPLAINTS, OBJECTIONS AND GRIEVANCES

1. A claim, complaint or grievance shall be submitted to any of our units where we serve our customers.
2. A complaint, grievance or complaint can be submitted:
 - 1) in writing – in person or by mail, within the meaning of the Postal Law Act, for example by writing to the following address:
PZU Życie SA 18A Postępu St., 02-676 Warsaw (address for correspondence only);
 - 2) in writing – sent to the address for electronic delivery of PZU Życie SA, within the meaning of the Electronic Delivery Act, from the date of entering that address into the database of electronic addresses,
 - 3) verbally – by phone, for instance by calling the telephone helpline on 801 102 102, or in person, confirmed by means of a protocol during a visit to our unit;
 - 4) electronically – by sending an e-mail to reklamacje@pzu.pl or by filling in the form at www.pzu.pl.
3. We respond to complaints, grievances and complaints as soon as possible, however no later than 30 days after the day on which we receive them. If we are unable to respond in particularly complex cases within 30 days, we will inform you:
 - 1) why the response is delayed;
 - 2) what circumstances we still need to establish in order to process the case;
 - 3) what is the new time limit for our response – it may not exceed 60 days from the date on which we received the complaint, claim or grievance.
4. We respond to complaints, claims and grievances to the person who made them:
 - 1) in cases where the customer is a natural person – in writing, except that the response may be delivered by e-mail only at the customer's request;
 - 2) where the customer is an entity other than those referred to in item 1 – in writing or using another durable medium.
5. If, after the complaint has been investigated:
 - 1) we have not honoured the claims made or

- 2) we have accepted the claim, but within the time limit specified in the reply to that claim we have not carried out the acts we obliged to take
- the individual who has made a complaint has the right to write to the Financial Ombudsman to request this.
6. We deal with complaints, grievances and complaints in our units, which have jurisdiction over the subject matter.
 7. Additional information on complaints are provided in the Act on Complaints Handling by Financial Market Entities and Financial Ombudsman and in the Act on Insurance Distribution.
 8. PZU provides for the possibility of resolving conflicts out of court.
 9. The entity authorized within the meaning of the Act on out-of-court handling of consumer disputes, competent for PZU Życie SA to handle disputes out of court is the Financial Ombudsman. The website address: rf.gov.pl.
 10. In the event that the insured or the policyholder, beneficiary and the rights holder are consumers, they can turn to the Municipal and District Consumer Ombudsmen for assistance.
 11. PZU communicates with its consumers in Polish.
 12. PZU is supervised by the Financial Supervision Authority.



**GENERAL TERMS
OF GROUP INSURANCE PZU NA ŻYCIE PLUS**

In the table below, we set out the provisions of the general terms and conditions of PZU Na Życie Plus group insurance, terms and conditions code TWGP55 (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	item 1 items 3–4 items 13–15 items 62–65 items 66–71
2.	Restrictions and exemptions of an insurer's liability granting the right to refuse or reduce the payment of benefits	item 1 items 5–10 items 11–12 item 26 items 28–29 item 37 items 38–39 item 63

Information about the insurance are available from:

 at pzu.pl



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

GENERAL CONDITIONS OF PZU GROUP INSURANCE NA ŻYCIE PLUS

GTC code: TWGP55



The Board of Directors of PZU Życie SA established the general terms and conditions of group insurance PZU Na Życie Plus by Resolution No. UZ/202/2021 of 9 November 2021 (hereinafter referred to as 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 in the GTC actually mean

1. the GTC uses the following terminology:

- 1) **continuity of protection** – no break between the period for which the last premium was paid for the insured in the hitherto group life insurance in PZU Życie and the period for which the first premium for that insured was paid for that agreement, and in the case of change of insurance variant – no break between the period for which the last premium for the insured in the hitherto insurance variant was paid and the period for which the first premium for that insured was paid in the new insurance variant. Lack of interruption means that in the existing group life insurance in PZU Życie or insurance variant, the coverage for the insured ends on the last day of the month and from the first day of the following month, the coverage in this agreement or in the new insurance variant begins;
- 2) **external factor** – any factor which comes from outside the body of the person involved in the accident and which, under the given conditions, is likely to produce harmful effects on that person;
- 3) **declaration** – a paper form or an online form from the myPZU website, in which you declare that you want to:
 - a) join the insurance (declaration of accession) or,
 - b) change the insurance option or change the data previously provided to PZU Życie (declaration of change);
- 4) **medical records** – records that contain a description of a medical condition or of the health services provided, made by healthcare providers, health professionals and other persons involved in the provision of health services;
- 5) **the day you join the insurance** – the day on which our cover begins in respect of you (subject to the grace provisions);
- 6) **individual insurance confirmation** – a document that confirms the terms of your insurance;
- 7) **grace period** – the period during which we are not liable for an insured event;
- 8) **us/PZU Życie SA/policyholder** – Powszechny Zakład Ubezpieczeń na Życie Spółka Akcyjna;
- 9) **personal accident** – an even, which:
 - a) happens quickly and unexpectedly and
 - b) is caused by an external factor, and
 - c) it is the sole and direct cause of the event covered by the insurance, and
 - d) does not depend on the will or state of health of the person who has suffered the accident;
- 10) **insurance protection period** – the period of time during which our liability to you continues (subject to the provisions on grace periods);
- 11) **life partner** – a person who is cohabiting with the insured; and:
 - a) is not a relative of the insured,
 - b) is not married and
 - c) the insured indicated it in his declaration.

A life partner who is named in the declaration of the primary insured or the insured adult child and does not submit his or her own declaration of adherence – is not an insured.

A life partner who is named in the declaration of the primary insured and makes a separate declaration of adherence – is an insured relative.

The designation of a life partner is effective from the first day of the month following the month in which the insured person designated a life partner. The insured can only designate a life partner if he or she is not married himself or herself. The insured may change the life partner named in the declaration once in each policy year.
- 12) **adult child** – child:
 - a) the primary insured,

- b) the spouse or a life partner of the primary insured,
– who is at least 18 years old;
- 13) **an establishment for the chronically ill** – an entity providing round-the-clock, in-patient long-term care and nursing services: a nursing home, residential care home or 24-hour care facility established under the relevant legislation;
- 14) **signing the declaration** – the application of a handwritten signature to the content of the declaration, or the application of a declaration of intent to the content of the declaration in another form, to which the parties agree, by a person authorised to do so;
- 15) **policy** – a document which confirms the conclusion of the agreement and its terms;
- 16) **performance** – the payment of a cash benefit to the insured or beneficiary or the provision of a service to the insured in the event of an event covered by our protection;
- 17) **policy anniversary** – each anniversary of the date on which the agreement was concluded;
- 18) **policy year** – any period of 12 consecutive months of the agreement beginning on the date of the agreement or on each policy anniversary and ending on the last day of the twelfth month following the date of the agreement or the policy anniversary;
- 19) **Service mojePZU** – an online service available via the moje.pzu website or mobile application, which enables access to insurance information, contact with PZU Życie and use of the services listed in the Terms and Conditions for the provision of electronic services of the mojePZU Website;
- 20) **legal relationship** – employment agreement, agreement of mandate, agreement of work, agency agreement, agreement, appointment, or any other legal relationship between the policyholder and the primary insured that we accept;
- 21) **party to the agreement** – PZU Życie, the policyholder;
- 22) **You/insured** – a natural person who joined the insurance and::
 - a) it has a legal relationship with the policyholder (primary insured),
 - b) is the spouse or life partner or the adult child of the primary insured (relative insured);
- 23) **policyholder** – an entity which entered into an agreement with PZU Życie;
- 24) **basic insurance** – PZU Na Życie Plus group insurance agreement, to which the policyholder has the right to take out additional insurance;
- 25) **supplementary insurance** – an insurance agreement by which the primary insurance may be extended;
- 26) **agreement** – an agreement of group insurance concluded by the contracting parties at the request of the policyholder, consisting of either primary insurance or primary and supplementary insurance;
- 27) **beneficiary** – the natural person or other legal entity designated by the insured person as entitled to receive a benefit in the event of the death of that insured person;
- 28) **beneficiary** – the person who, in certain situations, may claim payment of the cash benefit, i.e. the beneficiary, the heir of the insured, the person mentioned in point 65 of the GTC, the heirs of these persons;
- 29) **insurance option(s)** – the coverage chosen by the policyholder, as confirmed by the policy.

OBJECT OF INSURANCE

– what do we insure

- 2. We insure your life.

SCOPE OF INSURANCE AND THE BENEFIT AMOUNT

– which events do we pay for and what amounts

- 3. Coverage includes the death of the insured during the period of cover.
- 4. If the insured dies during the period of cover, we will pay a benefit equal to a percentage of the sum insured current at the date of death, which is specified in the policy and in the individual confirmation of insurance

GRACE PERIOD

– i.e. for what period after your enrolment in the insurance we have no or limited liability

- 5. In the cases described in points 6–9 of the GTC, a grace period applies during the first 6 months counted from the date you join the insurance. However, we are liable if the death occurred as a result of an accident during the grace period.
- 6. If you are the primary insured, a grace period applies to you if the date you join the supplementary insurance is more than 4 months after the date:
 - 1) the conclusion of the agreement – provided that you had a legal relationship with the policyholder on the date of conclusion of the contract;
 - 2) the creation of the legal relationship with the policyholder – as far as it commenced after the date of conclusion of the contract.
- 7. If you are the spouse of the primary insured (insured relative), the grace period applies to you when the date you join the supplementary insurance is more than 4 months after the date:
 - 1) the conclusion of the agreement – as far as the primary insured had a legal relationship with the policyholder on the date of conclusion of the agreement;

- 2) the commencement of the legal relationship of the primary insured with the policyholder – as far as it commenced after the day of executing the agreement;
- 3) marrying the primary insured after concluding the supplementary insurance.
8. If you are the life partner of the primary insured (insured relative), the grace period applies to you if the date you join the supplementary insurance exceeds 4 months after the date:
 - 1) the conclusion of the agreement – as far as the primary insured had a legal relationship with the policyholder on the date of conclusion of the agreement;
 - 2) the commencement of the legal relationship of the primary insured with the policyholder – as far as it commenced after the day of executing the agreement;
9. If you are the adult child of the primary insured (insured relative), the grace period applies to you when the date you join the supplementary insurance is more than 4 months after the date:
 - 1) the conclusion of the agreement – as far as the primary insured had a legal relationship with the policyholder on the date of conclusion of the agreement;
 - 2) the commencement of the legal relationship of the primary insured with the policyholder – as far as it commenced after the day of executing the agreement;
 - 3) your reaching the age of 18, if this took place after the conclusion of the contract.
10. In the case of a change of insurance option with the same policyholder, with continuity of coverage, the grace period applies to the amount of the difference between the current and previous benefit amount and to the difference in coverage. The grace period is specified in the basic insurance (section 5 of the GTC) and the additional insurances. The grace period does not apply if the incident was caused by an accident.

EXCLUSIONS OF PROTECTION

– cases in which we are not going to pay out the benefit

11. We use the following terms for the purpose of defining exclusions to our protection:
 - 1) acts of terror – are individual or group acts against the population or property in order to achieve economic, political or social effects by creating chaos, intimidating the population, disorganising public life, the functioning of public transport, service or production facilities;
 - 2) war operations – actions of armed forces aimed at breaking down enemy forces on land, in the air or at sea;
 - 3) mass social unrest – these are speeches by a social group against the structures that exercise power under the law, caused by dissatisfaction with the political, economic or social situation; mass social unrest is usually accompanied by acts of physical violence.
12. We are not liable for the death of the insured if it occurs:
 - 1) during war operations;
 - 2) as a result of an active participation in acts of terror or mass social unrest;
 - 3) as a result of the commission or attempted commission by the insured of an act which fulfils the requirements of an intentional crime;
 - 4) as a result of the insured's suicide – committed within 2 years of the start of the cover period;
 - 5) 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 – provided that any of these circumstances had an impact on the traffic accident.

SUM INSURED

– what is it, and where is it indicated

13. The sum insured is the amount which we use as the basis for determining the benefit due.
14. The amount of the sum insured can be included in the policy and in the individual confirmation of insurance.
15. 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 it depends on, when to pay it and the consequences of not paying it

16. Amount of the premium per the insured:
 - 1) we specify in the agreement application and confirm in the policy;
 - 2) takes into account the grace periods that apply in supplementary insurance;
 - 3) it is fixed, but may be changed by mutual agreement;
 - 4) it depends on:
 - a) the sum insured,
 - b) insurance coverage,
 - c) benefit amount
 - d) the number, age structure and gender of those who take out insurance, as well as the type of work they do.

17. The Policyholder pays for the premiums for all the insured at a monthly basis. The deadline for payment of the premium is specified in the contract application and the policy.
18. We consider the contribution to have been paid when it is received in the bank account we have indicated.
19. If you are in arrears with your contribution, we will allocate any payment to cover these arrears in the first instance.
20. If the premium is not paid on time:
 - 1) we will call on the policyholder to pay it within 7 days of receiving the call. The notice will inform the policyholder of the effect of failure to pay the premium on time, i.e. the suspension of cover in respect of all policyholders and the maximum period of suspension. We can suspend protection for a maximum period of two months calculated:
 - a) from the first day of the month following the month in which the agreement was concluded, in the event of overdue payment of the first contribution, or
 - b) from the first day of the month following the month for which no further contribution has been received – if no further contribution has been paid;
 - 2) after the expiry of the deadline for payment of the premium indicated in the summons referred to in subsection 1 to no avail, we will again summon the policyholder to pay the premium within 7 days of the receipt of our summons by the policyholder. In the summons, we will inform the policyholder of the effect of non-payment of the premium by the due date, i.e. the agreement will be deemed terminated by the policyholder with effect from the date of expiry of the second month of non-payment of the outstanding premium, but no later than the end of the agreement period.
The effect of the agreement being deemed to have been terminated by the policyholder will not take place if the policyholder has paid the entire outstanding premium before its due date.

CONCLUSION OF THE AGREEMENT

– what is required for that purpose

21. The policyholder will receive the GTC and the necessary forms from us before entering into a agreement with us.
22. To conclude a agreement with us, the policyholder submits:
 - 1) application to conclude a agreement;
 - 2) accession declarations signed by those who wish to take out insurance;
 - 3) a list of persons who have signed a declaration of accession;
 - 4) other documents, as far as they are necessary for the conclusion of the agreement under the law.
23. We have the right to refuse to conclude a agreement.
24. We confirm the conclusion of the contract with a policy.
25. The Policyholder is allowed to enter into an agreement with us including several variants of insurance. The agreement defines who can join the particular variants of the insurance.

JOINING THE INSURANCE

– who we insure and how do we insure

26. You can join the insurance according to the insurance options in force in the contract if, on the date you sign the declaration of joining:
 - 1) you have a legal relationship with the policyholder and you are over 16 and under 69 years of age, or
 - 2) you are the spouse of the primary insured and you are over 16 years of age and under 69 years of age, or you are the life partner of the primary insured and you are over 18 years of age and under 69 years of age, or
 - 3) you are the adult child of the primary insured and are under 69 years of age and
 - 4) you declare that you are not on sick leave, in hospital, in a hospice, in an institution for the chronically ill, on rehabilitation benefits and that you are not a person declared unfit for work or unfit for uniformed service on the basis of a decision of a competent authority according to social insurance or social security regulations – subject to items 27–31 of the GTC.
27. You can join the insurance if, on the date on which you sign the declaration of accession, you are a person deemed unfit to perform work in accordance with your qualifications or unfit for uniformed service on the basis of a certificate from a competent authority and:
 - 1) you have a legal relationship with the policyholder and are admitted to work by an occupational physician, or
 - 2) you are a natural person who carries out a business activity.
28. As a close insured who immediately prior to joining the insurance:
 - 1) has not been covered by another of our group life insurance policies, or
 - 2) has been covered by our other group life insurance policies for less than 12 months without any continuity of cover, or;
 - 3) has been covered by out group life insurance for at least 12 months, however without maintaining the continuity of the insurance coverage,

You can join the insurance, if on the day of signing the declaration of membership; you file in the additionally required declaration of your health status.
29. Before joining the insurance you submit to the policyholder a signed declaration of membership. If the contract includes several insurance variants, you can only join one insurance variant.
30. If you do not meet the conditions for taking out insurance as indicated in the GTC – you will not be covered.
31. Regardless of meeting the conditions for taking out insurance as set out in the GTC – we may refuse to cover you. We communicate the refusal to the policyholder.
32. If we receive an amount towards the premium for a person who has not fulfilled the conditions for taking out insurance as set out in the GTC or for a person who is refused coverage, we are obliged to return it to the policyholder.

33. You are obliged to make known to us all circumstances known to you which we ask about in the declaration of accession or in any other letter before you join the insurance.
34. We shall not be liable for the consequences of circumstances which, in violation of clause 33 of the GTC, you have not made known to us. If you have not deliberately made known to us all the circumstances known to you which we have asked about in your declaration of enrolment or other letter, prior to your enrolment, then in case of doubt, the event covered and its consequences shall be assumed to be the result of these circumstances. If an event covered by us occurred more than three years after you joined the insurance, we cannot claim that you provided false information when you joined the insurance.
35. If the agreement covers several insurance variants, you may give us a declaration of intent to change the insurance variant at any time during the term of the agreement (with the proviso that coverage under the new insurance variant will commence with respect to the You from the first day of the month following the month in which we received your declaration concerning the change of insurance option), unless otherwise stated in the general terms and conditions of supplementary insurance.
36. PZU Życie, in order to enable the Insured to perform the activities related to the insurance agreement remotely, provides the myPZU Service. Upon joining the (agreement of) group insurance, the insured will receive a one-time password and login to myPZU. Using myPZU is possible after logging in and accepting the Regulations of myPZU by the insured person. The one-time password expires 3 days after receipt. Once the one-time password has expired, setting up an account on the myPZU is possible under the conditions described at <https://moje.pzu.pl>. The use of myPZU is voluntary and free of charge.

THE BEGINNING OF OUR PROTECTION

– i.e. when our insurance protection starts

37. Subject to points 5 to 10 of the GTC and provided that you meet the conditions for taking out insurance as set out in the GTC, our cover in respect of you shall commence on the first day of the month following the month in which:
 - 1) we have received your signed declaration of adherence in which you agree to be covered in accordance with the terms of the agreement, including the sum insured;
 - 2) we received from the policyholder a list of insured who signed the declarations of membership and you are included in the list,however, no earlier than the date on which we conclude the contract with the policyholder. The date of commencement of cover is indicated on the individual confirmation of insurance.

THE CESSATION OF OUR PROTECTION

– when the supplementary insurance ends

38. If you are the primary insured, our insurance protection against you ceases:
 - 1) from the date on which we receive the policyholder's declaration that he or she is withdrawing from the agreement;
 - 2) upon your death;
 - 3) at the end of the month in which the legal relationship you had with the policyholder ceased (e.g. your employment contract ended); if we receive a premium for a subsequent month, our cover ends at the end of that subsequent month;
 - 4) upon the end of the month preceding the policy anniversary in the calendar year in which you turn 70;
 - 5) on the last day of the month in which you resign from our insurance protection;
 - 6) by the end of the month of applicability of the agreement on the current rules, if the insured did not consent to amend the agreement, in the case specified in item 41 of the GTC;
 - 7) the expiry of the term of the supplementary insurance agreement in the event of non-renewal;
 - 8) on the date on which the period of notice specified in clause 55 of the GTC expires;
 - 9) at the end of the first month for which all premiums have not been received – if the policyholder fails to remit the outstanding premium on time in the situation referred to in item 57 in conjunction with item 20(2) of the GTC;
 - 10) in the existing insurance option – upon the beginning of your coverage in another insurance variant.
39. If you are the close insured, our insurance protection against you ceases:
 - 1) on the date of termination of our cover in respect of the primary policyholder of whom you are the spouse or life partner or the adult child;
 - 2) from the date on which we receive the policyholder's declaration that he or she is withdrawing from the agreement;
 - 3) upon your death;
 - 4) on the date of death of the primary insured, of whom you are the spouse or life partner or an adult child,
 - 5) at the end of the month in which the legal relationship between the primary insured and the policyholder ceased; if we receive a premium for a subsequent month, our coverage ends at the end of that subsequent month;
 - 6) upon the end of the month preceding the policy anniversary in the calendar year in which you turn 70;
 - 7) on the last day of the month in which you resign from our insurance protection;
 - 8) by the end of the month of applicability of the agreement on the current rules, if the insured did not consent to amend the agreement, in the case specified in item 41 of the GTC;
 - 9) the expiry of the term of the supplementary insurance agreement in the event of non-renewal;
 - 10) on the date on which the period of notice specified in clause 55 of the GTC expires;
 - 11) at the end of the first month for which all premiums have not been received – if the policyholder fails to remit the outstanding premium on time in the situation referred to in item 57 in conjunction with item 20(2) of the GTC;
 - 12) in the existing insurance option – upon the beginning of your coverage in another insurance variant.
 - 13) on the last day of the month in which we received notification of the dissolution of the marriage to the primary insured,

- 14) on the last day of the month in which the primary insured named a new life partner or resigned from naming you as a life partner.

AMENDMENTS TO THE AGREEMENT

– how they can be introduced

40. All amendments to the Agreement shall be made in writing under pain of nullity.
41. Your consent is needed to change the agreement to your or the holder's disadvantage. A statement including your consent shall be submitted to the policyholder.

SUSPENSION OF THE AGREEMENT AT THE POLICYHOLDER'S REQUEST

– when it occurs and what it means

42. At the request of the policyholder, we may suspend the agreement for a specific period during which we are not liable. The agreement suspension period always covers full calendar months.
43. Suspension of the agreement is possible if, at the date of application, the policyholder has paid all premiums due under the agreement.
44. The policyholder shall be released from the obligation to pay agreement premiums for the period of suspension of the agreement. When the suspension of the agreement ends, the policyholder shall pay the premiums as they fall due.
45. The policyholder must inform the insured persons of the intention to suspend the agreement and obtain their consent to the suspension of the agreement.
46. We are not liable for incidents covered by the agreement which occur during the period of suspension of the agreement.
47. During the period of suspension of the agreement, the grace periods applicable to policyholders under the agreement shall not be suspended.
48. The agreement shall be resumed on the first calendar day following the end of the agreement suspension period, without the application of additional (new) grace periods, subject to the need for the insured to serve grace periods that did not end during the agreement suspension.

DURATION OF THE AGREEMENT

– which period we take out the supplementary insurance for

49. The policyholder enters into a fixed-term agreement with us. We confirm the duration of the additional insurance in the policy.

RENEWAL OF THE AGREEMENT

– what are the rules for extending the duration of the agreement

50. Unless otherwise agreed by either party to the contract, the contract will renew for the next policy year automatically – under the same terms and conditions. In this case, as an insured, you do not have to re-submit the declaration of membership.
51. Either party may opt out of the renewal of a given agreement, of which it should notify the other party in writing. This must be done at least 30 days before the end of the contract.

WITHDRAWAL FROM THE AGREEMENT

– i.e. under which conditions a policyholder may withdraw from the agreement

52. The policyholder may withdraw from the agreement when they state this to us in writing:
 - 1) within 7 days after the conclusion of the agreement – if the policyholder is a business owner.
 - 2) within 30 days after the conclusion of the agreement – if the policyholder is not a business owner. In the event that the Policyholder, at the latest at the time of conclusion of the agreement, did not inform the Policyholder who is a consumer of his or her right to withdraw from the insurance agreement, the 30-day period starts from the day on which the Policyholder who is a consumer became aware of that right.
53. Withdrawal from the agreement does not relieve the policyholder from the obligation to pay the premium for the period during which the insurer has provided cover.
54. If the policyholder cancels the agreement after the premium has been paid, we will refund the premium reduced by the amount of the premium for the insurance protection period provided.

TERMINATION OF THE AGREEMENT

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

55. The Policyholder may terminate the agreement at any time without giving any reason, subject to three months' notice. The notice of termination should be given in writing.

56. In the case referred to in item 55, the agreement shall terminate at the end of the calendar month in which the three-month notice period expires.



EXAMPLE

If notice of termination is received on 25 August, the agreement terminates on 30 November. During the notice period, the policyholder is obliged to pay the premium.

57. The agreement shall be deemed to have been terminated by the policyholder in the case described in point 20(2) of the GTC.

YOUR RIGHTS AND OBLIGATIONS

– what the insured should remember about

58. You can cancel your insurance at any time if you submit your cancellation in writing to the policyholder.
59. You have a duty to notify the policyholder or us of changes to your and your beneficiaries' personal and contact details that you provided in the declaration.

OBLIGATIONS OF THE POLICYHOLDER

– i.e. what obligations shall the policyholder assume

60. The policyholder must:
- 1) serve the terms of the agreement, including the GTC, on persons taking out insurance. The Policyholder may deliver the terms and conditions of the agreement, including the GTC, in writing or on another durable medium if the person taking out insurance agrees to this. He or she should do this before the persons sign the declarations of accession;
 - 2) provide us with signed declarations of adherence on time;
 - 3) inform us immediately of any change in personal and contact details: of the policyholder, as well as of the insured, of the beneficiaries – if the insured has not previously notified us of these changes;
 - 4) inform us without delay of the occurrence in respect of the insured person of a premise which causes the termination of cover in accordance with the GTC;
 - 5) pay us the premiums for the insurance protection period provided by the date specified in the agreement application and confirmed in the policy;
 - 6) provide us with a statement of premiums by the end of the month to which the statement relates and a list of insured persons by the deadline indicated in clause 37 of the GTC;
 - 7) communicate to insured persons any change in the terms of the agreement or in the law applicable to the agreement about the impact of these changes on the value of the benefit. It shall provide this information in the form prescribed by the "Insurance and Reinsurance Business Act." The policyholder must provide the insured with this information before agreeing to such changes;
 - 8) provide us with a list of persons who have agreed to a change of agreement with respect to him in the situation referred to in clause 41 of the GTC and, at our request, provide us with the declarations referred to in clause 41 sentence 2 of the GTCs;
 - 9) at our request, provide the insured with other documents or information that are necessary for the proper execution of the agreement, including information on the refusal of coverage, the suspension of coverage, in the situation referred to in point 20 of the GTC, and information on the suspension of the agreement;
 - 10) appoint a person to be responsible for his performance of the agreement and inform the insured and us that he has appointed such a person.

OUR RESPONSIBILITIES

– i.e., responsibilities assumed by PZU Życie

61. We must:
- 1) meet our contractual obligations in a timely manner;
 - 2) communicate to the policy holder any change in the conditions of the agreement or in the law applicable to the agreement about the impact of these changes on the value of the benefit. We provide this information in the form prescribed by the "Insurance and Reinsurance Business Act." Before we and the policyholder agree to make such changes, the policyholder must provide the policyholders with this information;
 - 3) provide you, at your request, with the information referred to in point 61(2) of the GTC;
 - 4) inform you or the policyholder that events covered by our cover have occurred if we have been notified of the event by another person; this information will be provided within 7 days of receipt of the notification;
 - 5) inform the claimant, if necessary, of the documents we require in order to establish a right to benefits. We may do this in writing or by any other means to which the person has consented;
 - 6) inform in writing the person who is claiming the benefit and you, if you are not that person, of this:
 - a) why we are unable to deliver this service in whole or in part within the stipulated timeframe. We will then only realise that part of the benefit which is undisputed,

- b) if the health service is not due in total or in part. We then indicate the reasons and legal basis that justify our decision and inform you that you can pursue your claim in court;
- 7) provide information and documents which have influenced our decision on the determination of the right to a benefit or the amount thereof:
 - a) To you or
 - b) the policyholder, or
 - c) the entitled, or
 - d) another person who requests the provision of the benefit.
 We provide information and documents to these persons in electronic form upon request;
- 8) provide – on your request – information on your rights and obligations under the agreement;
- 9) make them available at the request of the policyholder or yourself:
 - a) information about the declarations made by the policyholder when he concluded the agreement,
 - b) information about the statements you made when you joined the insurance,
 - c) copies of the documents that were produced at the time.

PERSONS ENTITLED TO OBTAIN THE BENEFIT

– the person to whom the payment is due

- 62. Benefit payments are available to the beneficiaries. You are free to nominate, change or cancel them.
- 63. A benefit is not going to be paid to a person who intentionally contributed to your death.
- 64. If you name several beneficiaries and some of them die before you or lose their right to a benefit payment, then we will distribute the benefit due to them proportionally to the remaining beneficiaries.
- 65. If you do not name a beneficiary or if all beneficiaries die before you or lose their right to payment, your family members are entitled to the benefit, in order of priority:
 - 1) spouse – in full;
 - 2) children – in equal shares;
 - 3) parents – in equal shares;
 - 4) your other heirs – in equal shares.

PROVISION OF THE HEALTH BENEFIT

– when we pay the benefit

- 66. After your death, the person claiming the benefit must provide us with:
 - 1) a request for payment of a benefit,
 - 2) a death certificate;
 - 3) The certificate of death or, in cases where it is not possible to obtain, medical documentation documenting the cause of death if it was caused by an accident or occurred within the two years of our protection.
- 67. We may ask for other required documents in case those which had already been provided do not suffice to consider that a benefit payment is due.
- 68. If the documents we have requested are in a language other than Polish, the person making the request must provide us with a translation into Polish. This translation must be carried out by a sworn translator.
- 69. We decide on the payment of the benefit based on the documentation stated above.
- 70. We will pay the benefit in a single payment, no later than 30 days from the date of receipt of notice of the insured event.
- 71. If it proves impossible to clarify the circumstances necessary to establish our liability or the amount of the benefit within the aforementioned period, the benefit shall be provided by us within 14 days from the day on which it became possible to clarify those circumstances with due diligence. However, we will pay the undisputed portion of the benefit within the time limit set out in clause 70 of the GTC.

COMPLAINTS, OBJECTIONS AND GRIEVANCES

– who, where and how to submit them

- 72. A claim, complaint or grievance shall be submitted to any of our units where we serve our customers.
- 73. A complaint, grievance or complaint can be submitted:
 - 1) in writing – in person or by mail, within the meaning of the Postal Law Act, for example by writing to the following address: PZU Życie SA 18A Postępu St., 02-676 Warsaw (address for correspondence only);
 - 2) in writing – sent to the address for electronic delivery of PZU Życie SA, within the meaning of the Electronic Delivery Act, from the date of entering that address into the database of electronic addresses;
 - 3) verbally – by phone, for instance by calling the telephone helpline on 801 102 102, or in person, confirmed by means of a protocol during a visit to our unit;
 - 4) electronically – by sending an e-mail to reklamacje@pzu.pl or by filling in the form at www.pzu.pl.
- 74. We respond to complaints, grievances and complaints as soon as possible, however no later than 30 days after the day on which we receive them. If we are unable to respond in particularly complex cases within 30 days, we will inform you:
 - 1) why the response is delayed;

- 2) what circumstances we still need to establish in order to process the case;
- 3) what is the new time limit for our response – it may not exceed 60 days from the date on which we received the complaint, claim or grievance.
- 75. We respond to complaints, claims and grievances to the person who made them:
 - 1) in cases where the customer is a natural person – in writing, except that the response may be delivered by e-mail only at the customer's request;
 - 2) where the customer is an entity other than those referred to in item 1 – in writing or using another durable medium.
- 76. If, after the complaint has been investigated:
 - 1) we have not honoured the claims made or
 - 2) we have accepted the claim, but within the time limit specified in the reply to that claim we have not carried out the acts we obliged to take
 – the individual who has made a complaint has the right to write to the Financial Ombudsman to request this.
- 77. We deal with complaints, grievances and complaints in our units, which have jurisdiction over the subject matter.
- 78. Additional information on complaints are provided in the Act on Complaints Handling by Financial Market Entities and Financial Ombudsman and in the Act on Insurance Distribution.
- 79. PZU provides for the possibility of resolving conflicts out of court.
- 80. The entity authorized within the meaning of the Act on out-of-court handling of consumer disputes, competent for PZU SA to handle disputes out of court is the Financial Ombudsman. The website address: rf.gov.pl.
- 81. In the event that the insured or the policyholder, beneficiary and the rights holder are consumers, they can turn to the Municipal and District Consumer Ombudsmen for assistance.
- 82. PZU communicates with its consumers in Polish.
- 83. PZU is supervised by the Financial Supervision Authority.

FINAL PROVISIONS

– what other matters are important

- 84. The taxation rules for amounts received under an insurance agreement are governed by the “Personal Income Tax Act” and the “Corporate Income Tax Act.”
- 85. If we legally have to deduct any amounts from the benefit payment, especially income tax, the benefit payment will be reduced by these amounts.
- 86. The relationships under this agreement are governed by Polish law.
- 87. The law applicable to this agreement is Polish law.
In matters not regulated by this agreement, the following shall apply: the provisions of the Civil Code, the “Insurance and Reinsurance Business Act” and other legal provisions.
- 88. We will give all our notifications, requests and declarations that relate to the agreement in writing or in any other form that we have agreed with the policyholder. They have legal effect from the day we serve them.
- 89. All notifications, requests and declarations that relate to the agreement – except complaints, claims and grievances – must be made in writing or in another form that the policyholder has agreed with us. They have legal effect from the date on which they are served on us.
- 90. The Insured, the Policyholder and PZU Życie are obliged to inform each other of any change of address.
- 91. A suit in respect of matters arising from this agreement may be brought in accordance with the rules of general jurisdiction in accordance with the Code of Civil Procedure or:
 - 1) to the court having jurisdiction over the registered office of the policyholder or the place of residence of the insured person, or
 - 2) to the court having jurisdiction over the place of residence of the insured's heir.
- 92. We do not use a technical rate in the agreement.
- 93. We publish solvency and financial condition reports on pzu.pl in the investor relations section.



**INSURANCE PRODUCT INFORMATION
DOCUMENT AND GENERAL TERMS
ADDITIONAL GROUP INSURANCE
IN THE EVENT OF SERIOUS ILLNESS OF A CHILD**



ADDITIONAL GROUP INSURANCE IN THE EVENT OF SERIOUS ILLNESS OF A CHILD

Condition code: DCGP55

Version dated: 20.11.2021 r.

This is the key information material. Full details of the insurance can be found in other documents, in particular the General Terms and Conditions of the group insurance in the case of severe illness of a child, conditions code: DCGP55 (GTC). Please read the GTCs before deciding to conclude the agreement. The definitions used in the GTCs can have meanings that deviate from their common meanings, so please make sure to pay particular attention to them. The conclusion of the agreement is voluntary.

PRODUCT INFORMATION

- is presented for information purposes,
- is not part of the insurance agreement (agreement),
- does not constitute a trade offer within the meaning of article 66 of the Civil Code,
- should not be the sole basis for a decision on insurance.

THE SCOPE AND OBJECT OF INSURANCE – WHAT IS INSURED?

We insure an event in the life of the insured which is the occurrence of a serious illness in a child as per our definition set out in Schedule 1 to the GTC (26 serious illnesses), during the period of cover.

PRODUCT CHARACTERISTICS – WHAT ARE THE MAIN FEATURES OF OUR INSURANCE?

If your child has a serious illness, depending on the coverage you have on the date of the incident:

- we will pay you a cash benefit equal to a percentage of the sum insured current at the date of your child's serious illness – if you only have a cash benefit in your benefits range,
- we will pay you a cash benefit equal to a percentage of the sum insured current at the date of your child's serious illness and we will grant you entitlement to medical services for your child - if you have both of these in your benefits.

Supplementary insurance may be taken out either at the conclusion of the basic insurance - Group Insurance PZU Na Życie Plus or at its duration.

WHO CAN CONCLUDE AN AGREEMENT WITH US, WHO DO WE INSURE?

The additional insurance is concluded by the policyholder who pays the insurance premiums.

The additional insurance may be joined by insured persons who joined the basic insurance.

WHAT IS THE DURATION OF THE INSURANCE?

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 additional insurance is taken out between policy anniversaries, our cover continues until the next policy anniversary.

WHAT LOCATION DOES THE INSURANCE COVER?

The insurance cover operates worldwide, 24 hours a day.

Medical services are provided at designated medical facilities in Poland.

HOW AND WHEN SHOULD THE CONTRIBUTIONS BE PAID?

The premium is transferred by the policyholder together with the premium for the basic insurance.

WHEN DOES THE INSURANCE COVERAGE BEGIN AND END?

Coverage under the supplementary insurance commences as described in the basic insurance. Cover under the additional insurance shall only commence if the cover under the basic insurance is in force. The cover under the supplementary insurance ~~ceases~~ the date of termination of cover under the primary insurance;

- from the date on which we receive the policyholder's declaration that he or she is withdrawing from the additional insurance;
- on the date of termination of cover under the supplementary insurance – if not renewed;
- on the last day of the month in which you cancel the supplementary insurance;
- 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;
- as from the date of expiry of the notice period of the supplementary insurance;
- as from the date on which the supplementary insurance is terminated.

MAIN EXCLUSIONS AND LIMITATIONS OF THE INSURANCE COVERAGE – WHAT IS NOT COVERED BY THE

INSURANCE? We will not pay the benefit in the event of:

- the occurrence of a serious illness in a child before the start of the insurance cover,
- the recurrence of a particular serious illness that has already occurred in a child.

In addition, we are not liable if a situation is not covered, it does not meet the definition set out in the agreement or our liability has ended (e.g. due to non-payment of premiums as well as in other cases indicated in the GTC).

HOW TO TERMINATE THE AGREEMENT?

The policyholder has the right to cancel the supplementary insurance agreement within 30 days after its conclusion or, if the policyholder is an entrepreneur, within 7 days from the conclusion of the agreement. After this period, the policyholder has the right to terminate the agreement by a written notice. The policyholder has right to cancel the extension of the additional insurance by sending us a written notice of non-renewal no later than 30 days prior to its termination.

REMUNERATION FOR THE DISTRIBUTOR OF THE INSURANCE

The distributor shall receive a commission in connection with the proposed agreement.

COMPLAINTS, OBJECTIONS AND GRIEVANCES

1. A claim, complaint or grievance shall be submitted to any of our units where we serve our customers.
2. A complaint, grievance or complaint can be submitted:
 - 1) in writing – in person or by mail, within the meaning of the Postal Law Act, for example by writing to the following address: PZU Życie SA 18A Postępu St., 02-676 Warsaw (address for correspondence only);
 - 2) in writing – sent to the address for electronic delivery of PZU Życie SA, within the meaning of the Electronic Delivery Act, from the date of entering that address into the database of electronic addresses;
 - 3) verbally – by phone, for instance by calling the telephone helpline on 801 102 102, or in person, confirmed by means of a protocol during a visit to our unit;
 - 4) electronically – by sending an e-mail to reklamacje@pzu.pl or by filling in the form at www.pzu.pl.
3. We respond to complaints, grievances and complaints as soon as possible, however no later than 30 days after the day on which we receive them. If we are unable to respond in particularly complex cases within 30 days, we will inform you:
 - 1) why the response is delayed;
 - 2) what circumstances we still need to establish in order to process the case;
 - 3) what is the new time limit for our response – it may not exceed 60 days from the date on which we received the complaint, claim or grievance.
4. We respond to complaints, claims and grievances to the person who made them:
 - 1) in cases where the customer is a natural person – in writing, except that the response may be delivered by e-mail only at the customer's request;
 - 2) where the customer is an entity other than those referred to in item 1 – in writing or using another durable medium.
5. If, after the complaint has been investigated:
 - 1) we have not honoured the claims made or
 - 2) we have accepted the claim, but within the time limit specified in the reply to that claim we have not carried out the acts we obliged to take– the individual who has made a complaint has the right to write to the Financial Ombudsman to request this.
6. We deal with complaints, grievances and complaints in our units, which have authority over the subject matter.
7. Additional information on complaints are provided in the Act on Complaints Handling by Financial Market Entities and Financial Ombudsman and in the Act on Insurance Distribution.

8. PZU provides for the possibility of resolving conflicts out of court.
9. The entity authorized within the meaning of the Act on out-of-court handling of consumer disputes, competent for PZU Życie SA to handle disputes out of court is the Financial Ombudsman. The website address: rf.gov.pl.
10. In the event that the insured or the policyholder, beneficiary and the rights holder are consumers, they can turn to the Municipal and District Consumer Ombudsmen for assistance.
11. PZU communicates with its consumers in Polish.
12. PZU is supervised by the Financial Supervision Authority.



ADDITIONAL GROUP INSURANCE IN THE EVENT OF SERIOUS ILLNESS OF A CHILD

Condition code: DCGP55

Version dated: 20.11.2021 r.

This is the key information material. Full details of the insurance can be found in other documents, in particular the General Terms and Conditions of the group insurance in the case of severe illness of a child, conditions code: DCGP55 (GTC). Please read the GTCs before deciding to conclude the agreement. The definitions used in the GTCs can have meanings that deviate from their common meanings, so please make sure to pay particular attention to them. The conclusion of the agreement is voluntary.

PRODUCT INFORMATION

- is presented for information purposes,
- is not part of the insurance agreement (agreement),
- does not constitute a trade offer within the meaning of article 66 of the Civil Code,
- should not be the sole basis for a decision on insurance.

THE SCOPE AND OBJECT OF INSURANCE – WHAT IS INSURED?

We insure an event in the life of the insured which is the occurrence of a serious illness in a child as per our definition set out in Schedule 1 to the GTC (26 serious illnesses), during the period of cover.

PRODUCT CHARACTERISTICS – WHAT ARE THE MAIN FEATURES OF OUR INSURANCE?

If your child has a serious illness, depending on the coverage you have on the date of the incident:

- we will pay you a cash benefit equal to a percentage of the sum insured current at the date of your child's serious illness – if you only have a cash benefit in your benefits range,
- we will pay you a cash benefit equal to a percentage of the sum insured current at the date of your child's serious illness and we will grant you entitlement to medical services for your child - if you have both of these in your benefits.

Supplementary insurance may be taken out either at the conclusion of the basic insurance - Group Insurance PZU Na Życie Plus or at its duration.

WHO CAN CONCLUDE AN AGREEMENT WITH US, WHO DO WE INSURE?

The additional insurance is concluded by the policyholder who pays the insurance premiums.
The additional insurance may be joined by insured persons who joined the basic insurance.

WHAT IS THE DURATION OF THE INSURANCE?

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 additional insurance is taken out between policy anniversaries, our cover continues until the next policy anniversary.

WHAT LOCATION DOES THE INSURANCE COVER?

The insurance cover operates worldwide, 24 hours a day.
Medical services are provided at designated medical facilities in Poland.

HOW AND WHEN SHOULD THE CONTRIBUTIONS BE PAID?

The premium is transferred by the policyholder together with the premium for the basic insurance.

WHEN DOES THE INSURANCE COVERAGE BEGIN AND END?

Coverage under the supplementary insurance commences as described in the basic insurance. Cover under the additional insurance shall only commence if the cover under the basic insurance is in force. The cover under the supplementary insurance ceases:

- from the date of termination of cover under the primary insurance;
- from the date on which we receive the policyholder's declaration that he or she is withdrawing from the additional insurance;
- on the date of termination of cover under the supplementary insurance – if not renewed;
- on the last day of the month in which you cancel the supplementary insurance;
- 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;
- as from the date of expiry of the notice period of the supplementary insurance;
- as from the date on which the supplementary insurance is terminated.

MAIN EXCLUSIONS AND LIMITATIONS OF THE INSURANCE COVERAGE – WHAT IS NOT COVERED BY THE INSURANCE?

We will not pay the benefit in the event of:

- the occurrence of a serious illness in a child before the start of the insurance cover,
- the recurrence of a particular serious illness that has already occurred in a child.

In addition, we are not liable if a situation is not covered, it does not meet the definition set out in the agreement or our liability has ended (e.g. due to non-payment of premiums as well as in other cases indicated in the GTC).

HOW TO TERMINATE THE AGREEMENT?

The policyholder has the right to cancel the supplementary insurance agreement within 30 days after its conclusion or, if the policyholder is an entrepreneur, within 7 days from the conclusion of the agreement. After this period, the policyholder has the right to terminate the agreement by a written notice. The policyholder has right to cancel the extension of the additional insurance by sending us a written notice of non-renewal no later than 30 days prior to its termination.

REMUNERATION FOR THE DISTRIBUTOR OF THE INSURANCE

The distributor shall receive a commission in connection with the proposed agreement.

COMPLAINTS, OBJECTIONS AND GRIEVANCES

1. A claim, complaint or grievance shall be submitted to any of our units where we serve our customers.
2. A complaint, grievance or complaint can be submitted:
 - 1) in writing – in person or by mail, within the meaning of the Postal Law Act, for example by writing to the following address: PZU Życie SA 18A Postępu St., 02-676 Warsaw (address for correspondence only);
 - 2) in writing – sent to the address for electronic delivery of PZU Życie SA, within the meaning of the Electronic Delivery Act, from the date of entering that address into the database of electronic addresses;
 - 3) verbally – by phone, for instance by calling the telephone helpline on 801 102 102, or in person, confirmed by means of a protocol during a visit to our unit;
 - 4) electronically – by sending an e-mail to reklamacje@pzu.pl or by filling in the form at www.pzu.pl.
3. We respond to complaints, grievances and complaints as soon as possible, however no later than 30 days after the day on which we receive them. If we are unable to respond in particularly complex cases within 30 days, we will inform you:
 - 1) why the response is delayed;
 - 2) what circumstances we still need to establish in order to process the case;
 - 3) what is the new time limit for our response – it may not exceed 60 days from the date on which we received the complaint, claim or grievance.
4. We respond to complaints, claims and grievances to the person who made them:
 - 1) in cases where the customer is a natural person – in writing, except that the response may be delivered by e-mail only at the customer's request;
 - 2) where the customer is an entity other than those referred to in item 1 – in writing or using another durable medium.
5. If, after the complaint has been investigated:
 - 1) we have not honoured the claims made or
 - 2) we have accepted the claim, but within the time limit specified in the reply to that claim we have not carried out the acts we obliged to take– the individual who has made a complaint has the right to write to the Financial Ombudsman to request this.
6. We deal with complaints, grievances and complaints in our units, which have authority over the subject matter.
7. Additional information on complaints are provided in the Act on Complaints Handling by Financial Market Entities and Financial Ombudsman and in the Act on Insurance Distribution.

8. PZU provides for the possibility of resolving conflicts out of court.
9. The entity authorized within the meaning of the Act on out-of-court handling of consumer disputes, competent for PZU Życie SA to handle disputes out of court is the Financial Ombudsman. The website address: rf.gov.pl.
10. In the event that the insured or the policyholder, beneficiary and the rights holder are consumers, they can turn to the Municipal and District Consumer Ombudsmen for assistance.
11. PZU communicates with its consumers in Polish.
12. PZU is supervised by the Financial Supervision Authority.



**GENERAL TERMS
ADDITIONAL GROUP INSURANCE
IN THE EVENT OF SERIOUS ILLNESS OF A CHILD**

The table below presents the provisions of the general terms and conditions of the additional group insurance in the event of a severe illness of the child, terms and conditions code DCGP55 (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 17-19 items 37-38 items 39-46 items 47
2.	Restrictions and exemptions of the facility's liability insurance granting the right to refuse to pay benefits or their reduction	items 1-2 items 7-8 items 9-14 items 15-16 items 34-35 items 36 items 47

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 IN THE EVENT OF SERIOUS ILLNESS OF A CHILD



GTC code: DCGP55

The Board of Directors of PZU Życie SA set out the general terms and conditions of the additional group insurance in case of severe illness 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) **serious illness** – only such illness, injury or surgery as covered by our protection. You will find definitions of the serious illnesses we cover in Appendix 1 to these GTC;
 - 2) **child** – a child which at the moment a severe illness occurred in him or her was below the age of 18 or, if in school education, she or he was below the age of 25. The child may be:
 - a) a child of the insured,
 - b) child of the insured's spouse or domestic partner (if the other parent of the spouse's or domestic partner's child is deceased);
 - 3) **insurance protection period** – the period of time during which our liability to the insured under the supplementary insurance continues;
 - 4) **medical centre** – a clinic, a doctor's surgery or a laboratory providing medical services, a list of which is published on pzu.pl and available from the medical helpline (stated in the decision on granting the right to use the medical services) and at each of our branches;
 - 5) **diagnostic and treatment procedure** – medical procedure consisting of the patient's medical history, physical examination of the patient and additional examinations to establish the diagnosis or medical procedure aimed at treatment;
 - 6) **performance of the benefit** – the payment of a cash benefit to the insured person or the granting to the insured person of entitlement to medical services for the child in the event of an event covered by our protection;
 - 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;
 - 9) **school education** – education at a public or a non-public school or at a State or non-State higher education institution on a full-time, evening or extramural basis, within the meaning of legislation on education and higher education, with the exclusion of all courses and distance learning;
 - 10) **medical services** – benefits listed in the appendix 2 to these GTC;
 - 11) **the occurrence of a serious illness** – the occurrence of the following circumstances during the period of cover:
 - a) diagnosis – in the case of: bacterial endocarditis, total loss of hearing in at least one ear, total loss of sight in at least one eye, severe burn, type 1 diabetes, Crohn's disease, muscular dystrophy, infectious palsy (poliomyelitis), neuroborreliosis, haemolytic anaemia, benign brain tumour, malignant neoplasm, paralysis of limbs due to spinal cord injury, end-stage liver disease, sepsis, tetanus, systemic lupus erythematosus, loss of limb, rabies, encephalitis, meningitis,
 - b) specialised treatment – for: aplastic anaemia, chronic renal failure, transplantation,
 - c) infection – in the case of: HIV infection due to transfusion,
 - d) falling into a coma – in case of: coma.
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 an event in your life, which is the occurrence of a severe illness in your child.

INSURANCE COVERAGE AND SCOPE OF BENEFITS

– which events we are responsible for and which benefits you can receive

4. The Supplementary Insurance covers an event in your life which is the occurrence of a serious illness in your child as defined by us in Schedule 1 to these GTC during the period of cover.
5. If an event occurs in your life which is the onset of a serious illness in your child, depending on the coverage you have on the date of the event:
 - 1) we will pay you a cash benefit equal to the percentage of the sum insured current at the date of the child's critical illness, which is specified in the policy and in the individual confirmation of insurance - if you only have a cash benefit in your scope of benefits;
 - 2) we will pay you a cash benefit equal to the percentage of the sum insured current at the date of the child's serious illness, which is specified in the policy and in the individual confirmation of insurance, and we will grant you entitlement to medical services for your child - if you have both of these in your benefits.
6. The scope of insurance and the extent benefits are confirmed in the policy and in the individual confirmation of insurance.
7. You can use medical services until their limit is reached (which you will find in Appendix 2 of these GTC) and for no longer than 12 months from the date of the decision confirming the child's entitlement to medical services.
8. Your child's medical entitlement will be granted if you have this benefit for each of your child's serious illnesses for which a cash benefit is payable.

EXCLUSIONS OF PROTECTION

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

9. We use the following terms for the purpose of defining exclusions to our protection:
 - 1) **congenital malformation** – a deviation from the norm of anatomical structure, located in the classification of the International Statistical Classification of Diseases and Health Problems ICD-10 in Chapter XVII "Congenital malformations, deformations and chromosome aberrations (Q00 to Q99)";
 - 2) **competitive sport** – is the practice of sports by:
 - a) 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
 - b) 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
 - c) 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 child's serious illness if it arose in the child as a result of an accident that occurred:
 - 1) in war operations;
 - 2) in result of the child's active participation in the acts of war, active participation in acts of terror or mass social unrest;
 - 3) as a result of the commission or attempted commission by the child of an act which fulfils the requirements of an intentional crime;
 - 4) 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) not authorised for use within the meaning of road traffic regulations, or
 - c) being under the influence of alcohol or in a state of intoxication as defined by the regulations on education in sobriety and counteracting alcoholism or after using: drugs, narcotics, psychotropic substances or substitutes within the meaning of the provisions on counteracting drug addiction, – insofar as any of these circumstances played a role in the traffic accident;
 - 5) when the child 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;
 - 6) because the child was involved in competitive sports.
11. Our liability also excludes:
 - 1) severe illnesses resulting from an accident that occurred before the start of the period of insurance coverage;
 - 2) a serious illness where there is a causal relationship between the occurrence of the serious illness and the congenital malformation of the child;
 - 3) a severe illness which occurred directly as a result of intoxication by alcohol, drugs, narcotics, psychotropic 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;
 - 4) a severe illness which occurred as a result of the use of medicinal products by the child not in accordance with the doctor's recommendation or not in accordance with the information in the leaflet accompanying the medicinal product;
 - 5) severe illness that has occurred as a result of the child's deliberate self-harm, deliberately causing illness or attempted suicide;
 - 6) congenital haemolytic anaemia and one that is the result of drugs or toxic substances or a symptom of nocturnal paroxysmal haemoglobinuria;
 - 7) coma, if the child has been diagnosed with cancer, diabetes, insufficiency before the start of the insurance cover kidney, liver failure, which were the cause of the coma;

- 8) transplantation, if the child has been placed on the transplant waiting list before the start of the insurance cover;
- 9) HIV virus infection as a result of a transfusion, if the child was diagnosed with haemophilia diagnosed before the start of cover.
- 12. Our liability does not cover serious illnesses that have occurred or for which diagnostic and therapeutic treatment was commenced in the child before the beginning of the period of protection, except for serious illnesses for which there is no causal connection between a previous and a current occurrence of the same illness for which we are liable.
- 13. After the occurrence of a given severe illness, our coverage ceases in respect of that illness in the same child. In the case of malignant tumours, only one benefit is due regardless of the location, number and types of tumours.
- 14. We will not realise the benefit if you have deliberately contributed to the child's serious illness.

GRACE PERIOD

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

- 15. We are not liable for the first 90 days counted from the moment you join the supplementary insurance.
- 16. We are liable if the event in your life that is the onset of your child's serious illness was the result of an accident that occurred within those 90 days.

SUM INSURED

– what is it, and where is it indicated

- 17. The sum insured is the amount which we use as the basis for determining the benefit due.
- 18. The amount of the sum insured can be included in the policy and in the individual confirmation of insurance.
- 19. 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

- 20. 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) scope of benefits,
 - c) benefit amount
 - d) the number, age structure and gender of those who take out insurance, as well as the type of work they do.
- 21. 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.
- 22. 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

- 23. Supplementary insurance may be taken out either with or during the conclusion of the basic insurance.
- 24. 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

- 25. 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 additional 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

- 26. 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.

27. 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

28. The cancellation of the additional insurance is carried out in accordance with the rules laid down in the basic insurance.
29. If the policyholder cancels the primary insurance, this results in cancellation of the secondary insurance.
30. 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

31. The termination of the supplementary insurance is carried out in accordance with the rules outlined in the basic insurance.
32. In the event the policyholder terminates the primary insurance, this results in the termination of the secondary insurance.
33. 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

34. Coverage under the supplementary insurance commences as described in the basic insurance.
35. 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

36. 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

– i.e. to whom the payment is due and to whom we grant the right to medical services

37. You have the right to receive the benefit.
38. We grant you the right to receive medical services for your child.

PROVISION OF THE HEALTH BENEFIT

– i.e. when the cash benefit will be paid out and how to start using medical services

39. If you develop a critical illness, please provide us with:
- 1) a request for payment of a benefit,
 - 2) the child's birth certificate;
 - 3) medical records as confirm the existence of a severe illness, in the case of burns – their degree and surface;
 - 4) hospital treatment information sheet, if the child remained at a hospital
 - 5) documentation which confirms the circumstances of the accident – in the event of severe illness as a result of a personal accident;
 - 6) if you are applying for child benefit:
 - a) who is under 18 years of age – the consent of the child's legal guardian to the processing of the child's personal data,
 - b) who is over 18 years of age – the child's consent to the processing of his/her personal data.
40. 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.
41. We can additionally ask for the opinion of the doctor we indicate – if needed.
42. We cover the costs of the doctor's opinion and the medical tests we order.

- 43. 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.
- 44. On the basis of the documentation provided, we will make a decision on whether to pay a cash benefit or grant you entitlement to medical services for your child (if they are included in the scope of your insurance).
- 45. Once you have received the decision on your child's medical entitlement – you will be able to start using these services.
- 46. In order to use medical services – through us – you book an appointment for a medical service. You can do this through the available channels set out in Appendix 3 to these GTC.

FINAL PROVISIONS

– – what other matters are important

- 47. In matters not regulated by the supplementary insurance, the general conditions of the basic insurance, the provisions of the Civil Code, the “Insurance and Reinsurance Business Act” and other legal provisions.

APPENDIX NO. 1

TO THE GENERAL TERMS AND CONDITIONS OF ADDITIONAL GROUP INSURANCE IN THE CASE OF SERIOUS ILLNESS OF A CHILD

The exclusive list of severe illnesses covered by our liability:

- 1) **bacterial endocarditis** which is an endocarditis caused by a bacterial infection. We are only responsible for such bacterial endocarditis that required hospitalisation and involved the patient's own heart valves or heart cavities, without foreign material or medical devices. Diagnosis of the disease is confirmed by microbiological tests identifying the bacteria causing the inflammation, or by imaging or pathomorphological tests revealing endocardial damage;
- 2) **total loss of hearing in at least one ear**, which is a permanent and irreversible loss of hearing ability. We are only responsible for hearing loss due to a disease in which the hearing loss in the affected ear is at least 90dB and is calculated as an average value for the speech band sounds. The degree of hearing loss is unequivocally confirmed by medical treatment records;
- 3) **total loss of sight in at least one eye** which is a permanent and irreversible loss of vision. We are only responsible for loss of vision due to a disease in which the visual acuity in the affected eye after optical correction is less than 0.1 (5/50) or the visual field is less than 20 degrees. The magnitude of the loss of sight is clearly confirmed by the medical treatment records;
- 4) **Crohn's disease**, which is a chronic, non-specific inflammation of the intestinal wall. We are only responsible for such Crohn's disease, which is confirmed by histopathological examination and in the course of which a fistula, abscess or intestinal stricture has developed;
- 5) **severe burn** – which is local damage to the skin and deeper-lying tissues caused by a thermal, chemical or electrical agent. We are only responsible for such severe burns that required hospitalisation and covered:
 - a) over 40% of the body surface – for 2nd degree burns only or
 - b) more than 20% of the body surface – for 2nd and 3rd degree burns combined, or
 - c) more than 10% of the body surface – for third-degree burns;
- 6) **type 1 diabetes**, which is an autoimmune metabolic disease requiring ongoing insulin treatment. We are only responsible for such type 1 diabetes in which the need for continuous insulin use is confirmed by a diabetologist;
- 7) **muscular dystrophy** which is a genetically determined group of diseases involving the slow atrophy of striated muscles without involvement of the nervous system. We are only responsible for such muscular dystrophy which has been diagnosed by a neurologist and which has caused muscle weakness or atrophy;
- 8) **sudden poliomyelitis (poliomyelitis)**, which is an acute infectious disease caused by the Polio virus. We are only responsible for the paraplegic form of sudden-onset palsy, which has resulted in the absence of contraction in at least one muscle group or a contraction of trace strength lasting at least three months. The diagnosis and the etiologic agent of the disease are clearly confirmed by the medical records;
- 9) **neuroborreliosis**, which is an infectious disease caused by *Borrelia spirochetes* that affects the nervous system. We are only responsible for such neuroborreliosis that has caused one or more of the following clinical syndromes:
 - a) encephalomyelitis,
 - b) meningitis,
 - c) cranial nerve inflammation,
 - d) polyarthritis.The diagnosis and the etiologic agent of the disease are clearly confirmed by the medical records;
- 10) **aplastic anaemia**, i.e., a chronic and irreversible bone marrow failure involving the disappearance of all cell lines of the granulocytic, red blood cell and platelet-forming systems. We only claim responsibility for aplastic anaemia diagnosed on the basis of bone marrow assessment subject to immunosuppressive or immunostimulatory treatment or bone marrow transplantation;
- 11) **haemolytic anaemia** which results from a shortened survival time of red blood cells and manifests itself by a reduction in haemoglobin concentration below normal for the child's age. We are only responsible for such haemolytic anaemia that required hospitalisation;
- 12) **benign brain tumour**, which is a benign intracranial tumour of the brain, meninges or cranial nerves. We are only liable for such a benign brain tumour that has been removed or, if removal of the tumour was not possible, has caused neurological loss. The diagnosis of a benign tumour is confirmed by histopathological examination or brain imaging. Our cover in this insurance does not include cysts, granulomas, vascular malformations, brain haematomas, pituitary tumours;
- 13) **malignant neoplasm** which is an uncontrolled proliferation of cancer cells characterised by their ability to infiltrate and destroy tissues and form distant metastases. We are only responsible for such malignant tumours, the invasive nature of which has been confirmed by histopathological examination. We are also responsible for malignant tumours with metastatic lesions when material has not been taken for histopathological examination, but the clinical picture and diagnostic tests are unambiguous as to the malignancy of the neoplastic process. Our insurance coverage in this insurance does not cover:
 - a) tumours assessed by histopathology as benign, of borderline malignancy, potentially low malignancy, non-invasive or pre-invasive (so-called in situ),
 - b) dysplasia-like lesions,
 - c) malignant granulomatosis in the first stage,
 - d) malignant melanoma of the skin described according to the TNM scale as T1aNO0 and all skin cancers including cutaneous lymphoma,
 - e) papillary thyroid carcinoma described according to TNM scale as T1aNO0,
 - f) dysplasia of the malignant neoplasm of the cervix described according to the CIN scale as CIN1, CIN2 or CIN3,
 - g) AIDS-related cancer and HIV infection,

- 14) **paralysis of the limbs due to damage to the spinal cord** which is a complete loss of motor function of the limbs. We are only responsible for such limb paralysis as a result of a spinal cord injury that affects at least two limbs, is irreversible and persists for at least three months;
- 15) **chronic renal failure** which is a permanent impairment of the function of both kidneys and of the only kidney. We are only responsible for such chronic renal failure in the course of which permanent dialysis therapy has been administered or a kidney transplant has been performed. Our cover in this insurance does not include acute renal failure, which is reversible and which only requires temporary dialysis therapy;
- 16) **end-stage liver failure** which is the final stage of liver function impairment.
We are only responsible for such end-stage liver failure that has led to one or more of the following symptoms:
 - a) ascites,
 - b) oesophageal varices,
 - c) hepatic encephalopathy.
 Our cover in this insurance does not include end-stage liver failure, which is caused by the consumption of alcohol, abuse of drugs or other substances toxic to the liver;
- 17) **sepsis (septicaemia)**, which is a systemic, non-specific reaction of the body to microorganisms and their toxins present in the blood. We are only responsible for such sepsis that has led to failure of at least two of the following organs or systems:
 - a) central nervous system,
 - b) cardiovascular system,
 - c) respiratory system,
 - d) haematopoietic system,
 - e) kidneys,
 - f) liver.
 The diagnosis of sepsis is clearly confirmed by the medical records;
- 18) **Coma** which is a state of profound disturbance of consciousness, expressed by an inability to respond to external auditory or pain stimuli, resulting from severe brain damage. We are only responsible for such a coma that has lasted continuously for at least 96 hours and the brain damage has caused: neurological deficit or cognitive impairment of at least 30 days as assessed by the Brief Mental State Rating Scale test. at less than 20 points. Our cover in this insurance does not include coma caused by alcohol, drug abuse or other brain toxic substances;
- 19) **tetanus** which is an infectious disease caused by a neurotoxin produced by tetanus bacilli. We are only responsible for tetanus that required hospitalisation and whose diagnosis and aetiological agent are clearly confirmed by medical records;
- 20) **systemic lupus erythematosus** which is an autoimmune disease involving the skin and internal organs. We are only responsible for such systemic lupus erythematosus that has been definitively diagnosed by a rheumatologist and in the course of which there has been involvement of one of the following organs or systems:
 - a) kidneys,
 - b) heart,
 - c) nervous system;
- 21) **transplantation** which is the surgical operation of transplanting organs or tissues of human origin. We are only responsible for the recipient's heart, lung, liver or liver part transplantation and the recipient's allogeneic bone marrow transplantation;
- 22) **loss of a limb** which is the loss of all or part of a limb. We are only responsible for the loss of an upper limb above the wrist or the loss of a lower limb above the ankle joint;
- 23) **Rabies** which is an infectious disease caused by rabies virus or related viruses. We are only responsible for rabies in the course of which symptoms of encephalomyelitis or myelitis have occurred and which required hospitalisation, and the diagnosis and aetiological agent are clearly confirmed by medical documentation;
- 24) **HIV infection through transfusion** which is an infection with the human immunodeficiency virus arising in connection with transfusion of blood or blood products. We are only responsible for HIV infection as a result of a transfusion performed on the territory of the Republic of Poland, and which is confirmed by submitted evidence;
- 25) **encephalitis** which is an infectious disease caused by bacteria, viruses or fungi and presents with neurological symptoms of inflammatory brain involvement. We are only responsible for such encephalitis that has caused neurological defects that have persisted for at least three months. The diagnosis and the etiologic agent of the disease are clearly confirmed by the medical records;
- 26) **meningitis** which is an infectious disease caused by bacteria, viruses or fungi, and presents with neurological symptoms of inflammatory involvement of the meninges. We are only responsible for such meningitis that has resulted in neurological defects that have persisted for at least three months. The diagnosis and the etiologic agent of the disease are clearly confirmed by the medical records;

APPENDIX NO. 2

TO THE GENERAL TERMS AND CONDITIONS OF ADDITIONAL GROUP INSURANCE IN THE CASE OF SERIOUS ILLNESS OF A CHILD

THE SCOPE OF MEDICAL SERVICES

	MEDICAL SERVICE	LIMIT	DESCRIPTION
Outpatient consultations related to	andrology	4 consultations – total limit for all consultations	1. Outpatient consultations take place in a medical facility and may include, according to the profile of the specific specialty: physical examination of the patient, taking a medical history, making a diagnosis, recommendations for treatment, e-ZLAs and referrals related to further diagnostic and treatment procedures. 2. You can benefit from outpatient consultations without a referral, at our designated medical facility. 3. Telemedicine consultations are carried out by telephone, a digital chat or video chat and may include, according to the profile of the specialty: taking a medical history, making a diagnosis, recommending treatment issuing e-prescriptions, e-ZLAs and referrals related to further diagnostic and treatment procedures. 4. You can use telemedicine consultations without a referral via telecommunications lines. 5. In order to carry out a telemedical consultation, we will create an individual account for you on the website. We will provide you with the details you need to register for your account. 6. As part of the outpatient and telemedicine consultations we do not organise and do not cover the costs of consulting medical doctors with a PhD, habilitation or professor academic degrees.
	audiology		
	paediatric surgery		
	general surgery		
	surgical oncology		
	internal diseases		
	infectious diseases		
	dermatology		
	paediatric dermatology		
	diabetology		
	paediatric diabetology		
	dietetics		
	endocrinology		
	paediatric endocrinology		
	gastroenterology		
	paediatric gastroenterology		
	gynaecology and obstetrics		
	paediatric gynaecology		
	haematology		
	paediatric haematology		
	hepatology		
	paediatric hepatology		
	cardiac surgery		
	paediatric cardiac surgery		
	cardiology		
	paediatric cardiology		
	laryngology		
	paediatric laryngology		
	general medicine		
	nephrology		
	paediatric nephrology		
	neurosurgery		
	paediatric neurosurgery		
	neurology		
	paediatric neurology		
	ophthalmology		
	paediatric ophthalmology		
	oncology		
	paediatric oncology		
	orthopaedics and traumatology of the musculoskeletal system		

	MEDICAL SERVICE	LIMIT	DESCRIPTION
Telemedicine consultations in the scope of	paediatric orthopaedics		
	paediatrics		
	proctology		
	psychology		
	pulmonology		
	paediatric pulmonology		
	medical rehabilitation		
	rheumatology		
	paediatric rheumatology		
	transplantology		
	urology		
	paediatric urology		
	venerology		
	internal diseases		
	dermatology		
	paediatric dermatology		
	diabetology		
	dietetics		
	endocrinology		
	paediatric endocrinology		
	gynaecology and obstetrics		
	cardiology		
	paediatric cardiology		
	oncology		
	orthopaedics and traumatology of the musculoskeletal system		
	paediatric orthopaedics		
	paediatrics		
	nursing		
	diabetes nursing		
	psychology		
	child psychology		
	pulmonology		
	paediatric pulmonology		
Blood morphology	haematocrit	5 examinations – total limit for all listed tests	You can undergo these examinations on the basis of a referral from your doctor at the medical centre we have indicated.
	haemoglobin		
	leukocytes		
	blood count with platelets		
	without smearing		
	blood count with platelets with automated smear,		
	blood count with platelets with automated smear and manual smear		
	erythrocyte sedimentation rate (ESR)		
	platelets		
	reticulocytes		

	MEDICAL SERVICE	LIMIT	DESCRIPTION
Coagulation system examinations	activated partial thromboplastin time/Kaolin-Kefalin time (APTT)	5 examinations – total limit for all listed tests	You can undergo these examinations on the basis of a referral from your doctor at the medical centre we have indicated.
	bleeding time		
	coagulation time		
	prothrombin time (PT)		
	thrombin time (TT)		
	D-dimers		
	fibrinogen (FIBR)		
Blood biochemistry	albumin	10 examinations – total limit for all listed tests	You can undergo these examinations on the basis of a referral from your doctor at the medical centre we have indicated.
	alpha-globulin		
	total protein		
	direct bilirubin		
	total bilirubin		
	intermediate bilirubin		
	chlorides (Cl)		
	C-reactive protein (CRP)		
	lactate dehydrogenase (LDH)		
	ferritin		
	alkaline phosphatase (alkaline/ALP)		
	alkaline phosphatase (AP - bone fraction)		
	phosphorus/phosphates		
	gammaglutamyl transpeptidase (GGTP)		
	glucose		
	glycated haemoglobin (HbA1C)		
	creatinine clearance		
	creatinine		
	uric acid		
	magnesium (Mg)		
	urea – nitrogen (BUN)		
	potassium (K)		
	proteinogram		
	sodium (Na)		
	total iron binding capacity (TIBC)		
	aspartate transaminase (GPT/AST/ASPAT)		
	alanine transaminase (GOT/ALT/ALAT)		
	transferrin		
	total calcium (Ca)		
	ionised calcium		
	iron (Fe)		
	iron - absorption curve		

	MEDICAL SERVICE	LIMIT	DESCRIPTION
Urine examinations	total protein (home urine collection sample)	5 examinations – total limit for all listed tests	You can undergo these examinations on the basis of a referral from your doctor at the medical centre we have indicated
	urine		
	bilirubin		
	ketone bodies		
	phosphates (daily urine collection sample)		
	glucose		
	glucose (sample from daily urine collection)		
	creatinine		
	creatinine (daily urine collection sample)		
	uric acid		
	uric acid (sample from daily urine collection)		
	magnesium		
	magnesium (sample from daily urine collection)		
	urine - general examination		
	urea – nitrogen (BUN)		
	urea - urea nitrogen (BUN) (home urine collection sample)		
	potassium		
	potassium (sample from daily urine collection)		
	sodium		
	sodium (sample from daily urine collection)		
	calcium		
	calcium (daily urine collection sample)		
	albumin-creatinine ratio (ACR)		
Blood serology	Coombs BTA test	1 examination – total limit for all the listed examinations)	You can undergo these examinations on the basis of a referral from your doctor at the medical centre we have indicated.
	coombs direct test (direct antiglobulin test, BTA)		
	antinuclear antibodies (ANA) – ANA1 test		
	antinuclear antibodies (ANA) – ANA2 test		
Faecal examinations	antinuclear autoantibodies ANA – qualitative	1 examination – total limit for all the listed examinations)	You can undergo these examinations on the basis of a referral from your doctor at the medical centre we have indicated.
	faecal occult blood / F.O.B.		
	general faecal examination		
Cancer markers	antigen CA 125	1 examination – total limit for all the listed examinations)	You can undergo these examinations on the basis of a referral from your doctor at the medical centre we have indicated.
	cEA – carcinoembryonic antigen.		
	CA 19-9 antigen – gastrointestinal cancer antigen		
	alpha – fetoprotein (AFP)		
	antigen CA 15-3 (CA 15-3)		

	MEDICAL SERVICE	LIMIT	DESCRIPTION
Bacteriological examinations	urine culture (identification and antibiogram)	2 examinations – total limit for all listed examinations)	You can undergo these examinations on the basis of a referral from your doctor at the medical centre we have indicated.
	wound swab and antibiogram)		
Radiological examinations (X-rays) and ultrasound examinations (USG)	X-ray of the skull	2 examinations – total limit for all listed tests	You can undergo these examinations on the basis of a referral from your doctor at the medical centre we have indicated.
	Chest X-ray – AP		
	Chest X-ray – side		
	Chest X-ray – AP+side		
	X-ray of the entire spine – side		
	X-ray of the lumbosacral spine – AP		
	X-ray of the lumbosacral spine – side		
	X-ray of the lumbosacral spine – AP + side		
	X-ray of the chest – AP		
	X-ray of the dorsal spine – side		
	X-ray of the chest – AP + side		
	X-ray of the neck – AP		
	X-ray of the neck – side		
	X-ray of the neck – AP + side		
	mammography		
	urography		
	rectal infusion		
	Gynaecological ultrasound through the abdominal wall		
	Gynaecological ultrasound - transvaginal		
	Ultrasound of the prostate gland through the abdominal cavity		
	Prostate ultrasound – transrectal		
	Ultrasound of the abdominal cavity		
	Ultrasound of the testicles (without flow study)		
	Transabdominal ultrasound of the small pelvis		
	Ultrasound of the small pelvis – transrectal (transrectal, TRUS),		
	Ultrasound of the small pelvis – transvaginal (transvaginal, TV),		
	Breast ultrasound		
	Transdiaphragmatic ultrasound in children		
	Salivary gland ultrasound		
	Thyroid ultrasound		
	Ultrasound of the urinary system (kidneys, ureters, bladder)		
	Ultrasound of the lymph nodes		

	MEDICAL SERVICE	LIMIT	DESCRIPTION
	Cardiac ultrasound (echocardiography, ECHO) – a transthoracic examination of the child		
	Cardiac ultrasound (echocardiography, ECHO) - transoesophageal		
	Cardiac ultrasound (ECHO echocardiography) - with Doppler		
Computer tomography	virtual colonoscopy (CT)	1 badanie – łączny limit na wszystkie wymienione badania)	Z badań możesz korzystać na podstawie skierowania od lekarza we wskazanej przez nas placówce medycznej z wyłączeniem angio-CT, tomografii spiralnej, tomografii stożkowej, HRCT, tomografii 32-rzędowej i wyższej, HRT, OCT, SL-OCT), angio-MRI, enterografii-MRI). Tomografia komputerowa i rezonans magnetyczny nie obejmują kosztu kontrastu.
	Computer tomography of the head		
	Computer tomography of the abdominal cavity		
	Computer tomography of the chest cavity		
	Computer tomography of the pelvic bone		
	Computer tomography of the lumbar vertebral column		
	Computer tomography of the cervical vertebral column		
	Computer tomography of the small pelvis		
	Computer tomography of the orbital		
	Computer tomography of the brain parenchyma		
	Computer tomography of the neck		
	Computer tomography of the urinary tract (CT urography)		
Magnetic resonance	Magnetic resonance of the head		
	Magnetic resonance of the abdominal cavity		
	Magnetic resonance of the chest cavity		
	Magnetic resonance of the pelvis		
	Magnetic resonance of the sacral spine		
	Magnetic resonance of the chest spine		
	Magnetic resonance of the chest spine		
	Magnetic resonance of the pelvis		
	Magnetic resonance of the orbitals		
Endoscopic examinations	anoscopy with collection of specimens for histopathological examination (does not include the cost of the histopathology examination)	1 badanie – łączny limit na wszystkie wymienione badania	Z badań możesz korzystać na podstawie skierowania od lekarza we wskazanej przez nas placówce medycznej.
	colonoscopy with collection of specimens for histopathological examination (does not include the cost of the histopathological examination)		
	sigmoidoscopy with collection of specimens for histopathological examination (does not include the cost of the histopathological examination)		

	MEDICAL SERVICE	LIMIT	DESCRIPTION
Cardiological, neurological and dermatological examinations	dermatoscopy	1 examination – total limit for all listed tests	You can undergo these examinations on the basis of a referral from your doctor at the medical centre we have indicated.
	EEG (electroencephalography) – recording in wakefulness (excluding EEG in sleep, EEG biofeedback, EEG video)		
	ECG – resting study without description		
	ECG – resting test, with description		
	ENG (electroneurography) – a study of conduction in peripheral motor and sensory nerves,		
	ENG (electroneurography) - peripheral nerve study motor and sensory + F-wave		
Audiological examinations	impedance audiometry (tympanogram)	1 examination – total limit for all listed tests	You can undergo these examinations on the basis of a referral from your doctor at the medical centre we have indicated.
	impedance audiometry with assessment of auditory trumpet function		
	SISI suprathreshold audiometry		
	tonal audiometry		
Biopsy	fine-needle biopsy of the thyroid under ultrasound guidance (with cytological examination)	1 examination – total limit for all listed tests	You can undergo these examinations on the basis of a referral from your doctor at the medical centre we have indicated.
	guided biopsy of a breast lump Ultrasound (with cytological examination)		
	fine-needle biopsy of the thyroid under ultrasound guidance (with cytological examination) and histopathological evaluation)		
Surgical procedures	treatment of skin frostbite	5 treatments – total limit for all listed treatments	You can benefit from outpatient consultations without a referral, at our designated medical facility.
	treatment of skin burns		
	treatment of skin ulcers		
	applying a simple dressing		
	changing a simple dressing		
	removal of stitches		
Ophthalmic treatments and examinations	ocular fundus examination	5 treatments – total limit for all listed treatments	You can benefit from outpatient consultations without a referral, at our designated medical facility.
	computer-assisted intraocular pressure testing (does not include dynamic tonometry, induction tonometry)		
	visual acuity testing and close-up visual acuity - computer-assisted examination		
	testing of distance and near visual acuity – on Snellen boards		
	computer-assisted visual field testing (does not include frequency-doubled perimetry, microperimetry)		
	selection of corrective lenses		
	insertion of a bladder catheter (not including the cost of the catheter)		
Zabiegi pielęgniariskie	injection - intramuscular (excluding the cost of medicinal product)	10 treatments – total limit for all listed treatments	You can undergo these examinations on the basis of a referral from your doctor at the medical centre we have indicated.
	subcutaneous injection (without the cost of the medicinal product)		
	intravenous injections (without the cost of the medicinal product)		
	dressings associated with burns		
	connecting a drip infusion (without the cost of the medicinal product)		

APPENDIX NO. 3

TO THE GENERAL TERMS AND CONDITIONS OF ADDITIONAL GROUP INSURANCE IN THE CASE OF SERIOUS ILLNESS OF A CHILD

– HOW TO REPORT AN EVENT AND RECEIVE A BENEFIT

HOW CAN YOU REPORT AN INCIDENT?



through the helpline 801 102 102
or 22 566 55 55 (charges as
per operator's tariff)



in person
at a PZU Division



in writing by regular mail,
by electronic mail



via the pzu.pl
website



via the mojePZU
service

If a benefit is due, we will either pay a cash benefit or we will pay a cash benefit and issue a decision on your child's medical entitlement.

You will receive the number of the medical hotline in your decision.

HOW TO UTILISE THE MEDICAL SERVICES?

You can benefit from the medical services when you receive your child's medical entitlement decision. In order to do so:



call the 24-hour medical hotline (you are going to receive the hotline number in your decision)



**INSURANCE PRODUCT INFORMATION DOCUMENT
AND GENERAL TERMS AND CONDITIONS
OF THE SUPPLEMENTARY GROUP INSURANCE AGAINST
A CHILD'S HOSPITAL TREATMENT**

SUPPLEMENTARY GROUP INSURANCE AGAINST A CHILD'S HOSPITAL TREATMENT



Terms and Conditions Code: DLGP56

Document version dated 22 November 2025

This document contains information about the insurance product. Full details of the insurance are provided in other documents, in particular in the General Terms and Conditions of the Supplementary Group Insurance against a Child's Hospital Treatment, Terms and Conditions Code: DLGP56 (the GTC). Before deciding whether to enter into the insurance contract, please read the GTC carefully. Definitions used in the GTC may differ from their commonly accepted meaning; therefore, please pay particular attention to them. The conclusion of the contract is voluntary.

THIS DOCUMENT:

- is provided for information purposes only;
- does not form part of the insurance contract (the Contract);
- does not constitute an offer within the meaning of Article 66 of the Polish Civil Code;
- should not be relied upon as the sole basis for making a decision to enter into the Contract.

SUBJECT MATTER AND SCOPE OF COVER

We shall provide cover for an insured event occurring in the life of the Insured Person, namely the child's hospital stay resulting from:

- an illness;
- an accident;

provided that it occurred during the cover period, lasted continuously for at least 4 days (or at least 8 days in the case of medical services), and was for the purpose of hospital treatment.

PRODUCT FEATURES – THE MAIN FEATURES OF OUR INSURANCE

If an insured event occurs in your life, namely your child's hospital stay, we will, depending on the scope of benefits applicable under the insurance contract on the date of the insured event:

- 1) pay you a cash benefit:
 - a) for each day of the child's hospital stay due to an illness or an accident, equal to the specified percentage of the sum insured, as confirmed in the policy and the individual certificate of insurance. If the child's hospital stay begins more than 12 months after the date of the accident, it will be treated as a hospital stay due to an illness;
 - b) for each day of the child's first hospital stay for rehabilitation necessary to eliminate the direct consequences of an accident or an illness (provided that such hospital stay begins no later than 12 months after the end of the hospital stay for which we paid a benefit and is related to the same accident or the same illness, as applicable), at the same rate as for a hospital stay due to an illness,if the scope of benefits applicable under the insurance contract includes only a cash benefit;
- 2) pay you a cash benefit in accordance with item 1 and grant your child entitlement to medical services if the child's hospital stay lasted at least 8 days, provided that both benefits are included in the scope of benefits applicable under the insurance contract.

The amount of the benefit is determined on the basis of the Sum Insured applicable on the date of the child's hospital stay. If the child stays in one or more hospitals without interruption, we treat it as a single hospital stay.

We will pay the benefit for a maximum of 365 days of the child's hospital stay during each 12-month period between policy anniversaries.

The Supplementary Insurance may be taken out either at the same time as the Principal Insurance (PZU Na Życie Plus Group Insurance) or during its term.

ELIGIBILITY TO ENTER INTO THE CONTRACT AND PERSONS COVERED

The supplementary insurance contract is entered into by the Policyholder, who is responsible for paying the insurance premiums. The Supplementary Insurance is available to Insured Persons who have joined the Principal Insurance.

DURATION OF THE CONTRACT

The Policyholder may enter into the supplementary insurance contract for a fixed term. The duration of the supplementary insurance is confirmed in the policy. If the supplementary insurance is taken out between policy anniversaries, our insurance cover will remain in force until the next policy anniversary.

TERRITORIAL SCOPE OF COVER

Our insurance cover applies to hospital stays anywhere in the world. Medical services are provided at designated medical facilities in Poland.

PAYMENT OF PREMIUMS

Premiums are paid by the Policyholder on a monthly basis together with the premium for the principal insurance policy.

COMMENCEMENT AND TERMINATION OF INSURANCE COVER

Cover under the supplementary insurance commences in accordance with the terms set out in the principal insurance policy. Cover under the Supplementary Insurance shall commence only if cover under the Principal Insurance is in force.

Insurance cover under the supplementary insurance shall terminate:

- on the date cover under the Principal Insurance terminates;
- on the date we receive the Policyholder's notice of withdrawal from the supplementary insurance;
- on the expiry date of the supplementary insurance cover, where it is not renewed;
- on the last day of the month in which you opt out of the supplementary insurance;
- at the end of the month during which the supplementary insurance remains in force on its existing terms and conditions, if you have not provided the required consent to a change in the supplementary insurance;
- on the date the notice period for termination of the supplementary insurance expires;
- on the date the supplementary insurance contract is terminated.

MAIN EXCLUSIONS AND LIMITATIONS OF INSURANCE COVER

No benefit will be payable in the following circumstances:

- the child's hospital stay lasting fewer than 4 days;
- the hospital stay of a child who had not reached 3 months of age on the date of the insured event.
- failure to provide the documents necessary to assess the validity of the claim.

In addition, we shall not be liable where the event concerned falls outside the scope of cover, does not meet the definition specified in the Contract, where our liability has ceased, or in any other circumstances specified in the GTC.

TERMINATION OF THE CONTRACT

The Policyholder may withdraw from the supplementary insurance contract within:

- 7 days of entering into the contract, if the Policyholder is a business undertaking;
- 30 days of entering into the contract, if the Policyholder is not a business undertaking.

After this period, the Policyholder may terminate the contract by giving written notice.

The Policyholder may elect not to renew the supplementary insurance by submitting a written declaration of non-renewal no later than 30 days before the expiry of the insurance period.

INSURANCE DISTRIBUTOR'S REMUNERATION

Under the proposed contract, the insurance distributor receives commission-based remuneration.

COMPLAINTS, GRIEVANCES AND APPEALS

1. A complaint, grievance or appeal may be submitted at any of our customer service offices.
2. A complaint, grievance or appeal may be made:
 - 1) in writing – in person or by post within the meaning of the Postal Law Act, for example by writing to: PZU Życie SA ul. Postępu 18A, 02-676 Warsaw (correspondence address only), or by submitting correspondence through a postal or delivery service provider operating within the European Union;
 - 2) in writing – by sending it to the electronic delivery address of PZU Życie SA within the meaning of the Electronic Deliveries Act: AE:PL-50066-37983-FBWRA-37, as registered in the electronic address database referred to in the Act on Electronic Delivery;
 - 3) verbally – by telephone, for example by calling our helpline on 801 102 102, or in person at one of our offices, in which case the submission will be recorded in a written report;
 - 4) electronically – by sending an email to reklamacje@pzu.pl or by completing the online form available at pzu.pl or www.moje.pzu.pl.
3. We will respond to any complaint or grievance as soon as possible and no later than 30 days from the date of receipt. In particularly complex cases, where it is not possible to provide a response within 30 days, we will inform you:
 - 1) of the reasons for the delay;
 - 2) of the circumstances that still need to be established in order to resolve the matter;
 - 3) of the revised deadline for our response, which shall not exceed 60 days from the date on which we received the complaint, grievance or appeal.
4. Responses to complaints, grievances or appeals will be provided to the person who submitted them:
 - 1) where the customer is a natural person, in writing; however, the response may be provided by electronic mail solely at the customer's request;
 - 2) where the customer is an entity other than that referred to in item 1, in writing or by means of another durable medium.
5. If, following the investigation of the complaint:
 - 1) we have not upheld the claims submitted; or
 - 2) we have upheld the claims but have failed to carry out, within the timeframe specified in our response, the actions we undertook to perform,– the individual who submitted the complaint may refer the matter to the Financial Ombudsman by submitting an application.
6. Complaints, grievances and appeals are considered by the organisational units responsible for the subject matter of the case.
7. Further information regarding complaints can be found in the Act on the Handling of Complaints by Financial Market Entities, the Financial Ombudsman and the Financial Education Fund, as well as in the Insurance Distribution Act.
8. We provide for the possibility of resolving disputes through out-of-court dispute resolution procedures.
9. For the purposes of the Act on Out-of-Court Consumer Dispute Resolution, the entity authorised to conduct out-of-court dispute resolution proceedings in relation to PZU Życie SA is the Financial Ombudsman. Financial Ombudsman's website: rf.gov.pl.
10. Where the Insured Person, the Policyholder, the Beneficiary or any entitled person is a consumer, they may also seek assistance from their municipal or district Consumer Ombudsman.
11. The language used by us in our dealings with consumers is Polish.
12. PZU Życie SA is supervised by the Polish Financial Supervision Authority (KNF).

The table below identifies the provisions of the General Terms and Conditions of the Supplementary Group Insurance against a Child's Hospital Treatment, Terms and Conditions Code DLGP56 (the GTC), which set out the principal terms of the insurance contract.

This information forms part of the GTC and is provided pursuant to statutory requirements (Article 17(1) of the Insurance and Reinsurance Activity Act).

No.	Type of information	Clause reference
1.	Conditions for benefit payment	Clauses 1–2 Clauses 4–11 Clauses 19–21 Clauses 39–40 Clauses 41–46 Clause 47
2.	Limitations and exclusions of the insurer's liability entitling it to refuse payment of benefits or to reduce the amount payable	Clauses 1–2 Clauses 9–10 Clauses 12–16 Clauses 17–18 Clauses 36–37 Clause 38 Clause 47

Further information about the insurance is available:

 at pzu.pl



or by calling our helpline on 801 102 102
(charge according to the operator's tariff)

GENERAL TERMS AND CONDITIONS OF THE SUPPLEMENTARY GROUP INSURANCE AGAINST A CHILD'S HOSPITAL TREATMENT



GTC Code: DLGP56

The Management Board of PZU Życie SA adopted these General Terms and Conditions of the Supplementary Group Insurance against a Child's Hospital Treatment by Resolution No. UZ/165/2025 dated 14 October 2025 (hereinafter referred to as the GTC).

These GTC come into force on 22 November 2025 and apply to insurance contracts concluded from 1 December 2025 onwards.

Before entering into the insurance contract, the Policyholder should carefully review the GTC and provide a copy of the GTC to each person wishing to join the insurance scheme.

Before joining the insurance, please read carefully the GTC provided to you by the Policyholder.

GLOSSARY

– what the terms used in these GTC mean

1. In these GTC, we use the following terms:

- 1) **Illness** – a condition of the body consisting in an abnormal response of its systems or organs to external or internal stimuli;
- 2) **Child** – a child who, on the date of the hospital stay, is at least 3 months old and under 18 years of age or, if attending school, under 25 years of age. A child may be:
 - a) the Insured Person's child;
 - b) the child of the Insured Person's spouse or life partner, provided that the child's other parent is deceased;
- 3) **Hospital treatment** – inpatient treatment provided in a hospital for:
 - a) emergency conditions where delay in medical assistance may result in loss of health or life; or
 - b) conditions for which the therapeutic objective cannot be achieved through outpatient treatment;
- 4) **Cover Period** – the period during which we are liable to the Insured Person under the supplementary insurance;
- 5) **Medical facility** – an outpatient clinic, doctor's surgery or laboratory providing medical services, a list of which is published on pzu.pl and is also available via the Medical Helpline (the number is provided in the decision confirming entitlement to medical services) and at each of our branches;
- 6) **Hospital stay** – a child's stay in hospital lasting continuously for at least 4 days (or, in the case of medical services, continuously for at least 8 days) for the purpose of hospital treatment. The first day of the hospital stay is the date of admission, and the last day is the date of discharge;
- 7) **Leave of absence during a hospital stay** – a temporary, documented absence of the child from hospital, authorised by the attending physician and confirmed by an appropriate entry in the medical records;
- 8) **Provision of benefits** – payment of a cash benefit to the Insured Person or granting the Insured Person entitlement to medical services for the child following the occurrence of an insured event covered by our insurance;
- 9) **Hospital** – an inpatient healthcare facility providing round-the-clock healthcare services consisting of diagnosis, treatment, nursing care and rehabilitation that cannot be provided on an outpatient basis;
- 10) **Supplementary Insurance** – the insurance contract to which these GTC apply;
- 11) **Principal Insurance** – the PZU Na Życie Plus Group Insurance contract under which the Policyholder may take out the Supplementary Insurance;
- 12) **Attending school** – education at a public or non-public school, or at a public or non-public higher education institution, on a full-time, evening or part-time basis, within the meaning of the applicable legislation on the education system and higher education, excluding all courses and distance learning
- 13) **Medical services** – the services listed in Appendix No. 1 to these GTC, to which the Insured Person is entitled provided that the child's hospital stay lasted continuously for at least 8 days.

2. Other terms used in these GTC are defined in the General Terms and Conditions of the Principal Insurance and shall have the same meaning when used in these GTC.

SUBJECT-MATTER INSURED

– what is insured

3. We shall provide cover for an insured event occurring in the life of the Insured Person, namely the child's hospital stay.

SCOPE OF COVER AND BENEFIT AMOUNTS

– the events we cover and the benefits you may receive

4. The Supplementary Insurance covers an insured event occurring in your life, namely the child's hospital stay resulting from:
 - 1) an illness;
 - 2) an accident,provided that it occurred during the cover period, lasted continuously for at least 4 days (or at least 8 days in the case of medical services).
5. Our insurance cover applies to hospital stays anywhere in the world.
6. If an insured event occurs in your life, namely your child's hospital stay, we will, depending on the scope of benefits applicable under the insurance contract on the date of the insured event:
 - 1) pay you a cash benefit:
 - a) for each day of the child's hospital stay due to an illness or an accident, equal to the specified percentage of the sum insured, as confirmed in the policy and the individual certificate of insurance. If the child's hospital stay begins more than 12 months after the date of the accident, it will be treated as a hospital stay due to an illness;
 - b) for each day of the child's first hospital stay for rehabilitation necessary to eliminate the direct consequences of an accident or an illness referred to in item 13(14), at the same rate as for a hospital stay due to an illness,if the scope of benefits applicable under the insurance contract includes only a cash benefit;
 - 2) pay you a cash benefit in accordance with item 1 and grant your child entitlement to medical services if the child's hospital stay lasted at least 8 days, provided that both benefits are included in the scope of benefits applicable under the insurance contract.
7. The scope of the Supplementary Insurance and the scope of benefits are confirmed in the policy and the individual certificate of insurance.
8. We will pay the benefit for a maximum of 365 days of the child's hospital stay during each 12-month period between policy anniversaries.
9. The amount of the benefit is determined on the basis of the Sum Insured applicable on the date of the child's hospital stay. You may use the medical services for the child until the applicable limit has been exhausted (as specified in Appendix 1 to these GTC), but for no longer than 12 months from the date of the decision confirming your entitlement to use the medical services for the child.
10. Entitlement to medical services for the child will be granted if this benefit is included in the scope of benefits under the insurance contract and the child's hospital stay lasted at least 8 days and gives rise to entitlement to a cash benefit.
11. If the child stays in one or more hospitals without interruption, we treat it as a single hospital stay. The continuity requirement shall be deemed satisfied if the child stays in two or more hospital wards on consecutive days, irrespective of the time of discharge and admission.

EXCLUSIONS OF COVER

– the circumstances in which no benefit will be payable

12. For the purposes of determining exclusions of our cover, the term **congenital anomaly** means a condition present at birth resulting from abnormal development of a specific body region, system or organ during the prenatal period, classified under the International Statistical Classification of Diseases and Related Health Problems (ICD-10) using codes Q00–Q99 or under ICD-11 using codes LA00–LD9Z, as specified in Appendix No. 3 to these GTC.
13. Our liability does not cover a child's hospital stay that commenced before the beginning of the cover period or a child's hospital stay resulting from:
 - 1) as a result of acts of war;
 - 2) disasters causing radioactive, chemical or biological contamination;
 - 3) the child's active participation in acts of terrorism or civil disturbances;
 - 4) the child's commission or attempted commission of an intentional criminal offence;
 - 5) a traffic accident where the child was driving a vehicle:
 - a) without the driving licence or other authorisation required by law; or
 - b) that was not authorised for road use within the meaning of road traffic legislation;
 - c) after consuming alcohol or while under the influence of alcohol, within the meaning of the Act on Upbringing in Sobriety and Counteracting Alcoholism; or
 - d) after using narcotic drugs, intoxicating substances, psychotropic substances, substitute substances or new psychoactive substances within the meaning of the Act on Counteracting Drug Addiction, provided that any of these circumstances contributed to the occurrence of the road traffic accident;
 - 6) where the child was after consuming alcohol or while under the influence of alcohol, within the meaning of the Act on Upbringing in Sobriety and Counteracting Alcoholism; or after using narcotic drugs, intoxicating substances, psychotropic substances, substitute substances or new psychoactive substances, within the meaning of the Act on Counteracting Drug Addiction, provided that any of these circumstances contributed to the occurrence of the insured event referred to in item 4;
 - 7) the child's intentional self-inflicted injury or attempted suicide;
 - 8) directly as a result of poisoning caused by alcohol consumed or by the use of narcotic drugs, intoxicating substances, psychotropic substances, substitute substances or new psychoactive substances, within the meaning of the Act on Counteracting Drug Addiction, or as a result of medical conditions caused by the abuse of the aforementioned substances;

- 9) the child's use of medicinal products contrary to a doctor's instructions or contrary to the information contained in the package leaflet;
 - 10) in connection with the treatment of mental disorders or behavioural disorders classified under categories F00–F99 of the International Statistical Classification of Diseases and Related Health Problems (ICD-10) or categories 6A00–6E8Z of the International Classification of Diseases (ICD-11), as specified in Appendix No. 3 to these GTC;
 - 11) in connection with cosmetic or aesthetic surgery, except where the surgery is necessary to remove the consequences of an accident that occurred during the cover period;
 - 12) in connection with gender reassignment surgery;
 - 13) in connection with the treatment of a congenital anomaly;
 - 14) in connection with rehabilitation, except for the child's first hospital stay for rehabilitation necessary to eliminate the direct consequences of an accident or an illness, provided that the hospital stay commenced no later than 12 months after the end of the child's hospital stay for which we paid a benefit and was related to the same accident or the same illness, as applicable;
 - 15) as a result of an accident, where the child was participating in any of the following sports: motor sports, powerboat sports, air sports, rock climbing or mountaineering (defined as any climbing above 2,000 metres above sea level), caving, scuba diving using specialised underwater breathing equipment (excluding snorkelling), diving, bungee jumping, provided that any of these circumstances contributed to the occurrence of the accident.
14. Our liability does not cover a child's stay:
- 1) in addition treatment facilities, chronic care facilities, long-term care facilities or nursing care facilities;
 - 2) in health resort treatment facilities, including sanatoria and health resort hospitals;
 - 3) in rehabilitation centres, rehabilitation hospitals or rehabilitation wards, except for the stay referred to in item 13(14);
 - 4) in day-care wards;
 - 5) in healthcare facilities that are not intended to provide inpatient hospital treatment.
15. No benefit is payable for full days during which the child was on authorised leave during the hospital stay. The benefit is payable for the day on which the child commenced authorised leave and the day on which the child returned from such leave.
16. We will not provide a benefit if you intentionally contributed to the illness or accident that caused the child's hospital stay.

WAITING PERIOD

– the period following your enrolment in the Supplementary Insurance during which our liability is excluded or limited

17. We shall not be liable during the first 30 days following your enrolment in the Supplementary Insurance.
18. We shall be liable if the insured event occurring in your life, namely the child's hospital stay, results from an accident that occurred during the first 30 days following your enrolment in the Supplementary Insurance, subject to the exclusions set out in Clauses 13–16.

AMOUNT INSURED

– definition and amount

19. The Sum Insured is the amount used as the basis for calculating the benefit payable.
20. The amount of the Sum Insured is specified in the policy and in the individual certificate of insurance.
21. The Sum Insured remains unchanged throughout the term of the insurance contract. The Sum Insured may be changed by mutual agreement between the parties.

PREMIUM

– determination and payment of the premium

22. The premium for the Supplementary Insurance:
 - 1) reflects the waiting periods applicable under the Supplementary Insurance;
 - 2) is fixed, although it may be changed by mutual agreement between the parties;
 - 3) depends on:
 - a) the Sum Insured;
 - b) scope of services,
 - c) the amount of the benefit;
 - d) the number of persons joining the insurance, their age and gender profile, and the nature of the work they perform.
23. The amount of the premium for the Supplementary Insurance is specified in the application for insurance and in the policy.
24. The Policyholder pays premiums for the Supplementary Insurance on a monthly basis together with the premium for the Principal Insurance.

TAKING OUT AND JOINING THE SUPPLEMENTARY INSURANCE

– how you become insured

- 25. The Supplementary Insurance may be taken out either at the same time as the Principal Insurance or during its term.
- 26. The Supplementary Insurance is available to Insured Persons who have joined the Principal Insurance.

DURATION OF THE SUPPLEMENTARY INSURANCE

– the period for which the Supplementary Insurance is taken out

- 27. The Policyholder may enter into the supplementary insurance contract for a fixed term. The duration of the supplementary insurance is confirmed in the policy. If the supplementary insurance is taken out between policy anniversaries, our insurance cover will remain in force until the next policy anniversary.

RENEWAL OF THE SUPPLEMENTARY INSURANCE

– the rules governing renewal of the Supplementary Insurance

- 28. Unless either party decides otherwise, and provided that the Principal Insurance remains in force, the Supplementary Insurance shall be automatically renewed for a further policy year on the same terms and conditions. In such circumstances, you, as the Insured Person, are not required to submit a new application to join the insurance.
- 29. Either party may elect not to renew the Supplementary Insurance by giving written notice to the other party. Such notice must be given no later than 30 days before the expiry of the Supplementary Insurance.

WITHDRAWAL FROM THE SUPPLEMENTARY INSURANCE

– the circumstances in which the Policyholder may withdraw from the Supplementary Insurance

- 30. Withdrawal from the Supplementary Insurance shall be governed by the rules set out in the Principal Insurance.
- 31. If the Policyholder withdraws from the Principal Insurance, this shall automatically result in withdrawal from the Supplementary Insurance.
- 32. If the Policyholder withdraws from the Supplementary Insurance, this shall not result in withdrawal from the Principal Insurance.

TERMINATION OF THE SUPPLEMENTARY INSURANCE

– how the Policyholder may terminate the Supplementary Insurance

- 33. Termination of the Supplementary Insurance shall be governed by the rules set out in the Principal Insurance.
- 34. If the Policyholder terminates the Principal Insurance, this shall automatically result in termination of the Supplementary Insurance.
- 35. If the Policyholder terminates the Supplementary Insurance, this shall not result in termination of the Principal Insurance.

COMMENCEMENT OF COVER

– when your insurance cover begins

- 36. Cover under the supplementary insurance commences in accordance with the terms set out in the principal insurance policy.
- 37. Cover under the Supplementary Insurance shall commence only if cover under the Principal Insurance is in force.

TERMINATION OF COVER

– when the Supplementary Insurance ends

- 38. Insurance cover under the supplementary insurance shall terminate:
 - 1) on the date cover under the Principal Insurance terminates;
 - 2) on the date we receive the Policyholder's notice of withdrawal from the Supplementary Insurance;
 - 3) on the expiry date of the Supplementary Insurance cover, where it is not renewed;
 - 4) on the last day of the month in which you opt out of the Supplementary Insurance;
 - 5) at the end of the month during which the Supplementary Insurance remains in force on its existing terms and conditions, where you have not provided the required consent to a change in the Supplementary Insurance;
 - 6) on the date the notice period for termination of the Supplementary Insurance expires;
 - 7) on the date the supplementary insurance contract is terminated.

PERSON ENTITLED TO THE BENEFIT

– who is entitled to the benefit and who is granted entitlement to medical services

- 39. You are entitled to the cash benefit.

40. We grant you entitlement to medical services for the child.

PAYMENT OF THE BENEFIT

– when we will pay the cash benefit and how to start using the medical services

41. If your child is admitted to hospital, please provide us with:
- 1) an application for payment of the benefit. You may submit the application:
 - a) after the child's hospital stay has ended;
 - b) during the child's hospital stay – the first application may be submitted after the first 30 days of the hospital stay, and each subsequent application after 60 days from the commencement of the hospital stay;
 - 2) the child's birth certificate;
 - 3) the hospital discharge summary, if the child's hospital stay has ended;
 - 4) a document issued by the attending physician at the medical facility confirming the reason for the hospital stay and the name of the medical facility, if you submit the application during the child's hospital stay.
42. If the documents you provide are insufficient to establish your entitlement to the benefit, we may request any other documents necessary for that purpose.
43. If any documents requested by us are in a language other than Polish, you must provide a Polish translation prepared by a sworn translator.
44. On the basis of the documentation provided, we will decide whether to pay the cash benefit or grant you entitlement to medical services for the child (if these are included in your insurance cover).
45. Once you receive our decision granting you entitlement to medical services for the child, you may begin using those services.
46. To use the medical services, you arrange an appointment for the relevant medical service through us. You may do so using the available channels specified in Appendix No. 2 to these GTC.

FINAL PROVISIONS

– other important information

47. In matters not governed by the Supplementary Insurance, the General Terms and Conditions of the Principal Insurance, the provisions of the Polish Civil Code, the Insurance and Reinsurance Activity Act, and any other applicable laws and regulations shall apply.

APPENDIX 1
TO THE GENERAL TERMS AND CONDITIONS OF THE SUPPLEMENTARY GROUP INSURANCE AGAINST A CHILD'S HOSPITAL

TREATMENT

SCOPE OF MEDICAL SERVICES		
MEDICAL SERVICE LIMIT		
	allergy	
	paediatric allergy	
	paediatric surgery	
	vascular surgery	
	general surgery	
	surgical oncology	
	infectious diseases	
	dermatology	
	paediatric dermatology	
	diabetology	
	paediatric diabetology	
	endocrinology	
	paediatric endocrinology	
	gastroenterology	
	paediatric gastroenterology	
	gynaecology and obstetrics	
Outpatient consultations in the following specialties:	paediatric gynaecology	2 consultations – combined limit for all consultations
	haematology	
	paediatric haematology	
	hepatology	
	paediatric hepatology	
	cardiac surgery	
	paediatric cardiac surgery	
	cardiology	
	paediatric cardiology	
	nephrology	
	paediatric nephrology	
	neurosurgery	
	paediatric neurosurgery	
	neurology	
	paediatric neurology	
	ophthalmology	
	paediatric ophthalmology	
		1. Outpatient consultations take place at a medical facility and, depending on the relevant specialty, may include: a physical examination of the patient, taking the patient's medical history, making a diagnosis, recommendations regarding treatment, issuing e-prescriptions, electronic sick notes (e-ZLA) and referrals (including e-referrals) related to further diagnostic and therapeutic procedures. 2. You may use outpatient consultations without a referral at a medical facility designated by us. 3. We do not arrange or cover the costs of consultations provided by doctors holding senior academic titles (including the academic degrees of doctor, habilitated doctor or the title of professor).

Outpatient consultations in the following specialties:	Oncology	2 consultations – combined limit for all consultations	1. Outpatient consultations take place at a medical facility and, depending on the relevant specialty, may include: a physical examination of the patient, taking the patient's medical history, making a diagnosis, recommendations regarding treatment, issuing e-prescriptions, electronic sick notes (e-ZLA) and referrals (including e-referrals) related to further diagnostic and therapeutic procedures. 2. You may use outpatient consultations without a referral at a medical facility designated by us. 3. We do not arrange or cover the costs of consultations provided by doctors holding senior academic titles (including the academic degrees of doctor, habilitated doctor or the title of professor).
	paediatric oncology		
	orthopaedics and traumatology of the musculoskeletal system		
	paediatric orthopaedics		
	otolaryngology		
	paediatric otolaryngology		
	psychiatry		
	paediatric psychiatry		
	pulmonology		
	paediatric pulmonology		
	medical rehabilitation		
	rheumatology		
	paediatric rheumatology		
	urology		
	paediatric urology		
	venereology		
Microbiological cultures and bacteriological tests	antibiogram (for cultures included in the scope of medical services)	2 procedures – combined limit for all the procedures listed	You may use these tests on the basis of a referral from a physician at a medical facility designated by us.
	urethral swab culture		
	endocervical swab culture		
	eye swab culture		
	vaginal swab culture		
	ear swab culture		
	wound swab culture		
Surgical procedures	removal of sutures	5 procedures or examinations – combined limit for all the procedures and examinations listed (minor surgical procedures, general medical procedures, ophthalmological examinations, otolaryngological procedures, orthopaedic procedures and urological procedures)	You may use these procedures and examinations without a referral at a medical facility designated by us, except for urinary catheterisation, which requires a referral.
	application of a simple dressing		
	change of simple dressing		
General medical procedures	urinary catheterisation (excluding the cost of the catheter)		
	immobilisation following a sprain or dislocation of a lower limb joint (excluding the cost of the brace or cast)		
	immobilisation following a sprain or dislocation of an upper limb joint (excluding the cost of the brace or cast)		
	immobilisation following an uncomplicated fracture of a lower limb bone (excluding the cost of the brace or cast)		
	immobilisation following an uncomplicated fracture of an upper limb bone (excluding the cost of the brace or cast)		
	application of a dressing to a skin or subcutaneous tissue wound		

Ophthalmological examinations	computerised intraocular pressure measurement (excluding dynamic tonometry and rebound tonometry)	5 procedures or examinations – combined limit for all the procedures and examinations listed (minor surgical procedures, general medical procedures, ophthalmological examinations, otolaryngological procedures, orthopaedic procedures and urological procedures)	You may use these procedures and examinations without a referral at a medical facility designated by us, except for urinary catheterisation, which requires a referral.
	fundoscopy		
	computerised distance and near visual acuity test		
	distance and near visual acuity test using Snellen charts		
	computerised visual field examination (excluding frequency doubling perimetry and microperimetry)		
	prescription of corrective lenses		
Otolaryngological procedures	ear irrigation		
	Politzer inflation of the Eustachian tube		
	medicated ear dressing		
	earwax removal		
Orthopaedic procedures	removal of a plaster cast		
Urological procedures	urinary catheterisation (excluding the cost of the catheter)		
Nursing procedures	intramuscular injection (excluding the cost of the medicinal product)	10 procedures – combined limit for all the procedures listed	You may use these procedures on the basis of a referral from a physician at a medical facility designated by us.
	intravenous injection (excluding the cost of the medicinal product)		
	subcutaneous injection (excluding the cost of the medicinal product)		
	administration of an intravenous infusion (excluding the cost of the medicinal product)		

APPENDIX 2

TO THE GENERAL TERMS AND CONDITIONS OF THE SUPPLEMENTARY GROUP INSURANCE AGAINST A CHILD'S HOSPITAL TREATMENT – HOW TO REPORT AN INSURED EVENT AND RECEIVE BENEFITS

HOW CAN YOU REPORT AN INSURED EVENT?



by calling the helpline on 801 102 102 or 22 566 55 55
(charges apply in accordance with the operator's tariff)



in person at a PZU Branch;



in writing, by post or by e-mail;



via the pzu.pl website.

If you are entitled to a benefit, we will either pay you a cash benefit or pay you a cash benefit and issue a decision granting you entitlement to medical services for the child.

The decision will include the number of the medical helpline.

HOW CAN YOU USE THE MEDICAL SERVICES?

You may use the medical services once you have received the decision granting you entitlement to medical services for the child. To use the medical services:



call the 24-hour medical helpline (the helpline number will be provided in the decision)

APPENDIX 3
TO THE GENERAL TERMS AND CONDITIONS OF THE SUPPLEMENTARY GROUP INSURANCE AGAINST A CHILD'S HOSPITAL
TREATMENT

I. Mental and behavioural disorders classified in accordance with the International Statistical Classification of Diseases and Related Health Problems (ICD-10):	
F00	Dementia in Alzheimer's disease
F01	Vascular dementia
F02	Dementia in other diseases classified elsewhere
F03	Unspecified dementia
F04	Organic amnesic syndrome, not induced by alcohol or other psychoactive substances
F05	Delirium, not induced by alcohol or other psychoactive substances
F06	Other mental disorders due to brain damage and dysfunction and to physical disease
F07	Personality and behavioural disorders due to brain disease, damage and dysfunction
F09	Unspecified organic or symptomatic mental disorder
F10	Mental and behavioural disorders due to use of alcohol
F11	Mental and behavioural disorders due to use of opioids
F12	Mental and behavioural disorders due to use of cannabinoids
F13	Mental and behavioural disorders due to use of sedatives or hypnotics
F14	Mental and behavioural disorders due to use of cocaine
F15	Mental and behavioural disorders due to use of other stimulants, including caffeine
F16	Mental and behavioural disorders due to use of hallucinogens
F17	Mental and behavioural disorders due to use of tobacco
F18	Mental and behavioural disorders due to use of volatile solvents
F19	Mental and behavioural disorders due to multiple drug use and use of other psychoactive substances
F20	Schizophrenia
F21	Schizotypal disorder
F22	Persistent delusional disorders
F23	Acute and transient psychotic disorders
F24	Induced delusional disorder
F25	Schizoaffective disorders
F28	Other non-organic psychotic disorders
F29	Unspecified non-organic psychosis
F30	Manic episode
F31	Bipolar affective disorder
F32	Depressive episode
F33	Recurrent depressive disorder
F34	Persistent mood [affective] disorders

F38	Other mood [affective] disorders
F39	Unspecified mood [affective] disorder
F40	Phobic anxiety disorders
F41	Other anxiety disorders
F42	Obsessive-compulsive disorder
F43	Reaction to severe stress, and adjustment disorders
F44	Dissociative [conversion] disorders
F45	Somatoform disorders
F48	Other neurotic disorders
F50	Eating disorders
F51	Non-organic sleep disorders
F52	Sexual dysfunction, not caused by organic disorder or disease
F53	Mental and behavioural disorders associated with the puerperium, not elsewhere classified
F54	Psychological and behavioural factors associated with disorders or diseases classified elsewhere
F55	Abuse of non-dependence-producing substances
F59	Unspecified behavioural syndromes associated with physiological disturbances and physical factors
F60	Specific personality disorders
F61	Mixed and other personality disorders
F62	Enduring personality changes, not attributable to brain damage and disease
F63	Habit and impulse disorders
F64	Gender identity disorders
F65	Disorders of sexual preference
F66	Psychological and behavioural disorders associated with sexual development and orientation
F68	Other disorders of adult personality and behaviour
F69	Unspecified disorder of adult personality and behaviour
F70	Mild mental retardation
F71	Moderate mental retardation
F72	Severe mental retardation
F73	Profound mental retardation
F78	Other mental retardation
F79	Unspecified mental retardation
F80	Specific developmental disorders of speech and language
F81	Specific developmental disorders of scholastic skills
F82	Specific developmental disorder of motor function
F83	Mixed specific developmental disorders
F84	Pervasive developmental disorders
F88	Other disorders of psychological development

F90	Hyperkinetic disorders
F91	Conduct disorders
F92	Mixed disorders of conduct and emotions
F93	Emotional disorders with onset specific to childhood
F94	Disorders of social functioning with onset specific to childhood and adolescence
F95	Tic disorders
F98	Other behavioural and emotional disorders with onset usually occurring in childhood and adolescence
F99	Unspecified mental disorder

II. II. Mental, behavioural or neurodevelopmental disorders classified in accordance with the International Classification of Diseases for Mortality and Morbidity Statistics (ICD-11):

6A00	Disorders of intellectual development
6A01	Developmental speech or language disorders
6A02	Autism spectrum disorder
6A03	Developmental learning disorder
6A04	Developmental motor coordination disorder
6A05	Attention deficit hyperactivity disorder
6A06	Stereotyped movement disorder
6A0Y	Other specified neurodevelopmental disorders
6A0Z	Neurodevelopmental disorders, unspecified
6A20	Schizophrenia
6A21	Schizophrenia
6A22	Schizotypal disorder
6A23	Acute and transient psychotic disorder
6A24	Delusional disorder
6A25	Symptomatic manifestations of primary psychotic disorders
6A2Y	Other specified primary psychotic disorder
6A2Z	Schizophrenia or other primary psychotic disorders, unspecified
6A40	Catatonia associated with another mental disorder
6A41	Substance-induced or medication-induced catatonia
6A4Z	Catatonia, unspecified
6A60	Bipolar type I disorder
6A61	Bipolar type II disorder
6A62	Cyclothymic disorder
6A6Y	Other specified bipolar or related disorders
6A6Z	Bipolar or related disorders, unspecified
6A70	Single episode depressive disorder
6A71	Recurrent depressive disorder

6A72	Dysthymic disorder
6A73	Mixed depressive and anxiety disorder
6A7Y	Other specified depressive disorders
6A7Z	Depressive disorders, unspecified
6A80	Mood episode symptoms and manifestations in mood disorders
6A8Y	Other specified mood disorders
6A8Z	Mood disorders, unspecified
6B00	Generalized anxiety disorder
6B01	Panic disorder
6B02	Agoraphobia
6B03	Specific phobia
6B04	Social anxiety disorder
6B05	Separation anxiety disorder
6B06	Selective mutism
6B0Y	Other specified fear-related or anxiety disorders
6B0Z	Fear-related or anxiety disorders, unspecified
6B20	Obsessive-compulsive disorder
6B21	Body dysmorphic disorder
6B22	Olfactory reference disorder
6B23	Hypochondriasis
6B24	Hoarding disorder
6B25	Body-focused repetitive behaviour disorders
6B2Y	Other specified obsessive-compulsive or related disorders
6B2Z	Obsessive-compulsive or related disorders, unspecified
6B40	Post traumatic stress disorder
6B41	Complex post traumatic stress disorder
6B42	Prolonged grief disorder
6B43	Adjustment disorder
6B44	Reactive attachment disorder
6B45	Disinhibited social engagement disorder
6B4Y	Other specified disorders specifically associated with stress
6B4Z	Disorders specifically associated with stress, unspecified
6B60	Dissociative neurological symptom disorder
6B61	Dissociative amnesia
6B62	Trance disorder
6B63	Trance possession disorder
6B64	Dissociative identity disorder

6B65	Partial dissociative identity disorder
6B66	Depersonalization-derealization disorder
6B6Y	Other specified dissociative disorders
6B6Z	Dissociative disorders, unspecified
6B80	Anorexia nervosa
6B81	Bulimia nervosa
6B82	Binge eating disorder
6B83	Avoidant-restrictive food intake disorder
6B84	Pica
6B85	Rumination-regurgitation disorder
6B8Y	Other specified feeding or eating disorders
6B8Z	Feeding or eating disorders, unspecified
6C00	Enuresis
6C01	Encopresis
6C0Z	Elimination disorders, unspecified
6C20	Bodily distress disorder
6C21	Body integrity dysphoria
6C2Y	Other specified bodily distress or bodily experience disorders
6C2Z	Bodily distress or bodily experience disorders, unspecified
6C40	Disorders due to use of alcohol
6C41	Disorders due to use of cannabis
6C42	Disorders due to use of synthetic cannabinoids
6C43	Disorders due to use of opioids
6C44	Disorders due to use of sedatives, hypnotics or anxiolytics
6C45	Disorders due to use of cocaine
6C46	Disorders due to use of stimulants, including amphetamine, methamphetamine or methcathinone
6C47	Disorders due to use of synthetic cathinones
6C48	Disorders due to use of caffeine
6C49	Disorders due to use of hallucinogens
6C4A	Disorders due to use of nicotine
6C4B	Disorders due to use of volatile inhalants
6C4C	Disorders due to use of MDMA or related drugs, including MDA
6C4D	Disorders due to use of dissociative drugs, including ketamine and phencyclidine (PCP)
6C4E	Disorders due to use of other specified psychoactive substances, including medications
6C4F	Disorders due to use of multiple specified psychoactive substances, including medications
6C4G	Disorders due to use of unknown or unspecified psychoactive substances
6C4H	Disorders due to use of non-psychoactive substances

6C4Y	Other specified disorders due to substance use
6C4Z	Disorders due to substance use, unspecified
6C50	Gambling disorder
6C51	Gaming disorder
6C5Y	Other specified disorders due to addictive behaviours
6C5Z	Disorders due to addictive behaviours, unspecified
6C70	Pyromania
6C71	Kleptomania
6C72	Compulsive sexual behaviour disorder
6C73	Intermittent explosive disorder
6C7Y	Other specified impulse control disorders
6C7Z	Impulse control disorders, unspecified
6C90	Oppositional defiant disorder
6C91	Conduct-dissocial disorder
6C9Y	Other specified disruptive or dissocial behaviour disorders
6C9Z	Disruptive or dissocial behaviour disorders, unspecified
6D10	Personality disorder
6D11	Personality difficulty
6D30	Exhibitionistic disorder
6D31	Voyeuristic disorder
6D32	Paedophilic disorder
6D33	Coercive sexual sadism disorder
6D34	Frotteuristic disorder
6D35	Other paraphilic disorder involving non-consenting individuals
6D36	Paraphilic disorder involving solitary behaviour or consenting individuals
6D3Z	Paraphilic disorders, unspecified
6D50	Factitious disorder imposed on self
6D51	Factitious disorder imposed on another
6D5Z	Factitious disorders, unspecified
6D70	Delirium
6D71	Mild neurocognitive disorder
6D72	Amnesic disorder
6D80	Dementia due to Alzheimer's disease
6D81	Dementia due to cerebrovascular disease
6D82	Dementia due to Lewy body disease
6D83	Frontotemporal dementia
6D84	Dementia due to psychoactive substances, including medications

6D85	Dementia due to diseases classified elsewhere
6D86	Behavioural or psychological disturbances in dementia
6D8Y	Dementia due to other specified cause
6D8Z	Dementia due to unknown or unspecified cause
6E0Y	Other specified neurocognitive disorders
6E0Z	Neurocognitive disorders, unspecified
6E20	Mental or behavioural disorders associated with pregnancy, childbirth or the puerperium, without psychotic symptoms
6E21	Mental or behavioural disorders associated with pregnancy, childbirth or the puerperium, with psychotic symptoms
6E2Z	Mental or behavioural disorders associated with pregnancy, childbirth or the puerperium, unspecified
6E40	Psychological or behavioural factors affecting disorders or diseases classified elsewhere
6E60	Secondary neurodevelopmental syndrome
6E61	Secondary psychotic syndrome
6E62	Secondary mood syndrome
6E63	Secondary anxiety syndrome
6E64	Secondary obsessive-compulsive or related syndrome
6E65	Secondary dissociative syndrome
6E66	Secondary impulse control syndrome
6E67	Secondary neurocognitive syndrome
6E68	Secondary personality change
6E69	Secondary catatonia syndrome
6E6Y	Other specified secondary mental or behavioural syndrome
6E6Z	Secondary mental or behavioural syndrome, unspecified
6E8Y	Other specified mental, behavioural or neurodevelopmental disorders
6E8Z	Mental, behavioural or neurodevelopmental disorders, unspecified

III. Congenital malformations classified in accordance with the International Statistical Classification of Diseases and Related Health Problems (ICD-10):

Q00	Anencephaly and similar malformations
Q01	Encephalocele
Q02	Microcephaly
Q03	Congenital hydrocephalus
Q04	Other congenital malformations of brain
Q05	Spina bifida
Q06	Other congenital malformations of spinal cord
Q07	Other congenital malformations of nervous system
Q10	Congenital malformations of eyelid, lacrimal apparatus and orbit
Q11	Anophthalmos, microphthalmos and macrophthalmos
Q12	Congenital lens malformations

Q13	Congenital malformations of anterior segment of eye
Q14	Congenital malformations of posterior segment of eye
Q15	Other congenital malformations of eye
Q16	Congenital malformations of ear causing impairment of hearing
Q17	Other congenital malformations of ear
Q18	Other congenital malformations of face and neck
Q20	Congenital malformations of cardiac chambers and connections
Q21	Congenital malformations of cardiac septa
Q22	Congenital malformations of pulmonary and tricuspid valves
Q23	Congenital malformations of aortic and mitral valves
Q24	Other congenital malformations of heart
Q25	Congenital malformations of great arteries
Q26	Congenital malformations of great veins
Q27	Other congenital malformations of peripheral vascular system
Q28	Other congenital malformations of circulatory system
Q30	Congenital malformations of nose
Q31	Congenital malformations of larynx
Q32	Congenital malformations of trachea and bronchus
Q33	Congenital malformations of lung
Q34	Other congenital malformations of respiratory system
Q35	Cleft palate
Q36	Cleft lip
Q37	Cleft palate with cleft lip
Q38	Other congenital malformations of tongue, mouth and pharynx
Q39	Congenital malformations of oesophagus
Q40	Other congenital malformations of upper alimentary tract
Q41	Congenital absence, atresia and stenosis of small intestine
Q42	Congenital absence, atresia and stenosis of large intestine
Q43	Other congenital malformations of intestine
Q44	Congenital malformations of gallbladder, bile ducts and liver
Q45	Other congenital malformations of digestive system
Q50	Congenital malformations of ovaries, fallopian tubes and broad ligaments
Q51	Congenital malformations of uterus and cervix
Q52	Other congenital malformations of female genital organs
Q53	Undescended testicle
Q54	Hypospadias
Q55	Other congenital malformations of male genital organs

Q56	Indeterminate sex and pseudohermaphroditism
Q60	Renal agenesis and other reduction defects of kidney
Q61	Cystic kidney disease
Q62	Congenital obstructive defects of renal pelvis and congenital malformations of ureter
Q63	Other congenital malformations of kidney
Q64	Other congenital malformations of urinary system
Q65	Congenital deformities of hip
Q66	Congenital deformities of feet
Q67	Congenital musculoskeletal deformities of skull, face, spine and chest
Q68	Other congenital musculoskeletal deformities
Q69	Polydactyly
Q70	Syndactyly
Q71	Reduction defects of upper limb
Q72	Reduction defects of lower limb
Q73	Reduction defect of unspecified limb
Q74	Other congenital malformations of limb(s)
Q75	Other congenital malformations of skull and face bones
Q76	Congenital malformations of spine and bony thorax
Q77	Osteochondrodysplasia with defects of growth of tubular bones and spine
Q78	Other osteochondrodysplasias
Q79	Other congenital malformations of musculoskeletal system, not elsewhere classified
Q80	Congenital ichthyosis
Q81	Epidermolysis bullosa
Q82	Other congenital malformations of skin
Q83	Congenital malformations of breast
Q84	Other congenital malformations of integument
Q85	Phakomatoses, not elsewhere classified
Q86	Congenital malformation syndromes due to known exogenous causes, not elsewhere classified
Q87	Other specified congenital malformation syndromes affecting multiple systems
Q89	Other congenital malformations, not elsewhere classified
Q90	Down syndrome
Q91	Edwards syndrome and Patau syndrome
Q92	Other trisomies and partial trisomies of autosomes, not elsewhere classified
Q93	Monosomies and deletions from the autosomes, not elsewhere classified
Q95	Balanced rearrangements and structural markers, not elsewhere classified
Q96	Turner's syndrome
Q97	Other sex chromosome abnormalities, female phenotype, not elsewhere classified

Q98	Other sex chromosome abnormalities, male phenotype, not elsewhere classified
Q99	Other chromosome abnormalities, not elsewhere classified

IV. Congenital malformations classified in accordance with the International Classification of Diseases for Mortality and Morbidity Statistics (ICD-11):

LA00	Anencephaly or similar malformations
LA01	Encephalocele
LA02	Spina bifida
LA03	Arnold-Chiari malformation, type II
LA04	Congenital hydrocephalus
LA05	Structural developmental anomalies of the brain
LA06	Structural developmental anomalies of the cerebellum
LA07	Structural developmental anomalies of the neural tube, spinal cord or vertebral column
LA0Y	Other specified structural developmental anomalies of the nervous system
LA0Z	Structural developmental anomalies of the nervous system, unspecified
LA10	Structural developmental anomalies of the eyeball
LA11	Structural developmental anomalies of the anterior segment of the eye
LA12	Structural developmental anomalies of the lens or zonule (ciliary zonule)
LA13	Structural developmental anomalies of the posterior segment of the eye
LA14	Structural developmental anomalies of the eyelid, lacrimal apparatus or orbit
LA1Y	Other specified structural developmental anomalies of the eye, eyelid or lacrimal apparatus
LA1Z	Structural developmental anomalies of the eye, eyelid or lacrimal apparatus, unspecified
LA20	Structural anomaly of the Eustachian tube
LA21	Minor anomalies of the pinna
LA22	Structural developmental anomalies of the ear causing hearing impairment
LA23	Synotia
LA24	Accessory auricle
LA2Y	Other specified structural developmental anomalies of the ear
LA2Z	Structural developmental anomalies of the ear, unspecified
LA30	Structural developmental anomalies of teeth and periodontal tissues
LA31	Structural developmental anomalies of the mouth or tongue
LA40	Cleft lip
LA41	Cleft lip and alveolus
LA42	Cleft palate
LA4Y	Other specified clefts of the lip, alveolus or palate
LA4Z	Clefts of the lip, alveolus or palate, unspecified
LA50	Congenital velopharyngeal insufficiency

LA51	Facial clefts
LA52	Facial asymmetry
LA53	Macrostomia
LA54	Microstomia
LA55	Compressed face
LA56	Pierre Robin sequence
LA5Y	Other specified structural developmental anomalies of the face, mouth or teeth
LA5Z	Structural developmental anomalies of the face, mouth or teeth, unspecified
LA60	Webbed neck
LA61	Congenital sternomastoid tumour
LA62	Congenital torticollis
LA6Y	Other specified structural developmental anomalies of the neck
LA6Z	Structural developmental anomalies of the neck, unspecified
LA70	Structural developmental anomalies of the nose or nasal cavity
LA71	Structural developmental anomalies of the larynx
LA72	Laryngotracheoesophageal cleft
LA73	Structural developmental anomalies of the trachea
LA74	Structural developmental anomalies of the bronchi
LA75	Structural developmental anomalies of the lungs
LA76	Structural developmental anomalies of the pleura
LA77	Congenital mediastinal cyst
LA7Y	Other specified structural developmental anomalies of the respiratory system
LA7Z	Structural developmental anomalies of the respiratory system, unspecified
LA80	Abnormal position or orientation of the heart
LA81	Abnormal ventricular relationships
LA82	Complete situs inversus
LA83	Right isomerism
LA84	Left isomerism
LA85	Congenital malformation of the atrioventricular or ventriculoarterial connection
LA86	Congenital anomaly of the systemic vein
LA87	Congenital malformation of the atrioventricular valve or atrioventricular septum
LA88	Congenital malformation of the ventricle or ventricular septum
LA89	Functionally univentricular heart
LA8A	Congenital malformation of the ventriculoarterial valve or adjacent regions
LA8B	Congenital malformation of the great arteries, including the arterial duct
LA8C	Congenital malformation of the coronary artery
LA8D	Congenital malformation of the pericardium

LA8E	Congenital anomaly of the atrial septum
LA8F	Congenital malformation of the right atrium
LA8G	Congenital malformation of the left atrium
LA8Y	Other specified structural developmental anomaly of the heart or great vessels
LA8Z	Structural developmental anomaly of the heart or great vessels, unspecified
LA90	Structural developmental anomalies of the peripheral vascular system
LA9Y	Other specified structural developmental anomalies of the circulatory system
LA9Z	Structural developmental anomalies of the circulatory system, unspecified
LB00	Structural developmental anomalies of the diaphragm
LB01	Omphalocele
LB02	Gastroschisis
LB03	Structural developmental anomalies of the umbilical cord
LB0Y	Other specified structural developmental anomalies of the diaphragm, abdominal wall or umbilical cord
LB0Z	Structural developmental anomalies of the diaphragm, abdominal wall or umbilical cord, unspecified
LB10	Structural developmental anomalies of the salivary glands or salivary ducts
LB11	Congenital pharyngeal diverticulum
LB12	Structural developmental anomalies of the oesophagus
LB13	Structural developmental anomalies of the stomach
LB14	Structural developmental anomalies of the duodenum
LB15	Structural developmental anomalies of the small intestine
LB16	Structural developmental anomalies of the large intestine
LB17	Structural developmental anomalies of the anal canal
LB18	Congenital anomalies of intestinal fixation
LB1Y	Other specified structural developmental anomalies of the gastrointestinal tract
LB1Z	Structural developmental anomalies of the gastrointestinal tract, unspecified
LB20	Structural developmental anomalies of the gallbladder, biliary tract or liver
LB21	Structural developmental anomalies of the pancreas
LB22	Structural developmental anomalies of the spleen
LB2Y	Other specified structural developmental anomalies of the liver, biliary tract, pancreas or spleen
LB2Z	Structural developmental anomalies of the liver, biliary tract, pancreas or spleen, unspecified
LB30	Structural developmental anomalies of the kidneys
LB31	Structural developmental anomalies of the urinary tract
LB3Y	Other specified structural developmental anomalies of the urinary system
LB3Z	Structural developmental anomalies of the urinary system, unspecified
LB40	Structural developmental anomalies of the vulva
LB41	Structural developmental anomalies of the clitoris
LB42	Structural developmental anomalies of the vagina

LB43	Structural developmental anomalies of the cervix
LB44	Structural developmental anomalies of the uterus, except the cervix
LB45	Structural developmental anomalies of the ovaries, fallopian tubes or broad ligaments
LB4Y	Other specified structural developmental anomalies of the female reproductive system
LB4Z	Structural developmental anomalies of the female reproductive system, unspecified
LB50	Micropenis or agenesis of the penis
LB51	Anorchia or microorchidism
LB52	Cryptorchidism
LB53	Hypospadias
LB54	Congenital chordee
LB55	Epispadias
LB56	Bifid scrotum
LB57	Agenesis of the vas deferens
LB58	Polyorchidism
LB59	Hypoplasia of the testis or scrotum
LB5Y	Other specified structural developmental anomalies of the male reproductive system
LB5Z	Structural developmental anomalies of the male reproductive system, unspecified
LB60	Amazia
LB61	Athelia
LB62	Accessory breasts
LB63	Accessory nipple
LB6Y	Other specified structural developmental anomalies of the breast
LB6Z	Structural developmental anomalies of the breast, unspecified
LB70	Structural developmental anomalies of the skull
LB71	Structural developmental anomalies of the facial bones
LB72	Structural developmental anomalies of the shoulder girdle
LB73	Structural developmental anomalies of the spine or thoracic bones
LB74	Structural developmental anomalies of the pelvic girdle
LB75	Brachydactyly
LB76	Triphalangeal thumb
LB77	Hyperphalangy
LB78	Polydactyly
LB79	Syndactyly
LB80	Congenital deformities of fingers
LB81	Congenital deformities of toes
LB8Z	Congenital deformities of fingers and toes, unspecified
LB90	Joint formation defects

LB91	Congenital dislocation of shoulder
LB92	Congenital dislocation of elbow
LB93	Congenital dislocation of knee
LB94	Congenital dislocation of patella
LB95	Agenesis or hypoplasia of patella
LB96	Congenital bowing of long bones
LB97	Limb overgrowth
LB98	Congenital deformities of feet
LB99	Congenital reduction defects of upper limb
LB9A	Congenital reduction defects of lower limb
LB9B	Congenital reduction defects of upper and lower limbs
LB9Y	Other specified structural developmental anomalies of the skeleton
LB9Z	Structural developmental anomalies of the skeleton, unspecified
LC00	Keratinocytic epidermal naevus
LC01	Nevus sebaceus
LC02	Complex epidermal naevus
LC0Y	Other specified epidermal and epidermal appendage nevi
LC10	Cutaneous melanocytosis
LC1Y	Developmental anomalies of skin pigmentation
LC20	Connective tissue naevus
LC2Y	Other specified connective tissue naevus of the skin
LC30	Developmental anomalies of hair or hair growth
LC31	Developmental anomalies of the nail apparatus
LC40	Dermoid cyst
LC50	Capillary malformations of the skin
LC51	Venous malformations of the skin
LC52	Combined vascular malformations of the skin
LC5Y	Other specified vascular malformations of the skin
LC5Z	Vascular malformations of the skin, unspecified
LC60	Congenital absence of skin
LC7Y	Other specified structural developmental anomalies of the skin
LC7Z	Structural developmental anomalies of the skin, unspecified
LC80	Congenital adrenal hypoplasia
LC8Y	Other specified structural developmental anomalies of the adrenal glands
LC8Z	Structural developmental anomalies of the adrenal glands, unspecified
LD0Y	Other specified structural developmental anomalies affecting mainly one body system
LD0Z	Structural developmental anomalies affecting mainly one body system, unspecified

LD20	Syndromes with central nervous system anomalies as a major feature
LD21	Syndromes with developmental anomalies of the eye as a major feature
LD22	Syndromes with dental anomalies as a major feature
LD23	Syndromes with vascular anomalies as a major feature
LD24	Syndromes with skeletal anomalies as a major feature
LD25	Syndromes with facial or limb anomalies as a major feature
LD26	Syndromes with limb anomalies as a major feature
LD27	Syndromes with skin or mucosal anomalies as a major feature
LD28	Syndromes with connective tissue involvement as a major feature
LD29	Syndromes with obesity as a major feature
LD2A	Disorders of sex development
LD2B	Progeroid syndromes
LD2C	Overgrowth syndromes
LD2D	Phakomatoses or hamartoneoplastic syndromes
LD2E	Syndromes with structural anomalies due to inborn errors of metabolism
LD2F	Syndromes with multiple structural anomalies without predominant involvement of a single body system
LD2G	Conjoined twins
LD2H	Genetic syndromic deafness
LD2Y	Other specified multiple congenital anomalies or syndromes
LD2Z	Multiple congenital anomalies or syndromes, unspecified
LD40	Complete autosomal trisomies
LD41	Partial autosomal duplications
LD42	Polyploidies
LD43	Complete autosomal monosomies
LD44	Autosomal deletions
LD45	Uniparental disomies
LD46	Genomic imprinting disorders
LD47	Balanced rearrangements or structural rearrangements
LD50	Numerical abnormalities of the X chromosome
LD51	Structural abnormalities of the X chromosome, excluding Turner syndrome
LD52	Numerical abnormalities of the Y chromosome
LD53	Structural abnormalities of the Y chromosome
LD54	Male with sex chromosome mosaicism
LD55	Fragile X syndrome
LD56	46,XX/46,XY chimerism
LD5Y	Other specified sex chromosome abnormalities
LD5Z	Sex chromosome abnormalities, unspecified

LD7Y	Other specified chromosomal abnormalities, excluding gene mutations
LD7Z	Chromosomal abnormalities, excluding gene mutations, unspecified
LD90	Diseases with intellectual developmental disorder as a major clinical feature
LD9Y	Other specified developmental anomalies
LD9Z	Developmental anomalies, unspecified



**INSURANCE PRODUCT INFORMATION DOCUMENT
AND GENERAL TERMS AND CONDITIONS
IN CASE OF HEALTH INJURY TO A CHILD
CAUSED BY A PERSONAL ACCIDENT**



ADDITIONAL GROUP INSURANCE IN CASE OF HEALTH INJURY TO A CHILD CAUSED BY A PERSONAL ACCIDENT

Condition code: DUGP55

Version dated: 20.11.2021

This is the key information material. Full details of the insurance can be found in other documents, in particular in the general terms and conditions of supplementary group insurance for the health impairment of a child caused by a personal accident, conditions code: DUGP55 (GTC). Please read the GTCs before deciding to conclude the agreement. The definitions used in the GTCs can have meanings that deviate from their common meanings, so please make sure to pay particular attention to them. The conclusion of the agreement is voluntary.

PRODUCT INFORMATION

- is presented for information purposes,
- is not part of the insurance agreement (agreement),
- does not constitute a trade offer within the meaning of article 66 of the Civil Code,
- should not be the sole basis for a decision on insurance.

THE SCOPE AND OBJECT OF INSURANCE – WHAT IS INSURED?

We insure the event in your life, which is the occurrence of a health detriment in his or her child during the period of cover, as indicated in Appendix 1 to these GTC, which is the result of an accident occurring during the period of cover.

PRODUCT CHARACTERISTICS – WHAT ARE THE MAIN FEATURES OF OUR INSURANCE?

If your child has a health detriment, depending on the coverage you have on the date of the incident:

- we will pay you a cash benefit – which is a percentage of the sum insured, as specified in Appendix 1 to the GTC, of the current on the day of the personal accident – if you only have a cash benefit in your benefits,
- we will pay you a cash benefit – a percentage of the sum insured current at the date of the accident, as specified in Appendix 1 to these GTC, and we will grant you the right to receive medical services for your child,

Your child's medical entitlement shall be granted if you have this benefit in your scope of benefits and if you are entitled to a cash benefit of more than 4% of the sum insured due to one personal accident, with the provision that, as a result of one accident, a child suffers several injuries as indicated in Appendix 1, we will provide one scope and limit of medical services.

For our liability to be recognised, there must be a causal link between the accident and the child's injury.

Supplementary insurance may be taken out either at the conclusion of the basic insurance - Group Insurance PZU Na Życie Plus or at its duration.

WHO CAN CONCLUDE AN AGREEMENT WITH US, WHO DO WE INSURE?

The additional insurance is concluded by the policyholder who pays the insurance premiums.

The additional insurance may be joined by insured persons who joined the basic insurance.

WHAT IS THE DURATION OF THE INSURANCE?

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 additional insurance is taken out between policy anniversaries, our cover continues until the next policy anniversary.

WHAT LOCATION DOES THE INSURANCE COVER?

The insurance cover operates worldwide, 24 hours a day.
Medical services are provided at designated medical facilities in Poland.

HOW AND WHEN SHOULD THE CONTRIBUTIONS BE PAID?

The premium is transferred by the policyholder together with the premium for the basic insurance.

KIEDY ROZPOCZYNA SIĘ I KOŃCZY OCHRONA UBEZPIECZENIOWA?

Coverage under the supplementary insurance commences as described in the basic insurance. Cover under the additional insurance shall only commence if the cover under the basic insurance is in force. The cover under the supplementary insurance ceases:

- from the date of termination of cover under the primary insurance;
- from the date on which we receive the policyholder's declaration that he or she is withdrawing from the additional insurance;
- on the date of termination of cover under the supplementary insurance – if not renewed;
- on the last day of the month in which you cancel the supplementary insurance;
- 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;
- as from the date of expiry of the notice period of the supplementary insurance;
- as from the date on which the supplementary insurance is terminated.

MAIN EXCLUSIONS AND LIMITATIONS OF THE INSURANCE COVERAGE – WHAT IS NOT COVERED BY THE INSURANCE?

We will not pay the benefit in the event of:

- injury to a child as a result of an accident, if the accident occurred before the beginning of the period of protection,
- the occurrence of a health detriment to a child which does not appear in the Table of Damages attached as Appendix 1 to the GTC.

In addition, we are not liable if a situation is not covered, it does not meet the definition set out in the agreement or our liability has ended (e.g. due to non-payment of premiums as well as in other cases indicated in the GTC).

HOW TO TERMINATE THE AGREEMENT?

The policyholder has the right to cancel the supplementary insurance agreement within 30 days after its conclusion or, if the policyholder is an entrepreneur, within 7 days from the conclusion of the agreement. After this period, the policyholder has the right to terminate the agreement by a written notice. The policyholder has right to cancel the extension of the additional insurance by sending us a written notice of non-renewal no later than 30 days prior to its termination.

REMUNERATION FOR THE DISTRIBUTOR OF THE INSURANCE

The distributor shall receive a commission in connection with the proposed agreement.

COMPLAINTS, OBJECTIONS AND GRIEVANCES

1. A claim, complaint or grievance shall be submitted to any of our units where we serve our customers.
2. A complaint, grievance or complaint can be submitted:
 - 1) in writing – in person or by mail, within the meaning of the Postal Law Act, for example by writing to the following address: PZU Życie SA 18A Postępu St., 02-676 Warsaw (address for correspondence only);
 - 2) in writing – sent to the address for electronic delivery of PZU SA, within the meaning of the Electronic Delivery Act, from the date of entering that address into the database of electronic addresses;
 - 3) verbally – by phone, for instance by calling the telephone helpline on 801 102 102, or in person, confirmed by means of a protocol during a visit to our unit;
 - 4) electronically – by sending an e-mail to reklamacje@pzu.pl or by filling in the form at www.pzu.pl.
3. We respond to complaints, grievances and complaints as soon as possible, however no later than 30 days after the day on which we receive them. If we are unable to respond in particularly complex cases within 30 days, we will inform you:
 - 1) why the response is delayed;

- 2) what circumstances we still need to establish in order to process the case;
- 3) what is the new time limit for our response – it may not exceed 60 days from the date on which we received the complaint, claim or grievance.
4. We respond to complaints, claims and grievances to the person who made them:
 - 1) in cases where the customer is a natural person – in writing, except that the response may be delivered by e-mail only at the customer's request;
 - 2) where the customer is an entity other than those referred to in item 1 – in writing or using another durable medium.
5. If, after the complaint has been investigated:
 - 1) we have not honoured the claims made or
 - 2) we have accepted the claim, but within the time limit specified in the reply to that claim we have not carried out the acts we obliged to take
 - the individual who has made a complaint has the right to write to the Financial Ombudsman to request this.
6. We deal with complaints, grievances and complaints in our units, which have authority over the subject matter.
7. Additional information on complaints are provided in the Act on Complaints Handling by Financial Market Entities and Financial Ombudsman and in the Act on Insurance Distribution.
8. PZU provides for the possibility of resolving conflicts out of court.
9. The entity authorized within the meaning of the Act on out-of-court handling of consumer disputes, competent for PZU SA to handle disputes out of court is the Financial Ombudsman. The website address: rf.gov.pl.
10. In the event that the insured or the policyholder, beneficiary and the rights holder are consumers, they can turn to the Municipal and District Consumer Ombudsmen for assistance.
11. PZU communicates with its consumers in Polish.
12. PZU is supervised by the Financial Supervision Authority.



**GENERAL TERMS
ADDITIONAL GROUP INSURANCE
IN CASE OF HEALTH INJURY TO A CHILD
CAUSED BY A PERSONAL ACCIDENT**

The table below presents the provisions of the general terms and conditions of additional group insurance in the case of a detriment to a child's health caused by a personal accident, conditions code DUGP55 (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 4-10 items 15-17 items 35-36 items 37-44 item 45
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 item 10 items 11-14 items 32-33 item 34 item 45

Information about the insurance are available from:

 na pzu.pl



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



GENERAL TERMS AND CONDITIONS OF ADDITIONAL GROUP INSURANCE IN THE EVENT OF DEATH OF A CHILD DUE TO A PERSONAL ACCIDENT

GTC code: DUGP55

The Board of Directors of PZU Życie SA established the general terms and conditions of additional group insurance in the event of a health detriment to a child caused by a personal accident by 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) **child** – a child which at the moment a health detriment occurred in him or her was below the age of 18 or, if in school education, she or he was below the age of 25. The child may be:
 - a) a child of the insured,
 - b) child of the insured's spouse or domestic partner (if the other parent of the spouse's or domestic partner's child is deceased);
 - 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) **medical centre** – a clinic, a doctor's surgery or a laboratory providing medical services, a list of which is published on pzu.pl and available from the medical helpline (stated in the decision on granting the right to use the medical services) and at each of our branches;
 - 5) **hospitalisation** – a child's stay in hospital for in-patient treatment; the first day of the hospital stay is the day of registration and the last day is the day of discharge from hospital;
 - 6) **performance of the benefit** – the payment of a cash benefit to the insured person or the granting to the insured person of entitlement to medical services for the child in the event of an event covered by our protection;
 - 7) **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;
 - 8) **supplementary insurance** – the insurance agreement to which these GTC apply;
 - 9) **basic insurance** – PZU Na Życie Plus group insurance agreement, to which the policyholder has the right to take out additional insurance;
 - 10) **school education** – education at a public or a non-public school or at a State or non-State higher education institution on a full-time, evening or extramural basis, within the meaning of legislation on education and higher education; excluding all courses and correspondence education;
 - 11) **medical services** – benefits listed in the appendix 2 to these GTC;
 - 12) **health impairment** – bodily injury to a child listed in Appendix 1 to these GTC which is the result of an accident occurring during the period of our cover under the 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

– czyli co ubezpieczamy

3. We insure an event in your life, which is the occurrence of a health detriment in your child.

ZAEXCLUSIONS OF PROTECTION

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

4. The coverage of the Supplementary Insurance shall include an event in your life, which is the occurrence of an injury to your child, during the period of cover, as indicated in Appendix 1 to these GTC, which is the result of an accident occurring during the period of cover.
5. In the event of an incident in your life where your child suffers a health detriment, depending on the benefit coverage you have on the date of the incident:
 - 1) we will pay you a cash benefit – a percentage of the sum insured current at the date of the accident, as set out in Appendix 1 to these GTC – if you only have a cash benefit within the scope of benefits;
 - 2) we will pay you a cash benefit which is a percentage of the sum insured current at the date of the accident, as specified in Appendix 1 to these GTC, and we will grant you the right to receive medical services for your child, subject to item 8 – if you have both of these in your benefits coverage.
6. The scope of additional insurance and the scope of the benefits are confirmed in the policy and in the individual confirmation of insurance.
7. If, due to one accident, a child suffers several injuries as defined in Appendix 1 to these GTC, we will pay a cash benefit of up to 100% of the sum insured.
8. You have the right to use the medical services until your limit is reached (which you will find in the appendix 2 to these GTC) and for no longer than 12 months after the date of the decision confirming your entitlement to medical services for the child.
9. Your child's entitlement to medical services will be granted if you have this benefit in the scope of benefits and if you are entitled to a cash benefit of more than 4% of the sum insured due to one accident, except that if your child suffers more than one injury as a result of one accident as indicated in Appendix 1, we will implement one scope and one limit of medical services.
10. The entitlement to the benefit is granted insofar as, from a medical point of view, there is a causal link between the accident and the child's injury.

EXCLUSIONS OF PROTECTION

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

11. For the purposes of defining our exclusions of protection, we use the term **competitive sports** – meaning the practice of sports by:
 - 1) members of the personnel of clubs who take part in professional, national or international competitions. These competitions must be organised by: the sports federation or professional sports federation responsible for the sport in question – or
 - 2) individuals who play individual sports and participate in professional, national or international competitions. These competitions must be organised by: the sports federation or professional sports federation responsible for the sport in question – or
 - 3) persons who receive remuneration, as well as scholarships or reimbursement of expenses related to the practice of individual sports or team games (per diems, allowances) – on the basis of an employment contract or a civil law contract.
12. Our liability does not cover injury to a child as a result of an accident if the accident occurred before the start of the period of cover or has occurred:
 - 1) in war operations;
 - 2) in result of the child's active participation in the acts of war, active participation in acts of terror or mass social unrest;
 - 3) as a result of the commission or attempted commission by the child of an act which fulfils the requirements of an intentional crime;
 - 4) 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) not authorised for use within the meaning of road traffic regulations, or
 - c) being under the influence of alcohol or in a state of intoxication as defined by the regulations on education in sobriety and counteracting alcoholism or after using: drugs, narcotics, psychotropic substances or substitutes within the meaning of the provisions on counteracting drug addiction, – insofar as any of these circumstances played a role in the traffic accident;
 - 5) 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;
 - 6) as a result of the child's self-harm or attempted suicide;
 - 7) 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;
 - 8) as a result of the use of medicinal products by the child not in accordance with the doctor's recommendation or not in accordance with the information in the leaflet accompanying the medicinal product;
 - 9) because the child was involved in competitive sports.
13. Our liability does not cover the occurrence of injury to a child as a result of bodily injuries that were caused by treatment or diagnostic procedures, regardless of who performed them - unless it was to treat the direct consequences of an accident.
14. We will not realise the benefit if you have deliberately contributed to the child's injury.

SUM INSURED

– what is it, and where is it indicated

15. The sum insured is the amount which we use as the basis for determining the benefit due.
16. The amount of the sum insured can be included in the policy and in the individual confirmation of insurance.
17. 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

18. 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) scope of benefits,
 - c) benefit amount
 - d) the number, age structure and gender of those who take out insurance, as well as the type of work they do.
19. 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.
20. 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

21. Supplementary insurance may be taken out either with or during the conclusion of the basic insurance.
22. 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

23. 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 additional 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

24. 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.
25. 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

26. The cancellation of the additional insurance is carried out in accordance with the rules laid down in the basic insurance.
27. If the policyholder cancels the primary insurance, this results in cancellation of the secondary insurance.
28. 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

29. The termination of the supplementary insurance is carried out in accordance with the rules outlined in the basic insurance.
30. In the event the policyholder terminates the primary insurance, this results in the termination of the additional insurance.
31. 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

- 32. Coverage under the supplementary insurance commences as described in the basic insurance.
- 33. 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

- 34. 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

– i.e. to whom the payment is due and to whom we grant the right to medical services

- 35. You have the right to receive the benefit.
- 36. We grant you the right to receive medical services for your child.

PROVISION OF THE HEALTH BENEFIT

– i.e. when the cash benefit will be paid out and how to start using medical services

- 37. If there is an injury to your child, provide us with:
 - 1) a request for payment of a benefit,
 - 2) the child's birth certificate;
 - 3) a medical documentation that confirms the child's injury and the circumstances under which it occurred;
 - 4) if you are applying for child benefit:
 - a) who is under 18 years of age – the consent of the child's legal guardian to the processing of the child's personal data,
 - b) who is over 18 years of age – the child's consent to the processing of his/her personal data.
- 38. If the documents provided are not sufficient to consider that you are entitled to a benefit and in what amount, we may ask you for other necessary documents.
- 39. He have the right to seek additional information by:
 - 1) asking for the opinion of the doctor identified by us;
 - 2) order medical tests – if necessary.
- 40. We cover the costs of the doctor's opinion and the medical tests we order.
- 41. 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.
- 42. On the basis of the documentation provided, we will make a decision on whether to pay a cash benefit or grant you entitlement to medical services for your child (if they are included in the scope of your insurance).
- 43. Once you have received the decision on your child's medical entitlement – you will be able to start using these services.
- 44. In order to use medical services – through us – you book an appointment for a medical service. You can do this through the available channels set out in Appendix 3 to these GTC.

FINAL PROVISIONS

– what other matters are important

- 45. 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.

APPENDIX NO. 1
TO THE GENERAL TERMS AND CONDITIONS OF THE ADDITIONAL GROUP INSURANCE
IN CASE OF HEALTH IMPAIRMENT OF THE CHILD CAUSED BY A PERSONAL ACCIDENT

Table of insurable injuries

No.	Type of bodily injury	Percentage of the sum insured
Bone fracture		
1.	Fracture of one or more bones of the vault or base of the skull	5
2.	Fracture of one or more facial or nasal bones	4
3.	Fracture of the right scapula	4,5
4.	Fracture of the left scapula	4,5
5.	Fracture of the right clavicle right side	4,5
6.	Fracture of the left clavicle	4,5
7.	Sternal fracture	4,5
8.	Fracture of one rib	1
9.	Fracture of two ribs	2
10.	Fracture of three ribs	3
11.	Fracture of four ribs	4
12.	Fracture of five ribs	5
13.	Fracture of six ribs	6
14.	Fracture of seven ribs	7
15.	Fracture of eight ribs	8
16.	Fracture of nine ribs	9
17.	Fracture of at least ten ribs	10
18.	Fracture of the vertebral body or arch of cervical vertebra C1	11
19.	Fracture of one or more processes of the C1 cervical vertebrae	2,5
20.	Fracture of the vertebral body or arch of cervical vertebra C2	11
21.	Fracture of one or more processes of the C2 cervical vertebrae	2,5
22.	Fracture of the vertebral body or arch of cervical vertebra C3	11
23.	Fracture of one or more processes of the C3 cervical vertebrae	2,5
24.	Fracture of the vertebral body or arch of cervical vertebra C4	11
25.	Fracture of one or more processes of the C4 cervical vertebrae	2,5
26.	Fracture of the vertebral body or arch of cervical vertebra C5	11
27.	Fracture of one or more processes of the C5 cervical vertebrae	2,5
28.	Fracture of the vertebral body or arch of cervical vertebra C6	11
29.	Fracture of one or more processes of the C6 cervical vertebrae	2,5
30.	Fracture of the vertebral body or arch of cervical vertebra C7	11
31.	Fracture of one or more processes of the C7 cervical vertebrae	2,5
32.	Fracture of the shaft or arch of the Th1 thoracic vertebrae	11
33.	Fracture of one or more processes of the Th1 thoracic vertebrae	2,5

No.	Type of bodily injury	Percentage of the sum insured
34.	Fracture of the shaft or arch of the Th2 thoracic vertebrae	11
35.	Fracture of one or more processes of the Th2 thoracic vertebrae	2,5
36.	Fracture of the shaft or arch of the Th3 thoracic vertebrae	11
37.	Fracture of one or more processes of the Th3 thoracic vertebrae	2,5
38.	Fracture of the shaft or arch of the Th4 thoracic vertebrae	11
39.	Fracture of one or more processes of the Th4 thoracic vertebrae	2,5
40.	Fracture of the shaft or arch of the Th5 thoracic vertebrae	11
41.	Fracture of one or more processes of the Th5 thoracic vertebrae	2,5
42.	Fracture of the shaft or arch of the Th6 thoracic vertebrae	11
43.	Fracture of one or more processes of the Th6 thoracic vertebrae	2,5
44.	Fracture of the shaft or arch of the Th7 thoracic vertebrae	11
45.	Fracture of one or more processes of the Th7 thoracic vertebrae	2,5
46.	Fracture of the shaft or arch of the Th8 thoracic vertebrae	11
47.	Fracture of one or more processes of the Th8 thoracic vertebrae	2,5
48.	Fracture of the shaft or arch of the Th9 thoracic vertebrae	11
49.	Fracture of one or more processes of the Th9 thoracic vertebrae	2,5
50.	Fracture of the shaft or arch of the Th10 thoracic vertebrae	11
51.	Fracture of one or more processes of the Th10 thoracic vertebrae	2,5
52.	Fracture of the shaft or arch of the Th11 thoracic vertebrae	11
53.	Fracture of one or more processes of the Th11 thoracic vertebrae	2,5
54.	Fracture of the shaft or arch of the Th12 thoracic vertebrae	11
55.	Fracture of one or more processes of the Th12 thoracic vertebrae	2,5
56.	Fracture of the vertebral body or arch of the lumbar vertebra L1	11
57.	Fracture of one or more processes of the L1 lumbar vertebrae	2,5
58.	Fracture of the vertebral body or arch of the lumbar vertebra L2	11
59.	Fracture of one or more processes of the L2 lumbar vertebrae	2,5
60.	Fracture of the vertebral body or arch of the lumbar vertebra L3	11
61.	Fracture of one or more processes of the L3 lumbar vertebrae	2,5
62.	Fracture of the vertebral body or arch of the lumbar vertebra L4	11
63.	Fracture of one or more processes of the L4 lumbar vertebrae	2,5
64.	Fracture of the vertebral body or arch of the lumbar vertebra L5	11
65.	Fracture of one or more processes of the L5 lumbar vertebrae	2,5
66.	Sacral bone fracture	11
67.	Coccyx fracture	3,5
68.	Single or multiple unstable fracture of the pelvis	10
69.	Single or multisite stable fracture of the pelvis	4,5
70.	Single or multiple open fracture of the right humerus	7
71.	Single or multiple open fracture of the left humerus	7
72.	Single or multiple fracture other than open fracture of the right humerus	5

No.	Type of bodily injury	Percentage of the sum insured
73.	Single or multiple fracture other than open fracture of the left humerus	5
74.	Single or multiple open fracture of one or both bones of the right forearm	4
75.	Single or multiple open fracture of one or both bones of the left forearm	4
76.	Single or multiple fracture other than open fracture of one or both bones of the right forearm	2
77.	Single or multiple fracture other than open fracture of one or both bones of the left forearm	2
78.	Single or multiple open fracture of one or both bones of the right forearm	3
79.	Single or multiple open fracture of one or more bones of the left wrist or metacarpus	3
80.	Single or multiple fracture other than open fracture of one or more bones of the wrist or right metacarpal	1
81.	Single or multiple fracture other than open fracture of one or more bones of the wrist or left metacarpal	1
82.	Single or multiple open fracture of one or more phalanges of the I finger of the right hand	3
83.	Single or multiple open fracture of one or more phalanges of the I finger of the left hand	3
84.	Single or multiple fracture other than open fracture of one or more phalanges of the I finger of the right hand	1
85.	Single or multiple fracture other than open fracture of one or more phalanges of the I finger of the left hand	1
86.	Single or multiple open fracture of one or more phalanges of the II finger of the right hand	2
87.	Single or multiple open fracture of one or more phalanges of the II finger of the left hand	2
88.	Single or multiple fracture other than open fracture of one or more phalanges of the II finger of the right hand	1
89.	Single or multiple fracture other than open fracture of one or more phalanges of the II finger of the left hand	1
90.	Single or multiple open fracture of one or more phalanges of the III finger of the right hand	2
91.	Single or multiple open fracture of one or more phalanges of the III finger of the left hand	2
92.	Single or multiple fracture other than open fracture of one or more phalanges of the III finger of the right hand	1
93.	Single or multiple fracture other than open fracture of one or more phalanges of the III finger of the left hand	1
94.	Single or multiple open fracture of one or more phalanges of the IV finger of the right hand	2
95.	Single or multiple open fracture of one or more phalanges of the IV finger of the left hand	2
96.	Single or multiple fracture other than open fracture of one or more phalanges of the IV finger of the right hand	1
97.	Single or multiple fracture other than open fracture of one or more phalanges of the IV finger of the left hand	1
98.	Single or multiple open fracture of one or more phalanges of the V finger of the right hand	2
99.	Single or multiple open fracture of one or more phalanges of the V finger of the left hand	2
100.	Single or multiple fracture other than open fracture of one or more phalanges of the V finger of the right hand	1
101.	Single or multiple fracture other than open fracture of one or more phalanges of the V finger of the left hand	1
102.	Single or multiple fracture of the right femur	10
103.	Single or multiple fracture of the left femur	10
104.	Fracture of the right patella	4
105.	Fracture of the left patella	4
106.	Single or multiple fracture of one or both bones of the right lower leg	7
107.	Single or multiple fracture of one or both bones of the left lower leg	7
108.	Single or multiple open fracture of one or both bones of the right midfoot	4
109.	Single or multiple open fracture of one or more bones of the left wrist or metacarpus	4

No.	Type of bodily injury	Percentage of the sum insured
110.	Single or multiple fracture other than open fracture of one or more bones of the right tarsus or metatarsus	2
111.	Single or multiple fracture other than open fracture of one or more bones of the left tarsus or metatarsus	2
112.	Fracture of one or more phalanges of the I toe of the right foot	2,5
113.	Fracture of one or more phalanges of the I toe of the left foot	2,5
114.	Fracture of one or more phalanges of the II toe of the right foot	2
115.	Fracture of one or more phalanges of the II toe of the left foot	2
116.	Fracture of one or more phalanges of the third toe of the right foot	2
117.	Fracture of one or more phalanges of the III toe of the left foot	2
118.	Fracture of one or more phalanges of the IV toe of the right foot	2
119.	Fracture of one or more phalanges of the IV toe of the left foot	2
120.	Fracture of one or more phalanges of the V toe of the right foot	2
121.	Fracture of one or more phalanges of the V toe of the left foot	2
Sprains and dislocations of joints		
122.	Dislocation of the I finger of the right hand	2
123.	Dislocation of the I finger of the left hand	2
124.	Dislocation of the II finger of the right hand	2
125.	Dislocation of the II finger of the left hand	2
126.	Dislocation of the III finger of the right hand	2
127.	Dislocation of the III finger of the left hand	2
128.	Dislocation of the IV finger of the right hand	2
129.	Dislocation of the IV finger of the left hand	2
130.	Dislocation of the V finger of the right hand	2
131.	Dislocation of the V finger of the left hand	2
132.	Dislocation of the right elbow joint	3
133.	Dislocation of the left elbow joint	3
134.	Dislocation of the right shoulder-blade joint	3
135.	Dislocation of the left shoulder-blade joint	3
136.	Dislocation or sprain of the right ankle joint	4
137.	Dislocation or sprain of the left ankle joint	4
138.	Dislocation or sprain of the right knee joint – excluding dislocation of the patella	5
139.	Dislocation or sprain of the left knee joint – excluding dislocation of the patella	5
140.	Dislocation of the right hip joint	10
141.	Dislocation of the left hip joint	10
Tooth damage		
142.	Fracture of one permanent tooth	0,5
143.	Fracture of two permanent teeth	1
144.	Fracture of three permanent teeth	1,5

No.	Type of bodily injury	Percentage of the sum insured
145.	Fracture of four permanent teeth	2
146.	Fracture of five permanent teeth	2,5
147.	Fracture of six permanent teeth	3
148.	Fracture of seven permanent teeth	3,5
149.	Fracture of eight permanent teeth	4
150.	Fracture of nine permanent teeth	4,5
151.	Fracture of at least ten permanent teeth	5
152.	Total loss of one permanent tooth	1
153.	Total loss of two permanent teeth	2
154.	Total loss of three permanent teeth	3
155.	Total loss of four permanent teeth	4
156.	Total loss of five permanent teeth	5
157.	Total loss of six permanent teeth	6
158.	Total loss of seven permanent teeth	7
159.	Total loss of eight permanent teeth	8
160.	Total loss of nine permanent teeth	9
161.	Total loss of at least ten permanent teeth	10
Loss of body parts		
162.	Global loss of I finger of the right hand (all two phalanges)	22
163.	Global loss of the I finger of the left hand (all two phalanges)	22
164.	Global loss of the II finger of the right hand (all three phalanges)	8
165.	Global loss of the II finger of the left hand (all three phalanges)	8
166.	Global loss of the III finger of the right hand (all three phalanges)	8
167.	Global loss of the III finger of the left hand (all three phalanges)	8
168.	Global loss of the IV finger of the right hand (all three phalanges)	8
169.	Global loss of the IV finger of the left hand (all three phalanges)	8
170.	Global loss of the V finger of the right hand (all three phalanges)	8
171.	Global loss of the V finger of the left hand (all three phalanges)	8
172.	Total loss of right hand at wrist or metacarpal level with all fingers	50
173.	Total loss of left hand at wrist at metacarpal level with all fingers	50
174.	Total loss of the right upper limb at the elbow joint or at the level of the forearm	60
175.	Total loss of the left upper limb at the elbow joint or at the level of the forearm	60
176.	Global loss of the right upper limb at the shoulder-blade joint or at shoulder height	80
177.	Global loss of the right upper limb at the shoulder-blade joint or at shoulder height	80
178.	Total loss of the I toe of the right foot (entire two phalanges)	15
179.	Total loss of the I toe of the left foot (all two phalanges)	15
180.	Global loss of the II toe of the right foot (all three phalanges)	3
181.	Global loss of the II toe of the left foot (all three phalanges)	3

No.	Type of bodily injury	Percentage of the sum insured
182.	Global loss of the III toe of the right foot (all three phalanges)	3
183.	Global loss of the III toe of the left foot (all three phalanges)	3
184.	Global loss of the IV toe of the right foot (all three phalanges)	3
185.	Global loss of the IV toe of the left foot (all three phalanges)	3
186.	Global loss of the V toe of the right foot (all three phalanges)	3
187.	Global loss of the V toe of the left foot (all three phalanges)	3
188.	Total loss of right foot at metatarsal level with all toes	40
189.	Total loss of left foot at metatarsal level with all toes	40
190.	Total loss of the right lower limb at the ankle joint (upper or lower), or at the level of the shin or knee joint	60
191.	Total loss of the left lower limb at the ankle joint (upper or lower), or at the level of the shin or knee joint	60
192.	Total loss of right lower limb at hip or thigh level	75
193.	Total loss of left lower limb at hip or thigh level	75
194.	Total loss of vision in the right eye	50
195.	Total loss of vision in the left eye	50
196.	Complete loss of hearing in the right ear	30
197.	Total loss of hearing in left ear	30
198.	Total loss of the right auricle	15
199.	Total loss of the left auricle	15
200.	Total loss of nose	20
201.	Total loss of the spleen	20
202.	Total loss of the right kidney	35
203.	Total loss of the left kidney	35
204.	Total loss of the uterus	40
205.	Total loss of right ovary	20
206.	Total loss of left ovary	20
207.	Total loss of right testicle	20
208.	Total loss of the left testicle	20
209.	Total loss of speech	100
Paresis and paralysis of the limbs		
210.	Palsy or paresis of at least two limbs with a Lovett scale severity of 0 to 2 degrees	100
Burns and frostbite		
211.	Second-degree burn up to 1% of the body area	1,5
212.	Second-degree burn greater than 1% to 15% of the body area	4
213.	Second-degree burn greater than 15% to 30% of the body area	7
214.	Second-degree burns over 30% of the body area	20
215.	Third-degree burn up to 5% of the body area	4
216.	Third-degree burn greater than 5% to 10% of the body area	10

No.	Type of bodily injury	Percentage of the sum insured
217.	Third-degree burns over 10% of the body area	20
218.	Respiratory tract burns treated during hospital stay	20
219.	II or III degree frostbite of one finger of the hand or one toe of the foot	1,5
220.	II or III degree frostbite of two or more fingers or toes, or frostbite of the nose, or frostbite of the ear	4
Other defects		
221.	Coma, lasting longer than 30 days	100
222.	Suspected concussion or concussion which has been the cause of hospital treatment lasting at least 2 days in hospital	1
223.	Suspected concussion or concussion which has been the cause of hospital treatment lasting at least 3 days in hospital	2
224.	Suspected concussion or concussion which has been the cause of hospital treatment lasting at least 4 days and longer in hospital	3
225.	Sudden gas poisoning which was the reason for hospital treatment lasting at least 1 day of hospital stay	5
226.	Sudden poisoning by chemical substances or products which was the reason for hospital treatment lasting at least 1 day of hospital stay	5
227.	Electrocution which has been the cause of hospital treatment lasting at least 1 day in hospital	5
228.	Lightning strike which was the reason for hospital treatment lasting at least 1 day in hospital	5
229.	A bite that was the cause of hospital treatment lasting at least 1 day in hospital	10
230.	A bite that was the cause of hospital treatment lasting at least 1 day of hospitalization	10
231.	A bite that was the cause of hospital treatment lasting at least 1 day of hospital stay	10
232.	Injury that is not listed in the table rows above (regardless of the number of such injuries due once per policy year), provided that the treatment included at least two medical visits.	0,5

APPENDIX NO. 2

TO THE GENERAL TERMS AND CONDITIONS OF THE ADDITIONAL GROUP INSURANCE IN CASE OF HEALTH IMPAIRMENT OF THE CHILD CAUSED BY A PERSONAL ACCIDENT

Scope of medical services

Medical treatment		Limit	Description
Outpatient consultations related to	paediatric surgery	3 consultations – total limit for all consultations	1. Outpatient consultations take place in a medical facility and may include according to the profile of the specific specialty: physical examination of the patient, taking a medical history, making a diagnosis, recommendations for treatment, e-ZLAs and referrals related to further diagnostic and treatment procedures. 2. You can benefit from outpatient consultations without a referral, at our designated medical facility. 3. Telemedicine consultations are carried out by telephone, a digital chat or video chat and may include, according to the profile of the specialty: taking a medical history, making a diagnosis, recommending treatment issuing e-prescriptions, e-ZLAs and referrals related to further diagnostic and treatment procedures. 4. You can use telemedicine consultations without a referral via telecommunications lines. 5. In order to carry out a telemedical consultation, we will create an individual account for you on the website. We will provide you with the details you need to register for your account. 6. As part of the outpatient and telemedicine consultations we do not organise and do not cover the costs of consulting medical doctors with a PhD, habilitation or professor academic degrees.
	general surgery		
	internal diseases		
	physiotherapy		
	gynaecology and obstetrics		
	paediatric gynaecology		
	laryngology		
	paediatric laryngology		
	general medicine		
	nephrology		
	paediatric nephrology		
	neurosurgery		
	paediatric neurosurgery		
	neurology		
	paediatric neurology		
	ophthalmology		
	paediatric ophthalmology		
	orthopaedics and traumatology of the musculoskeletal system		
	paediatric orthopaedic		
	paediatrics		
Telemedicine consultations in the scope of	medical rehabilitation		
	urology		
	paediatric urology		
	psychology		
	internal diseases		
	gynaecology and obstetrics		
	orthopaedics and traumatology of the musculoskeletal system		
	paediatric orthopaedic		
	paediatrics		
	nursing		
	psychology		
	child psychology		

Medical treatment		Limit	Description
Outpatient rehabilitation	passive exercise	15 procedures – total limit for all listed outpatient rehabilitation procedures	You can benefit from outpatient rehabilitation on the basis of a referral from a doctor or physiotherapist at a medical facility we have indicated.
	active sling exercise		
	active free exercise		
	active exercise with resistance		
	passive and assisted exercises		
	exercises instruction		
	isometric exercise		
	general exercise		
	sensorimotor/stability exercises		
	special exercises		
	short-wave diathermy		
	microwave diathermy		
	lymphatic drainage		
	electrostimulation		
	electroplating		
	iontophoresis		
	bubble/spin bath of the limbs		
	local cryotherapy		
	spot laser therapy		
	magnetotherapy		
	global hydro massage		
	local hydro massage		
	underwater massage		
	dry full massage		
	dry partial massage		
	neuromuscular re-education methods		
	mobilisations and manipulations,		
	neuromobilisations		
	diadynamic currents		
	interference currents		
	TENS currents		
	Tarbert currents		
	sollux		
	local ultrasound		
	ultraphonoresis / phonophoresis		
	stretches		
	treatments in the cryochamber		

APPENDIX NO. 3

TO THE GENERAL TERMS AND CONDITIONS OF THE ADDITIONAL GROUP INSURANCE IN CASE OF HEALTH IMPAIRMENT OF THE CHILD CAUSED BY A PERSONAL ACCIDENT

– HOW TO REPORT AN EVENT AND RECEIVE A BENEFIT

HOW CAN YOU REPORT AN INCIDENT?



through the helpline
801 102 102 or 22 566 55 55
(charges as per operator's
tariff)



in person at a PZU Division



in writing by post, by e-mail



via pzu.pl

If a benefit is due, we will either pay a cash benefit or we will pay a cash benefit and issue a decision on your child's medical entitlement.

You will receive the number of the medical hotline in your decision.

HOW TO UTILISE THE MEDICAL SERVICES?

You can benefit from the medical services when you receive your child's medical entitlement decision. In order to do so:



call the 24-hour medical hotline (you are going to receive the hotline number in your decision)