Document containing information about the insurance product

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 in 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 LIMITEATIONS 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:

WWW **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 diseasemuscular 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 I 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 T1aN0M0 and all skin cancers including cutaneous lymphoma,
   e) papillary thyroid carcinoma described according to TNM scale as T1aN0M0,
   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 speciality: 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
	paediatric orthopaedics		
	paediatrics		
	proctology		
	psychology		
	pulmonology		
	paediatric pulmonology		
	medical rehabilitation		
	rheumatology		
	paediatric rheumatology		
	transplantology		
	urology		
	paediatric urology		
	venerology		
Telemedicine consultations in the scope of	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		
	antinuclear autoantibodies ANA – qualitative		
Faecal examinations	faecal occult blood / F.O.B.	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.
	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 (electronegraphy) - 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)		
	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		
	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		
Urological procedures	insertion of a bladder catheter (not including the cost of the catheter)		
Zabiegi pielęgniarskie	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)