Razem dla siebie

General Terms and Conditions of Insurance

OWU/TRM17/1/2021

nationale nederlanden

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Information concerning:

General Terms and Conditions of Group Life Insurance “Razem dla siebie” – TRM17/1/2021 (GTCI)

Information included in the GTCI	Article No.
1. Grounds for the payment of indemnity and other benefits or the Insurance surrender value.	Article 1, Article 2, Article 3, Article 10, Article 17
2. Limitations and exclusions of the insurance company’s liability based whereon the payment of the indemnity or other benefits may be refused or reduced.	Article 6, Article 7, Article 9, Article 11, Article 18, Article 20, Article 22, Article 23
3. Costs and other charges deducted from insurance premiums, from the assets of unit-linked insurance funds or through the redemption of units in unit-linked insurance funds.	Not applicable
4. The surrender value in particular periods of insurance cover and the period in which the claim for payment of the surrender value does not apply.	Not applicable

General Terms and Conditions of Group Life Insurance “Razem dla siebie” no. OWU/TRM17/1/2021

The General Terms and Conditions of Group Life Insurance “Razem dla siebie” apply to the Insurance Contract marked in the Policy and other documents issued by Nationale-Nederlanden Towarzystwo Ubezpieczeń na Życie S.A. Towarzystwo Ubezpieczeń na Życie S.A. with the code TRM17.

Article 1. Definitions

In the General Terms and Conditions of Group Life Insurance “Razem dla siebie” no. OWU/TRM17/1/2021 (hereinafter: Terms and Conditions), the Policy, as well as any and all other documents pertaining to the Insurance Contract, the following terms shall have the meanings hereby assigned thereto:

1. **“Nationale-Nederlanden”** – Nationale-Nederlanden Towarzystwo Ubezpieczeń na Życie S.A. with its registered office in Warsaw at ul. Topiel 12.
2. **“Policyholder”** – a natural person, a legal person or an organisational entity without legal personality which has concluded the Insurance Contract with Nationale-Nederlanden and has undertaken to pay the Total Premium.
3. **“Insured Person”** – a person whose life is covered under the Master Contract.
4. **“Co-Insured Person”** – the Spouse, Partner, adult Child that joins the Insurance along with the Insured Person. The provisions of the Terms and Conditions concerning the Insured Person shall also apply to the Co-Insured Person.
5. **“Spouse”** – a person married to the Insured Person.
6. **“Child”** – own or adopted child of the Insured Person.
7. **“Partner”** – a person that is not in matrimony and remains in a non-marital relationship with the Insured Person and keeps a joint household with the same and who is not their relative by blood, kinship or adoption, with the partner being indicated as a person to be covered by insurance). If the Insured Person is married, they may not register their partner for insurance.
8. **“Beneficiary”** – a person indicated by the Insured Person to receive the benefit in the circumstances specified in the Terms and Conditions.
9. **“Owner”** – a natural person, including a civil law partner, that carries out business activity as the Policyholder or a partner without legal personality of a company operating under the commercial law and being the Policyholder.
10. **“Insurance”** – Group Life Insurance TRM17 governed by the Terms and Conditions.
11. **“Master Contract”** – an insurance covering the death of the Insured Person.
12. **“Additional Contract”** – a part of the Insurance Contract providing for an additional benefit.
13. **“Insurance Contract”** – the Master Contract together with the Additional Contracts.
14. **“Policy”** – a document which confirms that the Insurance Contract has been concluded.
15. **“Confirmation of participation in the insurance”** – a document stating insurance coverage, issued by Nationale-Nederlanden for each Insured Person by name.
16. **“Subgroup”** – a group of Insured Persons meeting the criteria defined in the Policy and for whom the Basic Premium, the Sum Insured or the Insurance Scope were specified in the same amount or in the same way.
17. **“Package”** – an insurance option offered by Nationale-Nederlanden containing the Master Contract with the Additional Contracts specified by Nationale-Nederlanden.
18. **“Grace period”** – a period counting from the Insurance Coverage Date defined in the Confirmation of participation in the insurance during which Nationale-Nederlanden does not bear liability with respect to the Insured Person or bears limited liability.
19. **“Accident”** – a sudden, external event beyond control of the Insured Person that took place during the Insured Person’s insurance cover period and which became the direct and sole cause of the Insured Event. Within the meaning of the GTCI, a Disease, a Mental Illness or psychical bodily injuries suffered by the Insured Person due to an overload, effort, lifting or bending shall not be considered an external cause of the Accident.
20. **“Disease”** – a reaction of an organism to a pathogen, internal or external, diagnosed by a Physician and leading to functional disorders, organic changes in tissues, organs, systems or the entire body. Within the meaning of the GTCI, a Disease shall not comprise pregnancy, birth or puerperium.
21. **“Mental Illness”** – a mental disorder or behavioural disorder as specified in the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
22. **“Physician”** – a person who has the required qualifications authorising them to provide medical assistance, confirmed by relevant documents, and in particular to: check health condition, diagnose and prevent diseases, treat and rehabilitate the sick, provide medical advice, and issue opinions and medical certificates within the area of their specialisation.

23. **"Policy Year"** – a period between consecutive policy anniversaries.
24. **"Policy Anniversary"** – each anniversary of the date on which the liability of the Insurance Company commenced, unless the Parties decide to change that date.
25. **"Total insurance coverage cost"** – an amount used by Nationale-Nederlanden as a basis for calculating the Basic Premium.
26. **"Sum Insured"** – an amount defined in the Policy and Confirmation of membership in the insurance that constitutes the basis for calculating the amount of the benefit.
27. **"Basic Premium"** – a premium paid by the Policyholder under the Master Contract and the Additional Contracts per one Insured Person to cover an insurance risk and the costs of insurance activities conducted by Nationale-Nederlanden, with the premium being paid under conditions, within time frames, and in line with the payment method arranged with Nationale-Nederlanden.
28. **"Total Premium"** – an aggregate of Basic Premiums for all Insured Persons that is paid within the arranged time frames, but not later than on the Basic Premium due date.
29. **"Benefit"** – an amount paid by Nationale-Nederlanden in the cases provided for in the Terms and Conditions.
30. **"Complaint"** – a complaint submitted to Nationale- Nederlanden by the Policyholder, the Insured Person, the Beneficiary or any other person eligible under the Contract which includes reservations as to the services provided by Nationale-Nederlanden.
31. **"Free Cover Limit"** – a maximum Sum Insured for the Main Contact and the Additional Contracts as defined in the Policy for which the Company may provide insurance cover for the period of medical verification.
32. **"Premium Due Date"** – the first day of the period for which Total Premium is due in line with the arranged premium payment frequency.
33. **"Settlement Period"** – a period between consecutive Premium due dates.

Article 2. What is the scope of cover?

1. The insurance cover provides for the Insured Person's life.
2. The scope of insurance covers the Insured Person's death that occurred during the insurance coverage period.
3. The Insured Person is provided with insurance cover round-the-clock, regardless of the place of their stay.

Article 3. How do I conclude and extend the Insurance Contract?

1. The Insurance Contract is concluded based on a written application submitted by the Policyholder after the evaluation of the insurance risk and upon the consent of the persons who joined the insurance on the date on which the liability began.
2. Where it is found that risk deviates from standard insurance risk, Nationale-Nederlanden shall notify the Policyholder in writing whether it is possible to enter into the Insurance Contract on special terms and conditions or refuse to enter into said Contract.
3. The Insurance Contract may be concluded by way of negotiations.
4. The Insurance Contract shall be concluded for one Policy Year and can be extended for subsequent years.
5. The Insurance Contract shall be automatically extended for subsequent annual periods, subject to paragraphs 6 to 7.
6. Not later than 30 days before the Policy Anniversary may Nationale-Nederlanden make an offer an extension of the Insurance Contract for the subsequent annual period. The Insurance Contract shall be extended as long as that the Policyholder has paid the Total Premium in the amount and within the time frame set by Nationale-Nederlanden in its proposal for the extension of the Insurance Contract. The Insurance Contract may be extended in this manner only where the Terms and Conditions of the Insurance Contract remain unchanged or where the amount of Total Premium has changed, whereas a change in the amount of Total Premium may result solely from a change in the level of insurance risk pertaining to the Insurance Contract.
7. In situations other than those described in sec. 6, in particular where the change affects the scope of the Insurance Contract or the Sum Insured, the Insurance Contract shall be extended on the basis of an agreement with the Policyholder.
8. An Additional Contract may be concluded on the same date as the date of conclusion of the Master Contract or, in the event of continuation of the insurance cover, on each subsequent Policy Anniversary. It is possible to enter into the Additional Contract only if the Master Contract is concluded.
9. At request of the Policyholder and with consent of Nationale-Nederlanden, the Insured Persons may be divided into subgroups or the Insurance Contract may be concluded by selecting one of the Packages offered by Nationale-Nederlanden.
10. In the event of any divergence or contradiction between the Policy's Specification and the provisions GTCI, the Policy's Specification shall prevail.
11. The Insurance Contract is entered into provided that neither the Policyholder nor the Insured Person are on any list of persons subject to financial sanctions or suspected of terrorism, terrorists or members of terrorist organisations (sanctions lists). If it is found that the Policyholder or the Insured Person is on the sanctions list, Nationale-Nederlanden shall inform them within 10 days after the policy was issued that the contract has not been concluded and that the policy issued is not valid. If the Policyholder or the Insured Person does not appear on the sanctions lists, the Insurance Contract shall be effective from the date when the Policy was issued.
12. The Policyholder's instructions concerning the change of the Policyholder or the provision of insurance cover to a new Insured Person shall be effected on condition that neither the new Policyholder nor the new Insured Person appear on any of the sanctions lists. Where it is found that the new Policyholder or the new Insured Person is/are on any of the sanctions list, Nationale- Nederlanden shall inform them within 10 days after the date of execution of the Policyholder's instructions that the policy is not valid.

Article 4. Is it possible to change the Insurance Contract?

1. A change in the terms and conditions of the Insurance Contract:
   a) calls for arrangements between the Parties in writing;
   b) will be declared invalid, unless the Insured Person granted their prior consent, if such a change would be detrimental to the Insured Person or the Beneficiary.

   The continuation of insurance coverage under the terms and conditions defined in Article 3 sec. 5, 6, and 7 does not call for arrangements in writing.

   In such cases, the statement of intent concerning acceptance of the new conditions and the Basic Premium by the Insured Person shall be submitted by means of payment of the Total Premium in its new amount.
2. The Policyholder is obliged to provide the Insured Person with information in writing about the change of terms and conditions of the Insurance Contract or its governing law prior to acceptance of the change of the terms and conditions of the Insurance Contract or its governing law.
3. If the terms and conditions of the Insurance Contract change to the detriment of the Insured Person or the Beneficiary, the Policyholder is obliged to obtain a consent from the Insured Person to effect such changes.
4. By paying the premium for the subsequent Policy Year, the Policyholder confirms that they obtained the consents of the Insured Persons to change the Insurance Contract and that they provided the Insured Persons with the new Terms and Conditions.
5. Not later than 45 days before each Insurance Anniversary Policy the Policyholder may change the terms and conditions of the Insurance Contract by filing an application and on condition that Nationale-Nederlanden grants its consent, subject to the paragraph below.

Article 5. How do I withdraw from the Insurance Contract?

1. The Policyholder shall have the right to withdraw from the Insurance Contract within 30 days, and if the Policyholder is an entrepreneur – within 7 days from the date on which the Insurance Contract is concluded.
2. Withdrawal from the Insurance Contract shall not relieve the Policyholder from the obligation to pay the Total Premium for the period during which Nationale- Nederlanden provided insurance cover.

Article 6. How do I terminate the Insurance Contract?

1. The Policyholder has the right to terminate the Insurance Contract.
2. The Insurance Contract shall be terminated as of the end of the Settlement Period, on condition that the Policyholder provided their statement on termination of the contract not later than 14 days before the end of the Settlement Period; otherwise, the Insurance Contract shall be terminated as of the end of the Settlement Period to follow.
3. If the Policyholder fails to pay the Total Premium within 14 days from the reception of the payment notice or does not send a written request for suspension of the Total Premium within 30 days from the Premium due date, the Insurance Contract may be terminated as of the last date of the period for which the Total Premium was paid.
4. The Additional Contract shall expire as of the date of expiry of the Master Contract or as of the end of the period for which it was concluded, unless it was extended under the principles defined in the Terms and Conditions.
5. If the Policyholder does not intend to extend the Additional Contract, they may terminate it in writing 30 days before the Policy Anniversary. The Additional Contract shall be terminated as of the last day before the Policy Anniversary.
6. Nationale-Nederlanden may terminate an Additional Contract other than a life insurance contract only due to a valid reason. Valid reasons shall be regarded as an amendment to generally applicable provisions of law or introduction of new ones, as long as such changes have a considerable impact on pursuing insurance activities within the extent provided for in the Additional Contract concluded on the basis of the Terms and Conditions. The Additional Contract shall be terminated as of the end of the Settlement Period in which the Policyholder received a written statement made by Nationale-Nederlanden on termination of that contract, on condition that said statement was delivered not later than 14 days before the commencement of the subsequent Settlement Period. If the statement on termination of the Additional Contract is delivered to the Policyholder later than 14 days before the commencement of the subsequent Settlement Period, the Additional Contract shall be terminated as of the end of the Settlement Period following the Settlement Period in which the Policyholder received the termination statement.

Article 7. When does the insurance cover expire?

1. The insurance cover provided to the Insured Person shall expire if:
   a) the Insured Person or Policyholder resign from insurance coverage,
   b) the Master Contract expires,
   c) the Additional Contract expires within the extent of that Additional Contract,
   d) the legal relationship between the Insured Person and the Policyholder is terminated,
   e) the Insured Person turns 75.
2. The insurance cover provided to the Co-Insured Person shall expire if:
   a) the insurance cover of the Insured Person based on which the Co-Insured Person joined the insurance expires,
   b) the Co-Insured Person resigns from insurance coverage,
   c) the Master Contract expires,
   d) the Additional Contract expires within the extent of that Additional Contract,

e) the Co-Insured Person does not meet the eligibility criteria necessary for the commencement of insurance cover and defined by the Policyholder or Nationale-Nederlanden, in particular the eligibility criteria for membership in the Subgroup,

f) the Co-Insured Person turns 75.

3. The insurance cover shall expire as of the first day of the Settlement Period following directly an event defined in sec. 1 items a) to d) and sec. 2 items a) to e) above.

4. If the Insured Person is below 75 years of age, the insurance cover expiry date shall be regarded as the date of the nearest policy anniversary after the date the Insured Person turns 75.

Article 8. The possibility of individual insurance continuation

1. The Insured Person has the right to continue life insurance under the terms and conditions offered by Nationale-Nederlanden where the cover under the current Insurance Contract expired as a result of:
   a) termination of the legal relationship between the Insured Person and the Policyholder,
   b) termination of the Insurance Contract.
2. In addition, the right to continue insurance on an individual basis shall be vested in the Insured Person that collectively meets the following conditions:
   a) he or she was received cover for a continuous period of at least 6 months as part of a group life insurance taken out by the Policyholder. This also applies to group life insurance programmes applicable at the Policyholder directly before the Insurance Contract;
   b) he or she applied for an individual insurance continuation within 30 days from the date of expiry of his or her insurance cover.
3. The Policyholder shall notify the Insured Person about their right to continue insurance on an individual basis each time the insurance cover expires as well as at each request of the Insured Person.

Article 9. Commencement and closure of the liability of Nationale-Nederlanden

1. The liability of Nationale-Nederlanden under the Master Contract begins on the date following the payment of the first Total Premium, but not earlier than the date defined in the Policy as liability commencement date, and covers a period of one Policy Year with the possibility of continuation of the cover in the years to follow.
2. The date of commencement and closure of liability under Additional Contracts is defined in the Policy or other Insurance Document.
3. The extension of the liability of Nationale-Nederlanden for subsequent Policy Year shall be in line with Article 3.
4. If the new Total Premium offered by Nationale-Nederlanden is not paid, whether in full or in part, the insurance contract shall not be extended and the insurance cover shall expire.
5. The liability of Nationale-Nederlanden under the Additional Contract shall end on the date of its expiry, but not later than on the date of expiry of the Master Contract.

Article 10. Who can join the insurance and how can they do it?

1. Any person that meets the following criteria (hereinafter: insurance membership criteria) may enter into the Insurance Contract:
   a) he or she is over 15 years of age and under 75 years of age,
   b) he or she has been hired by the Policyholder under an employment contract or maintains other legal relationship with the Policyholder that is accepted by Nationale-Nederlanden or where that person is the Owner,
   c) he or she meets other criteria specified by the Policyholder and Nationale-Nederlanden, in particular the subgroup membership criteria.
2. In addition to the Insured Persons, the insurance may be also entered into by the Co-Insured Persons that met the criteria defined in sec. 1 and:
   a) are over 15 years of age – in the case of a Partner and a Spouse, and 18 years of age – in the case of a Child, but they must under 75 years of age,
   b) meet other criteria specified by the Policyholder and Nationale-Nederlanden, in particular the subgroup membership criteria.
3. The date of meeting the insurance membership criteria for the Co-Insured Person shall be (whichever comes later):
   a) the date of entering into marital relationship – in the case the Contract is entered into by the Spouse,
   b) the date of reaching 18 years of age – in the case the Contract is entered into by an Adult Child,
   c) the date of submitting a relevant declaration in the case the Contract is entered into by the Partner, or the date of meeting the insurance membership criteria by the Insured Person.
4. Filling in an insurance acceptance form and submitting it to Nationale-Nederlanden through the Policyholder shall be the pre-requisite for joining the insurance.
5. The insurance acceptance form requires an approval of Nationale-Nederlanden. For a risk diverging from a standard insurance risk, Nationale-Nederlanden has the right to offer special terms and conditions of the insurance or to reject the application.
6. As part of approval of the insurance acceptance form submitted by a given person wishing to join the insurance, Nationale-Nederlanden may require that person to submit certain additional documents on their health condition or to undergo medical or diagnostic examinations to be conducted at the cost of Nationale-Nederlanden at certified medical facilities.
7. If the Sum Insured under the Master Contract exceeds the Free Cover Limit, the Insured Person shall be entitled for the period of medical verification to the Sum Insured Person in the amount of that Free Cover Limit under the Master Contract. As regards Additional Contracts, the amounts of Sum Insured shall not exceed the Free Cover Limit.

Following the medical verification, the Company shall notify the Insured Person in writing about the final amounts of the Sums Insured and the premiums. Any changes in the Insurance Scope shall be introduced as of the closest Settlement Period directly after the submission by the Insured Person of acceptance of the offer for final amounts of Sums Insured.

8. Accession to the insurance shall be effected on the first day of the nearest Settlement Period for which the Basic Premium was paid on behalf of the Insured Person.
9. Nationale-Nederlanden shall confirm that the Insured Person is provided with insurance cover by issuing Confirmation of membership in the insurance for the Insured Person that shall be delivered to the Insured Person through the Policyholder.
10. The Insured Person may be provided with insurance cover within one Subgroup or Package, with the proviso that a change of the Insured Person's subgroup membership or a change of the Package are possible on the Policy Anniversary only.

Article 11. When does Nationale-Nederlanden apply Grace Periods?

1. A 6-month grace period shall apply where the premium is paid on a monthly basis and the Insured Person joined the insurance in the 4th or subsequent Settlement Period counting from the date of commencement of liability or from the date on which the Insured Person met the insurance membership criteria.
2. A 6-month grace period shall apply where the premium is paid on a basis other than monthly and the Insured Person joined the insurance in the 2nd or subsequent Settlement Period counting from the date of commencement of liability or from the date on which the Insured Person met the insurance membership criteria.
3. During the grace period Nationale-Nederlanden shall bear liability solely due to accidental death of the Insured Person, on condition that the death of the Insured Person occurs within 180 days from the Accident.

Article 12. What are the obligations of Nationale-Nederlanden?

1. If the Insured Person dies, Nationale-Nederlanden shall pay the benefit in line with the Terms and Conditions.
2. Nationale-Nederlanden, its employees, and entities which carry out insurance activity for and on behalf of Nationale-Nederlanden are obliged to maintain the secrecy of the Insurance Contract, in particular any and all data of the persons specified in the documents obtained in connection with the Insurance Contract. The secrecy obligation also concerns the personal data of the person that submitted the insurance acceptance form and was not covered by insurance.
3. Nationale-Nederlanden shall provide the Policyholder with written information on any changes in the Terms and Conditions or governing law concerning the concluded Insurance Contract and specify the impact of such changes on the amount of the benefits to which they are eligible.
4. Nationale-Nederlanden shall provide the Policyholder with written information at least once a year about a change in the amount of benefits under the Insurance Contract, where the amount of benefits changes within the term of that contract. Nationale-Nederlanden shall notify the Policyholder about each change in the Sum Insured.
5. At each request of the Insured Person, Nationale-Nederlanden shall provide the information specified in sec. 3 and 4. If such information is not provided, a change in the terms and conditions of the Insurance Contract or its governing law and a change in the amount of benefits under the Insurance Contract and the Sum Insured shall be apply to the Insured Person only in the part that is beneficial to them.

Article 13. What are the obligations of the Policyholder and the Insured Person?

1. The Policyholder undertakes to pay the Premium for all Insured Persons in line with the Insurance Contract in a timely and correct fashion.
2. Before the insurance acceptance form is signed, the Policyholder shall submit the Terms and Conditions to the Insured Person and grant them access to the current wording of the Terms and Conditions during the term of the Contract as well as provide them with any and all changes in the Terms and Conditions or the Insurance Contract's governing law.
3. The Policyholder shall immediately inform the Insured Person about the amount of benefits under the Insurance Contract if that amount changes during the term of the Insurance Contract as well as about changes in the scope of the Sum Insured.
4. If any information referred to in sec. 3 above is not provided to the Insured Person, the Policyholder shall bear liability towards the Insured Person on general terms.
5. The Policyholder is obliged to submit the Confirmation of membership in the insurance to the Insured Person.
6. The Policyholder, the Insured Person, and the Co-Insured Person are obliged to notify Nationale-Nederlanden about any and all circumstances that may have an impact on insurance risk assessment by providing written, truthful answers to the questions asked by Nationale-Nederlanden.

   The violation of this obligation shall release Nationale-Nederlanden from liability under the Insurance Contract in line with general provisions of law.
7. The Policyholder is obliged to inform Nationale-Nederlanden about the number of persons eligible for insurance in line with the eligibility criterion as inquired by Nationale-Nederlanden in the application for the conclusion of insurance. Nationale-Nederlanden reserves the right to change the Basic Premium if the information provided by the Policyholder does not comply with the facts.
8. Not later than 7 days before the commencement of the next Settlement Period the Policyholder shall provide

Nationale-Nederlanden with complete information about the Insured Persons, persons declaring their accession to the insurance, the persons whose insurance cover expires, and the persons whose obligation to pay the Basic Premium is suspended, whereas such information shall be in writing or saved on a data carrier, the format of which shall be specified by Nationale-Nederlanden.

9. Nationale-Nederlanden shall have the right to refuse to provide insurance cover in the current Settlement Period to any person whose information on insurance accession was not provided in line with sec. 8 above, which fact shall be immediately communicated to the Policyholder.
10. Information on suggested changes in the Insurance Contract for the subsequent Policy Year shall be provided by the Policyholder to Nationale-Nederlanden not later than 45 years before the end of the current Policy Year. The statement of Nationale-Nederlanden on acceptance or rejection of the suggested changes in the Insurance Contract shall be submitted to the Policyholder not later than 30 days before the Policy Anniversary.
11. All information which must be in writing should be provided on Nationale-Nederlanden's forms, provided that Nationale-Nederlanden grants such forms.
12. At the request of Nationale-Nederlanden, the Insured Person is obliged to submit to medical examinations in certified medical facilities at the cost of Nationale-Nederlanden. Refusal to undergo such examinations within the time frame specified by Nationale-Nederlanden may give rise to the refusal to pay the benefit.
13. The Policyholder shall inform the Insured Person about the extension of the Insurance Contract for the subsequent Policy Year.

Article 14. Sum Insured

1. The amount of Sum Insured may change on each Policy Anniversary at request of the Policyholder once the suggested change is accepted by Nationale-Nederlanden.
2. The amount of Sum Insured may be specified on a case-by-case basis for each Subgroup or Package.
3. The Policyholder shall inform the Insured Person about the extension of the Insurance Contract for the subsequent Policy Year.

Article 15. Amount of Basic Premium

1. Basic Premium shall be defined for the period of liability of Nationale-Nederlanden (Policy Year). The amount of Basic Premium in the first Policy Year shall be defined by Nationale-Nederlanden before the conclusion of the Insurance Contract in line with the principles defined in sec. 2 and 3, subject to sec. 5 and 6.
2. Basic Premium is a portion of total insurance cove costs per one Insured Person.
3. The total insurance coverage cost is calculated by Nationale-Nederlanden prior to the conclusion of the Insurance Contract before the Anniversary Policy and in the circumstances defined in Article 17 sec. 2, with the premium depending on:
   a) amounts of sums insured,
   b) scope of additional contracts,
   c) premium payment frequency,
   d) number of persons taking out the insurance policy,
   e) age and sex of the persons taking out the insurance policy,
   f) degree of risk arising from documents confirming the health condition of the persons taking out the insurance policy,
   g) degree of risk arising from the current course of insurance,
   h) the profession performed.
4. In exceptional circumstances where the activities related to the conclusion or service of the Insurance Contract diverge from standard activities performed by Nationale-Nederlanden in connection with the offer of group life insurance contracts or where the insurance risk deviates from a standard insurance risk relevant to such contracts, the Basic Premium may be defined in a manner other than the one specified in sec. 2 and 3.
5. If the Insurance Contract is concluded by way of negotiations, the Basic Premium shall be specified irrespective of sec. 2 to 4 on the basis of the total insurance cover cost calculated pursuant to individual principles defined by Nationale-Nederlanden and the Policyholder. The amount of Basic Premium is defined in the Policy and Confirmation of membership in the insurance.
6. The amount of Basic Premium may be specified on a case-by-case basis for each Subgroup or Package.
7. The Basic Premium may be financed by the Policyholder.
8. Nationale-Nederlanden shall reimburse the Policyholder for the relevant part of the Basic Premium for the period in which the insurance cover was not provided in connection with its prior suspension.

Article 16. Amount of Total Premium

1. The Total Premium may be paid:
   a) monthly,
   b) quarterly,
   c) every 6 months,
   d) once a year.
2. If premiums are paid on a basis other than monthly, Nationale-Nederlanden may give relevant discounts.
3. The frequency of payment of the Total Premium shall be specified by the Policyholder when concluding the Insurance Contract and it may change on each Policy Anniversary at the Policyholder's request.
4. The frequency of payment of the Total Premium is defined in the Policy.
5. The Total Premium should be paid upfront for each Settlement Period not later than on the Basic Premium due date. The Total Premium due date shall be regarded

as the date on which Nationale-Nederlanden's bank account is credited with the Total Premium in full.

6. The amount of Total Premium shall be calculated for each Settlement Period based on the current number of Insured Persons and the information referred to in Article 13 sec. 8, subject to sec. 8 below.
7. If the Policyholder fails to provide Nationale-Nederlanden with the information referred to in Article 13 sec. 8 within 7 days before the commencement of the next Settlement Period, Nationale-Nederlanden shall calculate the Total Premium that the Policyholder is obliged to pay based on the number of Insured Persons included in the recent information submitted by Nationale-Nederlanden.
8. Nationale-Nederlanden shall calculate the amount of Total Premium and submit/make available (unless otherwise provided for in the Insurance Contract) to the Policyholder an electronic document with the amount of Premium not later than on the first business day of the next Settlement Period. The Policyholder is obliged to indicate the data of the contact person and the e-mail address to which the above settlement document will be submitted, and update such data on a regular basis.

Article 17. How can I change the amount of Premium?

1. If the Insurance Contract is continued, the amount of Basic Premium on each Policy Anniversary may change as a result of a new offer of the premium made by Nationale-Nederlanden for the next Policy Year due to changes in the insurance rates or risk assessment as well as the payment of the premium by the Policyholder in its new, suggested amount or the acceptance by Nationale-Nederlanden of the changes suggested by the Policyholder.
2. If the Insured Persons' structure ("structure") changes during the Policy Year, including in the case of changes in the number of insured employees which increase the total insurance cover cost at least by 20%, Nationale-Nederlanden shall have the right to re-specify the amount of Basic Premium.

   To assess the degree of changes in the structure, Nationale-Nederlanden shall also take into account the Insured Persons whose Basic Premium was suspended as well as those who took out the insurance policy on special terms and conditions.
3. In the case referred to in sec. 2, the new amount of Basic Premium comes into force as of the nearest Settlement Period after the Policyholder is notified in writing of the change in the Basic Premium, on condition that the Policyholder does not terminate the Insurance Contract within 14 days from the reception of such notification and pays the new premium.

Article 18. When can I suspend Premium payment?

1. If the insurance contract is continued starting from the first Policy Anniversary, the Policyholder, with Nationale-Nederlanden's consent, shall have the right to suspend the payment of Basic Premiums at any time by filing an application at least 7 days before the commencement of the next Settlement Period. The suspension of Basic Premiums means that the Total Premiums shall be suspended as well.
2. The application referred to in sec. 1 must indicate the Settlement Period from which the Premium is to be suspended.
3. During the premium suspension period, Nationale-Nederlanden shall not provide insurance cover to the Insured Person for whom the Basic Premiums have not been paid, whereas the establishment of a new insurance cover may depend on an additional insurance risk assessment.
4. The payment of the Total Premium may be suspended for not more than one year.
5. The renewal of the Basic Premium or the Total Premium cannot be earlier than on the date specified by the Policyholder in the application referred to in sec. 1.
6. The payment of the Total Premium shall be suspended as of the nearest Settlement Period after the Policyholder's application is accepted by Nationale-Nederlanden.
7. If the premium suspension period exceeds 6 months, the insurance cover due to:
   a) Master Contract for the death of the Insured Person;
   b) the Additional Contract for the death of the Insured Person due to a heart attack or stroke (code HSDR17);
   c) the Additional Contract for the permanent damage to health of the Insured Person due to a heart attack or stroke (code LHSD17);
   d) the Additional Contract for the death of the Insured Person's spouse (code DSB17);
   e) the Additional Contract for the death of the Parent, Stepfather or Stepmother of the Insured Person or the death of the Parent, Stepfather or Stepmother of the Spouse (code DPB17);
   f) the Additional Contract for the death of an Insured Person's Child (code DCB17);
   g) the Additional Contract for the stillbirth of an Insured Person's Child (code SBB17);
   h) the Additional Contract for Child bereavement (code OCB17);
   i) the Additional Contract for a dread disease of the Insured Person (code CIB17_A, CIB17_B, and CIB17_C);
   j) the Additional Contract for a contagious dread disease of the Insured Person (code CIB17_D);
   k) the Additional Contract for a dread disease of the Spouse (code SCIB17_A, SCIB17_B, and SCIB17_C);
   l) the Additional Contract for a dread disease of a Child (code CCIB17);
   m) the Additional Contract for hospital stay of the Insured Person (code HDB17),
   n) the Additional Contract for hospital stay of the Insured Person with post-hospitalisation treatment (code HDBH17),
   o) the Additional Contract for hospital stay of the Insured Person due to a heart attack or stroke (code HSHDB17);

p) the Additional Contract for hospital stay of the Spouse of the Insured Person (code SHDB17),

q) the Additional Contract for hospital stay of a Child of the Insured Person (code CHDB17);

r) the Additional Contract for a surgery of the Insured Person (code MSR17_MSR17_A+ and MSR17_2A+);

provided that the Insurance Contract comprises these Additional Contracts, shall be reintroduced 3 months from the first date of the settlement period for which the Policyholder paid once again the Basic Premium for a given Insured Person. During that period, the Insurance Company shall bear liability on account of occurrence of the events provided for in these Additional Contracts only if such events resulted from an accident.

8. In the case of an Additional Contract for the birth of a Child (code: BCB), the insurance cover after the suspension of payment of the premium shall be reintroduced 9 months from the first date of the settlement period for which the Policyholder paid once again the Total Premium for a given Insured Person.
9. In the case of an Additional Contract for Neoplasm of the Insured Person (code CCB17) and an Additional Contract for Neoplasm of the Insured Person with Diagnostics (code CCBH17), if the Insured Event – Neoplasm takes place before the lapse of 180 days from the first date of the settlement period for which the Policyholder paid once again the Basic Premium due for a given Insured Person after the suspension of the cover, Nationale-Nederlanden shall pay the benefit amounting to the aggregate of basic premiums due for the Insured Person in the part relevant to the Additional Contract (code: CCB17 or CCBH17), paid before the date of occurrence of the event after the reintroduction of insurance cover.
10. The provisions referred to in sec. 7 to 9 of this Article shall not apply to Insurance Contracts concluded on behalf of more than 20 Insured Persons.

The benefits of Nationale-Nederlanden under the Insurance Contract

Article 19. Death of the Insured Person

If the Insured Person dies during the insurance cover period, Nationale-Nederlanden shall pay a benefit amounting to the Sum Insured effective as at the date of death of the Insured Person. The request for payment of the insurance benefit shall be recorded within 7 days from the date on which it is received by Nationale-Nederlanden.

Article 20. Who has the right to receive the benefit?

1. The benefit shall be paid to the Beneficiary at his or her written request.
2. If the Insured Person designated more than one Beneficiary, the benefit shall be paid to the Beneficiaries in line with the percentage share in the benefit as specified by the Insured Person. If no such percentage division is available, the shares in the benefit shall be regarded as equal. If the sum of percentage shares does not equal 100%, Nationale- Nederlanden shall determine the amount of shares in proportion to the shares specified by the Insured Person.
3. If the Beneficiary intentionally contributed to the Insured Person's death or the Beneficiary died before the Insured Person did, the share of such a Beneficiary shall be equally distributed among other Beneficiaries in line with the principle referred to in sec. 2.
4. Where there are no designated Beneficiaries under the Insurance Contract or all of them died before the Insured Person did or they lost the right to the benefit due to the reason specified in sec. 3, the benefit shall be awarded to the family members of the Insured Person in the following order:
   a) spouse,
   b) children,
   c) parents,
   d) siblings,
   e) siblings' children.
5. The reception of the benefit by the family members of the Insured Person referred to in sec. 4 from the higher category shall deprive the family members of the Insured Person from the lower category of the right to receive the benefit (with the category "a" being the highest one). The share in the benefit of the Insured Person's family members classified under the same category shall receive the benefit in equal parts. The benefit shall not be granted to a family member of the Insured Person who has intentionally contributed to the death of the Insured Person.
6. If there are no persons specified in sec. 4, the benefit shall be paid to the Insured Person's heirs, excluding the State Treasury and the municipality of the Insured Person's last place of residence. The benefit shall not be granted to a person who has intentionally contributed to the Insured Person's death.
7. The Insured Person may change his or her Beneficiary at any time by way of a written statement filed with Nationale-Nederlanden. The designation of another Beneficiary shall become effective as of the date of reception of that statement by Nationale-Nederlanden.

Article 21. What are the dates and conditions of benefit payment?

1. Receiving the benefit shall require submitting the following documents to Nationale-Nederlanden:
   a) an insurance benefit payment request;
   b) a copy of the death certificate and a cause-of-death statement issued by relevant authorities or a physician,
   c) an official document confirming the identity of the Beneficiary or another person eligible to the benefit referred to in the Terms and Conditions,
   d) any other documents, including medical documents, opinions, lab test results that can be obtained by legal and customary means, which are related to the event and are necessary to establish the grounds for benefit payment,

2. The documents necessary for benefit payment referred to in sec. 1 and provided for in the Additional Contracts shall be delivered in their original forms or copies certified by the authority or institution that issued them, notary public or the representative of Nationale-Nederlanden or of the Policyholder. Where it is impossible or difficult to provide the documents kept by courts, prosecutor's offices, police units or other authorities or institutions in the aforementioned form or the person filing a claim for the benefit does not intend to produce the above documents, this person shall be obliged to state the name and address of the authority or institution in which such documents are kept to the Nationale-Nederlanden.
3. The benefit shall be paid immediately, but no later than 14 days from the date on which Nationale-Nederlanden is notified about the event specified in Article 2 sec. 2. If it is not possible to clarify the circumstances necessary to determine the liability of Nationale-Nederlanden within that time limit, the benefit shall be paid within 14 days from the date on which it was possible to clarify these circumstances while exercising due care.
4. The benefit shall be paid on a one-off basis, depending on the request of the Beneficiary or another person eligible to receive the benefit referred to in the Terms and Conditions by wire transfer to the specified bank account or by postal order to the specified address.

Article 22. Exclusion of liability of Nationale-Nederlanden

1. If the Insured Person commits suicide within 12 months from the date on which he or she took out the insurance, Nationale-Nederlanden shall be released from liability.
2. Nationale-Nederlanden shall not be liable if the death of the Insured Person was caused by or resulted from:
   a) warfare, martial law,
   b) active and voluntary participation of the Insured Person in acts of violence, disturbances, riots, acts of terror,
   c) an event related to a mass chemical, biological or radioactive contamination caused by weapons or equipment using nuclear fission energy or radioactivity.
3. Nationale-Nederlanden shall not be liable if the Insured Person dies after the Premium due date if the Total Premium is not paid in full until that date or any prior, outstanding Total Premium was not covered in full. However, the benefit shall be paid if the Insured Person dies within 14 days from the Premium due date and all Total Premiums are covered in full within the period of those 14 days.
4. If the Insured Person dies in the circumstances excluding the liability of Nationale-Nederlanden or during the premium payment suspension period, Nationale-Nederlanden shall not pay the benefit.

Article 23. Can Nationale-Nederlanden refuse to pay the benefits arising from the Insurance Contract?

1. Nationale-Nederlanden shall not pay benefits (including the insurance benefit under the Basic Contract well as the benefits arising from the Additional Contracts) if these payments are to be provided to (or for):
   a) a person included in a sanctions list;
   b) a person residing in countries with unacceptable levels of risk (Ultra High-Risk Countries (UHRCs)), and entities carrying out activity or having their registered offices in one of the UHRCs;
   c) government bodies, public authorities or their agencies (including embassies) of UHRCs (regardless of where they are located or based);
   d) persons or entities acting in the name or on behalf of governmental bodies of UHRCs (regardless of where they are located or based);
   e) an entity, regardless of where it is located or based, owned or controlled directly or indirectly by one of the persons or entities listed in items a) – d).
   f) financing of goods or services originating, imported, transferred, transported, transshipped to/from or through UHRCs.
2. The UHRC countries shall be understood as countries with unacceptable levels of risk, identified on the basis of reliable public sources, including in particular: reports containing the results of evaluations of national anti-money laundering and anti-terrorist financing systems carried out by the Commission of the European Union and the Financial Action Task Force on Money Laundering (FATF), United Nations resolutions on trade embargoes imposed on countries which violate human rights. The list of UHRC countries may be subject to change due to changes in qualifications made by the above-mentioned organizations.
3. The latest list of UHRC countries is available at www.nn.pl/uhrc.

Article 24. Complaints

1. The Policyholder, the Insured Person, the Beneficiary or a person eligible under the Insurance Contract referred to in the Terms and Conditions may file a Complaint.
2. A Complaint may be filed:
   a) in writing – in person, at the customer service desk located at the registered office of Nationale-Nederlanden, or by post sent to the registered office of Nationale-Nederlanden (12 Topiel Street, 00-342 Warszawa);
   b) verbally – by phone (by calling 801 20 30 40 or 22 522 71 24) or in person for the record during a Customer visit at the customer service desk located at the registered office of Nationale-Nederlanden,
   c) electronically via the form available on the Nationale-Nederlanden website (www.nn.pl).
3. Reply to a Complaint shall be provided without undue delay, and in any event within 30 days from the date of its receipt.
4. In particularly complicated cases which prevent Nationale-Nederlanden from handling the Complaint or providing a reply within the above time limit, we will notify the person filing the Complaint of the reasons for the

delay, indicate the circumstances necessary to handle the case, and set an estimated deadline by which the Complaint will be handled and responded to. This period may not exceed the time limit of 60 days following the day on which the Complaint was received.

5. A reply to the Complaint must be made in paper form or saved on a durable medium and delivered in person or by mail sent to the current mailing address of the person filing the Complaint.
6. A reply to the Complaint may be submitted by e-mail at the request of the complaining party, and sent to their current e-mail address.
7. The complaining party may appeal against the decision included in the reply to the Management Board of Nationale-Nederlanden.
8. If Nationale-Nederlanden refuses to pay the Benefit in full or in part, the Beneficiary or other person eligible to receive the benefit referred to in the Terms and Conditions may file a written appeal to the Management Board of Nationale-Nederlanden.

Article 25. Taxes

1. The rules for taxation of the amounts received under the Insurance Contract are regulated by the Polish Personal Income Tax Act and the Corporate Income Tax Act. Detailed provisions governing the taxation of amounts received under the Insurance Contract are set out in the policy.
2. If the provision of the benefit to the eligible person gives rise to an obligation to pay taxes or other fees, such taxes or fees shall not be charged on Nationale-Nederlanden.

Article 26. Monetary system

If the monetary system in Poland or the denomination of the Polish currency changes, the financial obligations under the Insurance Contract shall be adjusted accordingly, in accordance with the Polish zloty exchange rate published by the National Bank of Poland (NBP).

Article 27. Governing law

The Insurance Contract concluded on the basis of the Terms and Conditions shall be subject to Polish law.

Article 28. Correspondence

1. Any and all notifications, requests, and representations addressed to Nationale-Nederlanden, with the exception of the Complaints referred to in the Terms and Conditions, shall be submitted in writing to the registered office of Nationale-Nederlanden, whereas if another form of communication has been agreed upon by the Policyholder, Insured Person, Beneficiary, or a person entitled under an Insurance Contract and Nationale-Nederlanden – in such a form, irrespective of the remaining provisions of the Terms and Conditions. Communication between the Policyholder, Insured Person, Beneficiary, or a person entitled under an Insurance Contract with regard to Complaints shall be conducted in forms indicated in the paragraph pertaining to Complaints.
2. Any and all notifications and representations submitted by Nationale-Nederlanden in connection with the Insurance Contract, subject to Article 24 section 6, shall be submitted in writing to the registered office of Nationale-Nederlanden, whereas if another form of communication has been agreed upon by the Policyholder, Insured Person, Beneficiary, or a person entitled under an Insurance Contract and Nationale-Nederlanden – in such a form, irrespective of the remaining provisions of the Terms and Conditions. Any and all notifications and representations submitted by Nationale-Nederlanden in writing shall be addressed to the last correspondence address indicated by the addressee.

Article 29. Dispute resolution

1. In the event of any dispute with Nationale- Nederlanden, the Policyholder, the Insured Person, the Beneficiary or a person eligible under the Contract may request assistance from a municipal or district Consumer Ombudsman or the Financial Ombudsman.
2. Nationale-Nederlanden shall be supervised by the Polish Financial Supervision Authority (KNF).
3. Claims action under the Contract may be brought to the court having territorial jurisdiction over the place of residence or registered office of the Policyholder, the Insured Person, the Beneficiary or another person eligible under the Insurance Contract. The Policyholder, the Insured Person, the Beneficiary or a person eligible under the Insurance Contract may also bring an action before the court having territorial jurisdiction over the registered office of Nationale- Nederlanden.

Article 30. Miscellaneous

1. The Insurance Contract may provide for the rights and obligations of Nationale-Nederlanden, the Insured Person, and the Policyholder in a manner diverging from the Conditions.
2. Any and all modifications to the Insurance Contract must be in writing, subject to Article 4.

Article 31. Effective date of the Terms and Conditions

The Terms and Conditions, approved by the Management Board of Nationale-Nederlanden Towarzystwo Ubezpieczeń na Życie S.A. by Resolution No. 56/2021 of 23 August 2021, shall be effective as of 15 September 2021.

Edyta Fundowicz

Member of the Management Board

Jacek Koronkiewicz

Member of the Management Board

Information concerning:

General Terms and Conditions of the Additional Contract for the death of the Insured Person due to a heart attack or stroke HSDR17 (GTCI)

Information included in the GTCI	Article No.
1. Grounds for the payment of indemnity and other benefits or the Insurance surrender value.	Article 1, Article 2, Article 4, Article 5
2. Limitations and exclusions of the insurance company's liability based whereon the payment of the indemnity or other benefits may be refused or reduced.	Article 3, Article 6, Article 7
3. Costs and other charges deducted from insurance premiums, from the assets of unit-linked insurance funds or through the redemption of units in unit-linked insurance funds.	Not applicable
4. The surrender value in particular periods of insurance cover and the period in which the claim for payment of the surrender value does not apply.	Not applicable

General Terms and Conditions of the Additional Contract for the death of the Insured Person due to a heart attack or stroke HSDR17

General Terms and Conditions of the Additional Contract for the death of the Insured Person due to a heart attack or stroke shall apply in relation to the Additional Contract specified in the policy and other documents issued by Nationale-Nederlanden and marked with the code HSDR17.

Article 1. Definitions

Any expressions not defined hereunder but defined in the General Terms and Conditions of Group Life Insurance TRM17 shall have the same meanings in these Terms and Conditions. In the General Terms and Conditions of the Additional Contract for the death of the Insured Person due to a heart attack or stroke (hereinafter: Terms and Conditions) and any other documents related to the Additional Contract marked with the code HSDR17, the following terms shall have the meanings as set forth below:

1. **"Heart Attack"** – a diagnosed necrosis of a part of myocardium caused by a sudden disruption of blood flow to a specific area of the myocardium. The diagnosis has to be based on an observation of a typical increase or decrease in the concentration of cardiac biomarkers in blood (troponin I, troponin T or CK-MB), with at least one value exceeding the 99th per centile of the upper reference range limit co-existing with at least two of the following clinical symptoms of myocardial ischaemia:
   - Typical clinical symptoms of myocardial infarction,
   - One of the following symptoms revealed by ECG indicating a recent myocardial ischaemia: new ST-T segment elevation or depression, T-wave inversion, new pathological Q waves or new block of the His bundle left branch. The insurance cover does not include other acute coronary syndromes.
2. **"Stroke"** – necrosis of brain tissue caused by the disruption of blood flow to a particular area of the brain or bleeding into the brain tissue, along with all of the circumstances mentioned below:
   - development of new clinical neurological symptoms corresponding to a stroke,
   - presence of new lesions that are typical in the case of a stroke in the image of computed tomography or nuclear magnetic resonance.

   The insurance cover does not include:
   - transient ischemic attacks (TIA),
   - cerebral infarction or intracranial bleeding caused by an external injury,
   - any other brain lesions which can be diagnosed with imaging techniques without concomitant clinical symptoms corresponding to these lesions.

Article 2. What is the scope of cover?

1. The subject of insurance is the Insured Person's life.
2. The scope of insurance covers the Insured Person's death directly resulting from a Heart Attack or a Stroke that occurred during the period of insurance cover provided to the Insured Person under the Additional Contract. The death of the Insured Person must be directly caused by a Heart Attack or a Stroke within 30 days from the date of diagnosis.
3. The Insured Person shall be provided with insurance cover under the Additional Contract round-the-clock, regardless of the place of their stay.

Article 3. When does Nationale-Nederlanden apply Grace Periods?

1. A 6-month Grace Period shall apply where the premium is paid on a monthly basis and the Insured Person joined the insurance during the term of the Additional Contract in the 4th or subsequent Settlement Period counting from the liability commencement date or from the date on which the Insured Person met the insurance membership criteria.
2. A 6-month Grace Period shall apply where the premium is paid on a basis other than monthly and the Insured Person joined the insurance during the term of the Additional Contract in the 2nd or subsequent Settlement Period counting from the date of commencement of liability or from the date on which the Insured Person met the insurance membership criteria.
3. If premium payment is suspended for more than 3 months, the insurance cover under this Additional Contract shall be reintroduced 6 months from the first date of the settlement period for which the Policyholder paid once again the Basic Premium.

Article 4. Who has the right to receive the benefit and what is the amount of the benefit?

1. The benefit amounting to the Sum Insured effective as at the date of the Heart Attack or Stroke being the cause of the Insured Person's death shall be paid to the Beneficiary or another person eligible to receive the benefit referred to in the Terms and Conditions of the Master Contract.
2. Nationale-Nederlanden shall pay the benefit also where the Insured Person's death as a result of the Heart Attack or Stroke occurred during the premium suspension period and after the expiry of the Additional Contract as well as following the expiry of the insurance cover in relation to the Insured Person in question under the Master Contract, on condition that the Heart Attack or Stroke which gave rise to the death of the Insured Person occurred within the period of liability of Nationale-Nederlanden.

Article 5. What are the requirements for benefit payment?

1. Receiving the benefit shall require submitting the following documents to Nationale-Nederlanden:
   a) an insurance benefit payment request;
   b) a copy of the death certificate and a cause-of- death statement issued by relevant authorities or a physician,
   c) an official document confirming the identity of the Beneficiary or another person eligible to the benefit referred to in the Terms and Conditions of the Master Contract,
   d) an autopsy (if any),
   e) complete medical records related to the course of treatment,
   f) any other documents, including medical documents, opinions, lab test results that can be obtained by legal and customary means, which are related to the event and are necessary to establish the grounds for benefit payment,
2. The benefit shall be paid not later than 30 days after Nationale-Nederlanden has been notified of the Insured Event. If it is not possible to clarify the circumstances necessary to determine the liability of Nationale-Nederlanden within that time limit, the benefit shall be paid within 14 days from the date on which it was possible to clarify these circumstances while exercising due care.

Article 6. Exclusions of liability of Nationale-Nederlanden

1. Nationale-Nederlanden shall not be held liable and it shall refuse to pay the benefit if the Heart attack or Stroke which gave rise to the death of the Insured Person was directly caused by or resulted from:
   a) warfare, martial law,
   b) active and voluntary participation of the Insured Person in acts of violence, disturbances, riots, acts of terror,
   c) an event related to a mass chemical, biological or radioactive contamination caused by weapons or equipment using nuclear fission energy or radioactivity,
   d) involvement of the Insured Person in risky sport activities: motorsports, air sports, motorboating, mountain climbing, rock climbing, diving, potholing, martial arts and sports, water jumps, parachuting, bungee jumping.
2. Nationale-Nederlanden shall not be liable if the Heart attack or Stroke which gave rise to the death of the Insured Person took place after the Premium due date or where any prior, outstanding Total Premium was not covered in full until that date. However, the benefit shall be paid if the Heart attack or Stroke which gave rise to the death of the Insured Person took place within 14 days from the Premium due date and all outstanding Total Premiums are covered in full within the period of those 14 days.
3. Nationale-Nederlanden shall not pay the benefit if the Heart attack or Stroke which gave rise to the death of the Insured Person took place within the Premium suspension period or in the circumstances excluding the liability of Nationale-Nederlanden.

Article 7. When does the insurance cover expire?

The insurance cover shall expire in the following cases:

a) expiry of the Additional Contract,
b) expiry of insurance cover under the Master Contract.
c) payment of benefit for an Insured Event under the Additional Contract.

Article 8. Miscellaneous

To all matters not regulated herein, relevant General Terms and Conditions of Group Life Insurance TRM17 shall apply.

Article 9. Effective date of the Terms and Conditions

The Terms and Conditions, approved by the Management Board of Nationale-Nederlanden Towarzystwo Ubezpieczeń na Życie S.A. by Resolution No. 66/2019 of 28 November 2019, shall be effective as of 1 December 2019.

Michał Hucał
Member of the Management Board

Jacek Koronkiewicz
Member of the Management Board

Information concerning:

General Terms and Conditions of the Additional Contract for the accidental death of the Insured Person ADR17 (GTCI)

Information included in the GTCI	Article No.
1. Grounds for the payment of indemnity and other benefits or the Insurance surrender value.	Article 1, Article 2, Article 3, Article 4
2. Limitations and exclusions of the insurance company's liability based whereon the payment of the indemnity or other benefits may be refused or reduced.	Article 5, Article 6
3. Costs and other charges deducted from insurance premiums, from the assets of unit-linked insurance funds or through the redemption of units in unit-linked insurance funds.	Not applicable
4. The surrender value in particular periods of insurance cover and the period in which the claim for payment of the surrender value does not apply.	Not applicable

General Terms and Conditions of the Additional Contract for the accidental death of the Insured Person ADR17

The General Terms and Conditions of the Additional Contract for the accidental death of the Insured Person shall apply in relation to the Additional Contract specified in the Policy and other documents issued by Nationale-Nederlanden and marked with the code ADR17.

Article 1. Definitions

Any expressions not defined hereunder but defined in the General Terms and Conditions of Group Life Insurance TRM17 shall have the same meanings in these Terms and Conditions. In the General Terms and Conditions of the Additional Contract for the accidental death of the Insured Person (hereinafter: Terms and Conditions) and any other documents related to the Additional Contract and marked with the code ADR17, the following terms shall have the meanings as set forth below:

"Accident" – a sudden, external event beyond control of the Insured Person that took place during the Insured Person's insurance cover period and which became the direct and sole cause of the Insured Event. Within the meaning of the GTCI, a Disease, a Mental Illness or psychical bodily injuries suffered by the Insured Person due to an overload, effort, lifting or bending shall not be considered an external cause of the Accident.

Article 2. What is the scope of cover?

1. The subject of insurance is the Insured Person's life.
2. The scope of insurance covers the Insured Person's death that occurred during the period of insurance cover provided to the Insured Person under the Additional Contract, on condition that the Insured Person's death took place not later than 180 days from the date of the Accident.

Article 3. Who has the right to receive the benefit and what is the amount of the benefit?

1. The benefit amounting to the Sum Insured effective as at the date of the Accident being the cause of the Insured Person's death shall be paid to the Beneficiary or another person eligible to receive the benefit referred to in the Terms and Conditions of the Master Contract.
2. Nationale-Nederlanden shall pay the benefit also where the Insured Person's death as a result of the Accident occurred during the premium suspension period and after the expiry of the Additional Contract as well as following the expiry of the insurance cover in relation to the Insured Person in question under the Master Contract, on condition that the Accident which gave rise to the death of the Insured Person occurred within the period of liability of Nationale-Nederlanden.
3. The Insured Person shall be provided with insurance cover under the Additional Contract round-the-clock, regardless of the place of their stay.

Article 4. What are the requirements for benefit payment?

1. Receiving the benefit shall require submitting the following documents to Nationale-Nederlanden:
   a) an insurance benefit payment request;
   b) a copy of the death certificate and a cause-of-death statement issued by relevant authorities or a physician,
   c) an official document confirming the identity of the Beneficiary or another person eligible to the benefit referred to in the Terms and Conditions of the Master Contract,
   d) documents confirming the occurrence and circumstances of the Accident;
   e) any other documents, including medical documents, opinions, lab test results that can be obtained by legal and customary means, which are related to the event and are necessary to establish the grounds for benefit payment.
2. The benefit shall be paid not later than 14 days after Nationale-Nederlanden has been notified of the Insured Event. If it is not possible to clarify the circumstances necessary to determine the liability of Nationale-Nederlanden within that time limit, the benefit shall be paid within 14 days from the date on which it was possible to clarify these circumstances while exercising due care.

Article 5. Exclusions of liability of Nationale-Nederlanden

1. Nationale-Nederlanden shall not be held liable and it shall refuse to pay the benefit if the Accident which gave rise to the death of the Insured Person was directly caused by or resulted from:

a) warfare, martial law,

b) active and voluntary participation of the Insured Person in acts of violence, disturbances, riots, acts of terror,

c) an event related to a mass chemical, biological or radioactive contamination caused by weapons or equipment using nuclear fission energy or radioactivity,

d) self-mutilation or harm inflicted at the Insured Person's request, irrespective of their sanity,

e) remaining intoxicated or under the influence of alcohol within the meaning of the Polish Upbringing in Sobriety and Alcoholism Prevention Act or under the influence of intoxicants, psychotropic substances, substitute substances within the meaning of the Polish Act on the Prevention of Drug Abuse, with the exception of medicines prescribed by a Physician and used as instructed by the same,

f) involvement of the Insured Person in risky sport activities: motorsports, air sports, motorboating, mountain climbing, rock climbing, diving, potholing, martial arts and sports, water jumps, parachuting, bungee jumping,

g) committing or attempting to commit an offence deliberately by the Insured Person,

h) the Insured Person driving a mechanical vehicle or another means of transport without being entitled to do so or where the vehicle or another means of transport did not meet the public road traffic admission criteria imposed by the provisions of the applicable laws.

2. Nationale-Nederlanden shall not be liable if the Accident which gave rise to the death of the Insured Person took place after the Premium due date where any prior, outstanding Total Premium was not covered in full until that date.

   However, the benefit shall be paid if the Accident which gave rise to the death of the Insured Person took place within 14 days from the Premium due date and all outstanding Total Premiums are covered in full within the period of those 14 days.

3. Nationale-Nederlanden shall not pay the benefit if the Accident which gave rise to the death of the Insured Person took place within the Premium suspension period or in the circumstances excluding the liability of Nationale-Nederlanden.

Article 6. When does the insurance cover expire?

The insurance cover shall expire in the following cases:

a) expiry of the Additional Contract,

b) expiry of insurance cover under the Master Contract.

c) payment of benefit for an Insured Event under the Additional Contract.

Article 7. Miscellaneous

To all matters not regulated herein, relevant General Terms and Conditions of Group Life Insurance TRM17 shall apply.

Article 8. Effective date of the Terms and Conditions

The Terms and Conditions, approved by the Management

Board of Nationale-Nederlanden Towarzystwo Ubezpieczeń na Życie S.A. by Resolution No. 66/2019 of 28 November 2019, shall be effective as of 1 December 2019.

Michał Hucał

Member of the Management Board

Jacek Koronkiewicz

Member of the Management Board

Information concerning:

General Terms and Conditions of the Additional Contract for the death of the Insured Person due to a traffic accident ADT17 (GTCI)

Information included in the GTCI	Article No.
1. Grounds for the payment of indemnity and other benefits or the Insurance surrender value.	Article 1, Article 2, Article 3, Article 4
2. Limitations and exclusions of the insurance company's liability based whereon the payment of the indemnity or other benefits may be refused or reduced.	Article 5, Article 6
3. Costs and other charges deducted from insurance premiums, from the assets of unit-linked insurance funds or through the redemption of units in unit-linked insurance funds.	Not applicable
4. The surrender value in particular periods of insurance cover and the period in which the claim for payment of the surrender value does not apply.	Not applicable

General Terms and Conditions of the Additional Contract for the death of the Insured Person due to a traffic accident ADT17

General Terms and Conditions of the Additional Contract for the death of the Insured Person due to a traffic accident shall apply in relation to the Additional Contract specified in the Policy and other documents issued by Nationale-Nederlanden and marked with the code ADT17.

Article 1. Definitions

Any expressions not defined hereunder but defined in the General Terms and Conditions of Group Life Insurance TRM17 shall have the same meanings in these Terms and Conditions. In the General Terms and Conditions of the Additional Contract for the death of the Insured Person (hereinafter: Terms and Conditions) and any other documents related to the Additional Contract marked with the code ADT17, the following terms shall have the meanings as set forth below:

1. **"Accident"** – a sudden, external event beyond control of the Insured Person that took place during the Insured Person's insurance cover period and which became the direct and sole cause of the Insured Event. Within the meaning of the Terms and Conditions, a Disease, a Mental Illness or psychical bodily injuries suffered by the Insured Person due to an overload, effort, lifting or bending shall not be considered an external cause of the Accident.
2. **"Traffic Accident"** – an accident that occurred in road, air or water traffic, where the Insured Person suffered as:
   a) passenger or driver of a motor vehicle within the meaning of the Road Traffic Act,
   b) a passenger of a rail vehicle, passenger aircraft or vessel which was involved in an accident or a catastrophe,
   c) cyclist,
   d) pedestrian.
3. **"Vessel"** – a ship understood as a mechanically-propelled vehicle moving in water traffic. Within the meaning of these Terms and Conditions, Vessels shall also comprise ferries, hydrofoils, and hovercraft.
4. **"Aircraft"** – a vehicle understood as equipment capable of hovering in the atmosphere as a result of any impact other than the impact of air deflected from the ground, with the exclusion of balloons, zeppelins, gliders, powered gliders, ornithopters, and personal parachutes.

Article 2. What is the scope of cover?

1. The subject of insurance is the Insured Person's life.
2. The scope of insurance covers the Insured Person's death as a result of a traffic accident that occurred during the period of insurance cover provided to the Insured Person under the Additional Contract, on condition that the Insured Person's death took place not later than 180 days from the date of the Accident.
3. The Insured Person shall be provided with insurance cover under the Additional Contract round-the-clock, regardless of the place of their stay.

Article 3. Who has the right to receive the benefit and what is the amount of the benefit?

1. The benefit amounting to the Sum Insured effective as at the date of the traffic accident being the sole cause of the Insured Person's death shall be paid to the Beneficiary or another person eligible to receive the benefit referred to in the Terms and Conditions of the Master Contract.
2. Nationale-Nederlanden shall pay the benefit also where the Insured Person's death due to a Traffic Accident occurred during the premium suspension period and after the expiry of the Additional Contract as well as following the expiry of the insurance cover in relation to the Insured Person in question under the Master Contract, on condition that the traffic accident which gave rise to the death of the Insured Person occurred in the period in which Nationale-Nederlanden provided the insurance cover.

Article 4. What are the requirements for benefit payment?

1. Receiving the benefit shall require submitting the following documents to Nationale-Nederlanden:
   a) an insurance benefit payment request;
   b) a copy of the death certificate and a cause-of-death statement issued by relevant authorities or a physician,
   c) an official document confirming the identity of the Beneficiary or another person eligible to the benefit referred to in the Terms and Conditions of the Master Contract.
   d) documents confirming the occurrence and circumstances of the traffic accident.
   e) any other documents, including medical documents, opinions, lab test results that can be obtained by legal and customary means, which are related to the event and are necessary to establish the grounds for benefit payment.

2. The benefit shall be paid not later than 14 days after Nationale-Nederlanden has been notified of the Insured Event. Where it is not possible to clarify the circumstances necessary to determine Nationale- Nederlanden's liability, the benefit shall be paid within 14 days of the date on which it became possible with due diligence to clarify these circumstances.

Article 5. Exclusions of liability of Nationale-Nederlanden

1. Nationale-Nederlanden shall not be held liable and it shall refuse to pay the benefit if the Traffic Accident which gave rise to the death of the Insured Person was directly caused by or resulted from:
   a) warfare, martial law,
   b) active and voluntary participation of the Insured Person in acts of violence, disturbances, riots, acts of terror,
   c) an event related to a mass chemical, biological or radioactive contamination caused by weapons or equipment using nuclear fission energy or radioactivity,
   d) self-mutilation or harm inflicted at the Insured Person's request, irrespective of their sanity,
   e) remaining intoxicated or under the influence of alcohol within the meaning of the Polish Upbringing in Sobriety and Alcoholism Prevention Act or under the influence of intoxicants, psychotropic substances, substitute substances within the meaning of the Polish Act on the Prevention of Drug Abuse, with the exception of medicines prescribed by a Physician and used as instructed by the same,
   f) the Insured Person driving a mechanical vehicle or another means of transport without being entitled to do so or where the vehicle or another means of transport did not meet the public road traffic admission criteria imposed by the provisions of the applicable laws,
   g) an aviation accident which took place while the Insured Person was aboard a plane other than that of a licensed passenger airlines,
   h) an accident in water traffic occurring while the Insured Person stayed on a vessel other than that of licensed passenger lines,
   i) committing or attempting to commit an offence deliberately by the Insured Person,
   j) involvement of the Insured Person in risky sport activities: motorsports, air sports, motorboating, mountain climbing, rock climbing, diving, potholing, martial arts and sports, water jumps, parachuting, bungee jumping.
2. Nationale-Nederlanden shall not be liable if the Traffic Accident which gave rise to the death of the Insured Person took place after the Premium due date where any prior, outstanding Total Premium was not covered in full until that date. However, the benefit shall be paid if the Traffic Accident takes place within 14 days from the Premium due date and all Total Premiums are covered in full within the period of those 14 days.
3. Nationale-Nederlanden shall not pay the benefit if the Traffic Accident which gave rise to the death of the Insured Person took place within the Premium suspension period or in the circumstances excluding the liability of Nationale-Nederlanden.

Article 6. When does the insurance cover expire?

The insurance cover shall expire in the following cases:

a) expiry of the Additional Contract,

b) expiry of insurance cover under the Master Contract.

c) payment of benefit for an Insured Event under the Additional Contract.

Article 7. Miscellaneous

To all matters not regulated herein, relevant General Terms and Conditions of Group Life Insurance TRM17 shall apply.

Article 8. Effective date of the Terms and Conditions

The Terms and Conditions, approved by the Management Board of Nationale-Nederlanden Towarzystwo Ubezpieczeń na Życie S.A. by Resolution No. 66/2019 of 28 November 2019, shall be effective as of 1 December 2019.

Michał Hucał
Member of the Management Board

Jacek Koronkiewicz
Member of the Management Board

Information concerning:

General Terms and Conditions of the Additional Contract for the death of the Insured Person due to an accident at work WADR17 (GTCI)

Information included in the GTCI	Article No.
1. Grounds for the payment of indemnity and other benefits or the Insurance surrender value.	Article 1, Article 2, Article 3, Article 4
2. Limitations and exclusions of the insurance company's liability based whereon the payment of the indemnity or other benefits may be refused or reduced.	Article 5, Article 6
3. Costs and other charges deducted from insurance premiums, from the assets of unit-linked insurance funds or through the redemption of units in unit-linked insurance funds.	Not applicable
4. The surrender value in particular periods of insurance cover and the period in which the claim for payment of the surrender value does not apply.	Not applicable

General Terms and Conditions of the Additional Contract for death of the Insured Person due to an accident at work WADR17

General Terms and Conditions of the Additional Contract for the death of the Insured Person due to an accident at work shall apply in relation to the Additional Contract specified in the Policy and other documents issued by Nationale-Nederlanden and marked with the code WADR17.

Article 1. Definitions

Any expressions not defined hereunder but defined in the General Terms and Conditions of Group Life Insurance TRM17 shall have the same meanings in these Terms and Conditions. In the General Terms and Conditions of the Additional Contract for death of the Insured Person due to an accident at work (hereinafter: Terms and Conditions) and any other documents related to the Additional Contract marked with the code WADR17, the following terms shall have the meanings as set forth below:

1. **"Accident"** – a sudden, external event beyond control of the Insured Person that took place during the Insured Person's insurance cover period and which became the direct and sole cause of the Insured Event. Within the meaning of the GTCI, a Disease, a Mental Illness or psychical bodily injuries suffered by the Insured Person due to an overload, effort, lifting or bending shall not be considered an external cause of the Accident.
2. **"Accident at work"** – an accident involving the Insured Person due to an employment or civil law relationship between the Insured Person and their Employer that took place:
   a) during or in connection with ordinary tasks performed by the Insured Person for the Employer in accordance with the scope of duties or the instructions of the superiors
   b) in the period in which the Insured Person remained at the disposal of the Employer on the way between the Employer's registered office and the place in which the duties under the employment relationship are performed,
   c) during a business trip.

Article 2. What is the scope of cover?

1. The subject of insurance is the Insured Person's life.
2. The scope of insurance covers the Insured Person's death as a result of an accident at work that occurred during the period of insurance cover provided to the Insured Person under the Additional Contract, on condition that the Insured Person's death took place not later than 180 days from the date of the Accident.
3. The Insured Person shall be provided with insurance cover under the Additional Contract round-the-clock, regardless of the place of their stay.

Article 3. Who has the right to receive the benefit and what is the amount of the benefit?

1. The benefit amounting to the Sum Insured effective as at the date of the accident at work being the cause of the Insured Person's death shall be paid to the Beneficiary or another person eligible to receive the benefit referred to in the Terms and Conditions of the Master Contract.
2. Nationale-Nederlanden shall pay the benefit also where the Insured Person's death as a result of the accident at work occurred during the premium suspension period and after the expiry of the Additional Contract as well as following the expiry of the insurance cover in relation to the Insured Person in question under the Master Contract, on condition that the accident at work which gave rise to the death of the Insured Person occurred within the period of liability of Nationale-Nederlanden.

Article 4. What are the requirements for benefit payment?

1. Receiving the benefit shall require submitting the following documents to Nationale-Nederlanden:
   a) an insurance benefit payment request;
   b) a copy of the death certificate and a cause-of-death statement issued by relevant authorities or a physician,
   c) an official document confirming the identity of the Beneficiary or another person eligible to the benefit referred to in the Terms and Conditions of the Master Contract.
   d) a post-accident report on the circumstances of and reasons for the accident or accident report form prepared in line with generally applicable provisions of law concerning benefits paid due to accidents at work or other documents concerning an accident at work within the meaning of Article 1 item 2 of the Terms and Conditions,

e) any other documents, including medical documents, opinions, lab test results that can be obtained by legal and customary means, which are related to the event and are necessary to establish the grounds for benefit payment.

2. The benefit shall be paid not later than 14 days after Nationale-Nederlanden has been notified of the Insured Event. If it is not possible to clarify the circumstances necessary to determine the liability of Nationale-Nederlanden within that time limit, the benefit shall be paid within 14 days from the date on which it was possible to clarify these circumstances while exercising due care.

Article 5. Exclusions of liability of Nationale-Nederlanden

1. Nationale-Nederlanden shall not be held liable and it shall refuse to pay the benefit if the accident at work which gave rise to the death of the Insured Person was directly caused by or resulted from:
   a) warfare, martial law,
   b) active and voluntary participation of the Insured Person in acts of violence, disturbances, riots, acts of terror,
   c) actions of the Insured Person which were not related to the tasks entrusted to them by the Employer.
   d) an event related to a mass chemical, biological or radioactive contamination caused by weapons or equipment using nuclear fission energy or radioactivity,
   e) self-mutilation or harm inflicted at the Insured Person's request, irrespective of their sanity,
   f) remaining intoxicated or under the influence of alcohol within the meaning of the Polish Upbringing in Sobriety and Alcoholism Prevention Act or under the influence of intoxicants, psychotropic substances, substitute substances within the meaning of the Polish Act on the Prevention of Drug Abuse, with the exception of medicines prescribed by a Physician and used as instructed by the same,
   g) the Insured Person driving a mechanical vehicle or another means of transport without being entitled to do so or where the vehicle or another means of transport did not meet the public road traffic admission criteria imposed by the provisions of the applicable laws,
   h) involvement of the Insured Person in risky sport activities: motorsports, air sports, motorboating, mountain climbing, rock climbing, diving, potholing, martial arts and sports, water jumps, parachuting, bungee jumping,
   i) committing or attempting to commit an offence deliberately by the Insured Person.
2. Nationale-Nederlanden shall not be liable if the Accident at work which gave rise to the death of the Insured Person took place after the Premium due date where any prior, outstanding Total Premium was not covered in full until that date. However, the benefit shall be paid if the Accident which gave rise to the death of the Insured Person took place within 14 days from the Premium due date and all outstanding Total Premiums are covered in full within the period of those 14 days.
3. Nationale-Nederlanden shall not pay the benefit if the Accident at work which gave rise to the death of the Insured Person took place within the Premium suspension period or in the circumstances excluding the liability of Nationale-Nederlanden.
4. An accident that occurred on the way to or from work shall not be considered an Accident at Work.

Article 6. When does the insurance cover expire?

The insurance cover shall expire in the following cases:

a) expiry of the Additional Contract,

b) expiry of insurance cover under the Master Contract.

c) payment of benefit for an Insured Event under the Additional Contract.

Article 7. Miscellaneous

To all matters not regulated herein, relevant General Terms and Conditions of Group Life Insurance TRM17 shall apply.

Article 8. Effective date of the Terms and Conditions

The Terms and Conditions, approved by the Management Board of Nationale-Nederlanden Towarzystwo Ubezpieczeń na Życie S.A. by Resolution No. 66/2019 of 28 November 2019, shall be effective as of 1 December 2019.

Michał Hucał
Member of the Management Board

Jacek Koronkiewicz
Member of the Management Board

Information concerning:

General Terms and Conditions of the Additional Contract against neoplasm of the Insured Person CCB17 (GTCI)

Information included in the GTCI	Article No.
1. Grounds for the payment of indemnity and other benefits or the Insurance surrender value.	Article 1, Article 2, Article 4, Article 5
2. Limitations and exclusions of the insurance company's liability based whereon the payment of the indemnity or other benefits may be refused or reduced.	Article 6, Article 7
3. Costs and other charges deducted from insurance premiums, from the assets of unit-linked insurance funds or through the redemption of units in unit-linked insurance funds.	Not applicable
4. The surrender value in particular periods of insurance cover and the period in which the claim for payment of the surrender value does not apply.	Not applicable

General Terms and Conditions of the Additional Contract against neoplasm of the Insured Person CCB17

General Terms and Conditions of the Additional Contract against neoplasm of the Insured Person shall apply in relation to the Additional Contract specified in the policy and other documents issued by Nationale-Nederlanden and marked with the code CCB17.

Article 1. Definitions

Any expressions not defined hereunder but defined in the General Terms and Conditions of Group Life Insurance TRM17 shall have the same meanings in these Terms and Conditions. In the General Terms and Conditions of the Additional Contract against neoplasm of the Insured Person (hereinafter: Terms and Conditions) and any other documents related to the Additional Contract marked with the code CCB17, the following terms shall have the meanings as set forth below:

1. **"Physician"** – a person who has the required qualifications authorising them to provide medical assistance, confirmed by relevant documents, and in particular to: check the health condition, diagnose and prevent diseases, treat and rehabilitate patients, provide medical advice, and issue opinions and medical certificates within their speciality.
2. **"Neoplasm"** – Malignant Neoplasm, Pre-Invasive Cancer (Carcinoma In Situ) or Benign Neoplasm.
3. **"Malignant Neoplasm"** – a neoplasm manifested by an uncontrolled growth and spread of cancer cells that infiltrates and damages normal tissues. Its diagnosis must be confirmed in a histopathological examination carried out by an oncologist or a histopathologist.
4. **"Pre-Invasive Cancer"** – Carcinoma in situ; focal and local growth of neoplastic cells which have not crossed epithelial basement membrane they stem from and which have not infiltrated the surrounding cells. Its diagnosis must be confirmed in a histopathological examination carried out by an oncologist or a histopathologist.
5. **"Benign Neoplasm"** – a neoplasm built of diversified and mature tissue, limited to the stem tissue that does not tumefy the surrounding tissues or spread to other parts of the body. Its diagnosis must be confirmed in a histopathological examination carried out by an oncologist or a histopathologist.

   The insurance shall only cover benign neoplasm of thyroid and ovary treated surgically.
6. **"Diagnosis"** – a test in which a Physician diagnoses a Neoplasm covered by insurance and specified in Article 2 sec. 2, as confirmed in a histopathological test by an oncologist or a histopathologist.

Article 2. What is the scope of cover?

1. The insurance shall cover the Insured Person's health.
2. The scope of insurance cover shall comprise one of the following Insured Events – Neoplasms suffered by the Insured Person in the period in which the Insured Person was provided with insurance cover:
   a) breast carcinoma in situ
   b) ovarian carcinoma in situ
   c) carcinoma in situ of corpus uteri
   d) carcinoma in situ of fallopian tube
   e) carcinoma in situ of testicle
   f) malignant neoplasm of prostate at stage lower than <T2 N0M0
   g) malignant melanoma stage 1A
   h) papillary thyroid cancer limited to thyroid gland
   i) benign neoplasm of thyroid treated surgically
   j) benign neoplasm of ovary treated surgically.
3. The date of Insured Event shall be the date on which a Diagnosis is made by a medical specialist from relevant field.

Article 3. What are the obligations of the Insured Person?

1. At the request of Nationale-Nederlanden, the Insured Person is obliged to submit to medical examinations in certified medical facilities at the cost of

   Nationale-Nederlanden. Refusal to undergo such examinations within the time frame specified by Nationale-Nederlanden may give rise to the refusal to pay the benefit.
2. If the event referred to in Article 2 sec. 2 occurs, the Insured Person shall immediately submit to medical care and treatment recommended by a Physician in order to minimise the effects of the event.

Article 4. Who has the right to receive the benefit and what is the amount of the benefit?

1. The Insured Person shall be paid a benefit equivalent to the Sum Insured, and in the case specified in Article 6 sec. 4 – the aggregate of the basic premiums payable for the Insured Person in the portion applying to the Additional Contract that were paid before the date of the Insured Event (hereinafter referred to as "Premium Aggregate").

2. Subject to sec. 3, the benefit under the Additional Contract shall be determined on the basis of the Sum Insured effective as at the date referred to in Article 2 sec. 3.
3. The payment of the benefit under the Additional Contract shall result in the expiry of the insurance cover under the Additional Contract in relation to the Insured Person.
4. If several Neoplasms referred to in Article 2 sec. 2 have been diagnosed, the benefit paid by Nationale-Nederlanden shall amount to 100% of the Sum Insured.

Article 5. What are the requirements for benefit payment?

1. Receiving the benefit shall require submitting the following documents to Nationale-Nederlanden:
   a) an insurance benefit payment request;
   b) Insured Person's official identification document,
   c) medical records related to the course of treatment with a confirmation of Neoplasm:
      - hospital discharge summary,
      - outpatient treatment records and test results,
      - Attending Physician's opinion,
      - copy of the histopathological test result,
      - documents confirming that a surgical procedure was performed for a Benign Neoplasm or that a Neoplasm covered under the Contract has been diagnosed,
   d) other documents, including medical documents, opinions, lab test results that can be obtained by legal and customary means, which are related to the event and are necessary to establish the grounds for benefit payment.
2. The benefit shall be paid not later than 30 days after Nationale-Nederlanden has been notified of the Insured Event. If it is not possible to explain with due diligence the circumstances necessary to determine the liability of Nationale-Nederlanden or the amount of insurance benefit within the above period, the benefit will be paid within 14 days from the date on which it became possible to explain these circumstances.
3. Nationale-Nederlanden shall pay the benefit under Neoplasm that was recognised or diagnosed during the period of insurance cover provided under this Additional Contract.

Article 6. Exclusions and limitations of liability of Nationale-Nederlanden

1. Nationale-Nederlanden shall not be held liable where a Neoplasm is a consequence of a Disease diagnosed or treated within 24 months before the date on which the Insured Person was provided with insurance cover under this Additional Contract.
2. The limitations of liability referred to in sec. 1 shall not apply if the Neoplasm occurred more than two years from the date on which the Insured Person was provided with insurance cover under this Additional Contract.
3. Nationale-Nederlanden shall not be liable if an Insured Event occurs after the Premium due date where any prior, outstanding Total Premium was not covered in full until that date. However, the benefit shall be paid if an Insured Event provided occurs within 14 days from the Premium due date and all Total Premiums are covered in full within the period of those 14 days.
4. Nationale-Nederlanden shall not pay the benefit if an Insured Event occurs in the circumstances specified in sec. 1, 2 or 3 above which exclude the liability of Nationale-Nederlanden or within the Premium suspension period.
5. If an Insured Event – Neoplasm referred to in Article 2 sec. 2 occurs earlier than 90 days after the date of commencement of the liability under the Additional Contract, the benefit paid by the Insurer shall amount to the Premium Aggregate. In respect of an Insured Person that joined the insurance more than 3 months after the date of commencement of the liability under the Additional Contract or from the date on which they met the insurance membership criteria, with the Insured Event – Neoplasm referred to in Article 2 sec. 2 occurring earlier than 180 days from the date of commencement of the liability under the Additional Contract, the benefit paid by the Insurer shall be equal to the Premium Aggregate.
6. The limitations of liability specified in sec. 5 shall not apply in the event of re-conclusion of the Additional Contract.
7. Nationale-Nederlanden shall not be held liable for Carcinoma In Situ of any organs other than those specified in Article 2 sec. 2 (breast, ovary, corpus uteri, fallopian tube, testicle) and for cervical dysplasia or any other pre-cancerous and non-invasive lesions.

Article 7. When does the insurance cover expire?

The insurance cover under the Additional Contract shall expire in the following cases:

a) expiry of insurance cover under the Master Contract,
b) payment of benefit for an Insured Event under the Additional Contract.

Article 8. Miscellaneous

To all matters not regulated herein, relevant General Terms and Conditions of Group Life Insurance TRM17 shall apply.

Article 9. Effective date of the Terms and Conditions

The Terms and Conditions, approved by the Management Board of Nationale-Nederlanden Towarzystwo Ubezpieczeń na Życie S.A. by Resolution No. 66/2019 of 28 November 2019, shall be effective as of 1 December 2019.

Michał Hucał	**Jacek Koronkiewicz**
Member of the Management Board	Member of the Management Board

Information concerning:

General Terms and Conditions of the Additional Contract for Neoplasm of the Insured Person with Diagnostics CCBH17 (GTCI)

Information included in the GTCI	Article No.
1. Grounds for the payment of indemnity and other benefits or the Insurance surrender value.	Article 1, Article 2, Article 4, Article 5, Annex 1 "List of Medical Benefits"
2. Limitations and exclusions of the insurance company's liability based whereon the payment of the indemnity or other benefits may be refused or reduced.	Article 1, Article 3, Article 6, Article 7, Annex 1 "List of Medical Benefits"
3. Costs and other charges deducted from insurance premiums, from the assets of unit-linked insurance funds or through the redemption of units in unit-linked insurance funds.	Not applicable
4. The surrender value in particular periods of insurance cover and the period in which the claim for payment of the surrender value does not apply.	Not applicable

General Terms and Conditions of the Additional Contract against Neoplasm of the Insured Person with Diagnostics CCBH17

General Terms and Conditions of the Additional Contract against Neoplasm of the Insured Person with Diagnostics shall apply in relation to the Additional Contract marked in the policy and in other documents issued by Nationale-Nederlanden with the code CCBH17.

Article 1. Definitions

Any expressions not defined hereunder but defined in the General Terms and Conditions of Group Life Insurance TRM17 shall have the same meanings in these Terms and Conditions. In the General Terms and Conditions of the Additional Contract against neoplasm of the Insured Person with Diagnostics (hereinafter: Terms and Conditions) and any other documents related to the Additional Contract marked with the code CCBH17, the following terms shall have the meanings as set forth below:

1. **"Physician"** – a person who has the required qualifications authorising them to provide medical assistance, confirmed by relevant documents, and in particular to: check the health condition, diagnose and prevent diseases, treat and rehabilitate patients, provide medical advice, and issue opinions and medical certificates within their speciality.
2. **"Neoplasm"** – Malignant Neoplasm, Pre-Invasive Cancer (Carcinoma In Situ) or Benign Neoplasm.
3. **"Malignant Neoplasm"** – a neoplasm manifested by an uncontrolled growth and spread of cancer cells that infiltrates and damages normal tissues. Its diagnosis must be confirmed in a histopathological examination carried out by an oncologist or a histopathologist.
4. **"Pre-Invasive Cancer"** – Carcinoma in situ; focal and local growth of neoplastic cells which have not crossed epithelial basement membrane they stem from and which have not infiltrated the surrounding cells. Its diagnosis must be confirmed in a histopathological examination carried out by an oncologist or a histopathologist.
5. **"Benign Neoplasm"** – a neoplasm built of diversified and mature tissue, limited to the stem tissue that does not tumefy the surrounding tissues or spread to other parts of the body. Its diagnosis must be confirmed in a histopathological examination carried out by an oncologist or a histopathologist. The insurance shall only cover benign neoplasm of thyroid and ovary treated surgically.
6. **"Diagnosis"** – a test in which a Physician diagnoses a Neoplasm covered by insurance and specified in Article 2 sec. 2, as confirmed in a histopathological test by an oncologist or a histopathologist.
7. **"Sum Insured for Medical Benefits"** – the maximum amount of the Medical Benefit for every Medical Service as specified in the List of Medical Benefits, expressed in Polish zloty, that may be paid to the Insured Person in money based on the principles defined in the Terms and Conditions if the event mentioned in Article 2 sec. 2 (a) occurs;
8. **"List of Medical Benefits"** – list of Medical Services to which the Insured Person has a right, included in Annex 1 hereto, provided to the Insured Person on the terms as defined herein in the case of the event specified in Article 2 sec. 2 (a);
9. **"Medical Consultant"** – a healthcare professional working with a Medical Benefits Centre, arranging Medical Services for the Insured Person, on their own or in consultation with the Physician treating the Insured Person;
10. **"Medical Facility"** – a legally operating treatment facility that provides Medical Services within Poland;
11. **"Health Programme"** – the scope of Medical Services as described in the List of Medical Benefits, fully coordinated by the Medical Consultant, used to rule out or diagnose a Neoplastic Disease of the Insured Person.

    The scope of Medical Services applies to the diagnostic process only;
12. **"Medical Service"** – medical advice, diagnostic tests, nursing treatments and other actions included on the List of Medical Benefits and fully coordinated by the Medical Consultant to rule out or diagnose a Neoplastic Disease, allowing to commence appropriate oncological treatment as soon as possible.
13. **"Neoplastic Disease"** – an uncontrolled growth of the patient's own but partially functionally changed cells that infiltrates healthy tissues; characterised by atypia, high mitotic index, infiltration of surrounding tissues, recurrences and the ability to create metastases.
14. **"Medical Benefit"** – an insurance benefit provided to the Insured Person within the established Health Programme where the Insured Person is diagnosed with or is suspected to be suffering from a Neoplastic Disease, which involves in particular arranging the provision of a specific Medical Service (medical benefit) or payment of a specific amount of money (cash benefit) in line with the List of Medical Benefits up to the aggregate of Sum Insured of Medical Benefits;

15. **"Medical Benefits Centre"** – Towarzystwo Ubezpieczeń ZDROWIE S.A. with its registered office in Gdynia, ul. Śląska 17 – representative of Nationale-Nederlanden, handling the arrangement and provision of Medical Benefits on behalf of Nationale- Nederlanden.
16. **"Website for the Insured"** – an application where the Insured Person may, after logging in, file a claim for a Medical Benefit, fill out the medical records, check the history of benefits, and make a service appointment using e-registration.
17. **"Medical Helpline"** – a Poland-wide helpline available at the following number: (58) 500 55 12, where the Insured Person can set up or confirm a date of Medical Services. The Medical Helpline is also referred to as the Medical Benefits Centre. Change of the Medical Helpline number shall not constitute an amendment to the Insurance Contract;

Article 2. What is the scope of cover?

1. The insurance shall cover the Insured Person's health.
2. The scope of insurance covers the following events:
   a) preliminary diagnosis or suspected diagnosis of a Neoplastic Disease in the Insured Person in the period when the Insured Person was provided with insurance cover, and
   b) the Insured Person suffering from one of the following Neoplasms in the period in which the Insured Person was provided with insurance cover:
      i. breast carcinoma in situ;
      ii. ovarian carcinoma in situ;
      iii. carcinoma in situ of corpus uteri;
      iv. carcinoma in situ of fallopian tube;
      v. carcinoma in situ of testicle;
      vi. malignant neoplasm of prostate at stage lower than <T2 N0M0;
      vii. malignant melanoma stage 1A;
      viii. papillary thyroid cancer limited to thyroid gland;
      ix. benign neoplasm of thyroid treated surgically;
      x. benign neoplasm of ovary treated surgically.
3. Nationale-Nederlanden shall consider the following day as the date of Insured Event:
   a) in relation to a preliminary diagnosis or suspected diagnosis of Neoplastic Disease in the Insured Person – the date specified in the medical records issued by the Insured Person's Attending Physician which mentions a preliminary diagnosis or suspected diagnosis of Neoplastic Disease in the Insured Person.
   b) in relation to of the Insured Person suffering from the Neoplasm referred to in sec. 2 (b) – the date when the Physician specialising in the relevant area gives the Diagnosis.
4. The Insured Person is covered under the Additional Contract round-the-clock, regardless of the place of their stay; however, the Medical Services shall only be provided in the Republic of Poland.

Article 3. What are the obligations of the Insured Person?

1. At the request of Nationale-Nederlanden, the Insured Person is obliged to submit to medical examinations in certified medical facilities at the cost of Nationale-Nederlanden. Refusal to undergo such examinations within the time frame specified by Nationale-Nederlanden may give rise to the refusal to pay the benefit.
2. If the event referred to in Article 2 sec. 2 occurs, the Insured Person shall immediately submit to medical care and treatment recommended by a Physician in order to minimise the effects of the event.

Article 4. Who has the right to receive the benefit for Neoplasm Diagnosis and what is the amount of the benefit?

1. If a Neoplasm is diagnosed during the term of the insurance cover, the Insured Person shall be paid a benefit equivalent to the Sum Insured, and in the case specified in Article 6 sec. 4 and 7 – the aggregate of the basic premiums payable for the Insured Person in the portion relevant to the Additional Contract that were paid before the date of Insured Event (hereinafter referred to as "Premium Aggregate)".
2. The benefit for Neoplasm Diagnosis shall be calculated based on the Sum Insured effective as at the date of the Diagnosis.
3. The payment of the benefit for the Neoplasm referred to in Article 2 sec. 2 (b) results in the expiry of the insurance cover under the Additional Contract in relation to the Insured Person.
4. If several Neoplasms referred to in Article 2(2)(b) have been diagnosed, Nationale-Nederlanden shall pay one benefit in the amount of the Sum Insured.
5. Receiving the benefit for Neoplasm Diagnosis requires submitting the following documents to Nationale-Nederlanden:
   a) an insurance benefit payment request;
   b) Insured Person's official identification document,
   c) medical records related to the course of treatment with a confirmation of Neoplasm:
      - hospital discharge summary,
      - outpatient treatment records and test results,
      - Attending Physician's opinion,
      - copy of the histopathological test result,
      - documents confirming that a surgical procedure was performed for a Benign Neoplasm or that a Neoplasm covered under the Contract has been diagnosed,
   d) other documents, including medical documents, opinions, lab test results that can be obtained by legal and customary means, which are related to the event and are necessary to establish the grounds for benefit payment.
6. The benefit shall be paid not later than 30 days after Nationale-Nederlanden is notified about the Neoplasm

Diagnosis. If it is not possible to clarify the circumstances necessary to determine the liability of Nationale-Nederlanden or the amount of the Benefit within the above period while exercising due care, the Benefit will be paid within 14 days of the date when it became possible to clarify these circumstances.

Article 5. Who has the right to receive the benefit for preliminary diagnosis or suspected diagnosis of a Neoplastic Disease and what is the amount of the benefit?

1. In the event of a preliminary diagnosis or suspected diagnosis of a Neoplastic Disease in the Insured Person in the period of insurance cover, the Insured Person shall be eligible for Medical Benefits established within the Health Programme.
2. The Medical Benefits are only provided throughout the duration of insurance cover and are fully coordinated by the Medical Consultant.
3. Notification of the Medical Benefits Centre in the event of a preliminary diagnosis or suspected diagnosis of a Neoplastic Disease:
   3.1. To commence the Health Programme, the Insured Person must send the following documents to nn_ubezpieczenia@tuzdrowie.pl:
      a) a signed Health Programme Commencement Application, available at: www.tuzdrowie.pl, and
      b) copy of the medical documentation confirming the suspicion of a Neoplastic Disease or a preliminary diagnosis of the same, or
      c) submit the above documents online after logging in to the Website of the Insured Person.
   3.2. Within 3 working days, a Medical Consultant will contact the Insured Person by calling the phone number specified in the application in order to:
      a) rovide information on the acceptance of the submitted application and the commencement of the Health Programme; or
      b) request additional medical records; or
      c) provide information on requesting the medical records to the Medical Facilities where the Insured Person has been treated thus far; or
      d) provide information that the Insured Person's claim has been declined.
   3.3. After obtaining the additional medical records referred to in sec. 3.2, the Medical Consultant shall decide within 3 working days to commence the Health Programme or state that the Insured Person's claim has been declined.
   3.4. The decision to decline the Insured Person's claim along with a statement of grounds is sent to the address for deliveries specified in the Health Programme Commencement Application not later than within 1 working day upon first contacting the Insured Person on the phone.
   3.5. The Insured Person has a right to Medical Benefits from the List of Medical Benefits in Annex 1 hereto, provided that they are justified from a medical point of view, to be fully coordinated by the Medical Consultant.
4. Choosing the form of providing Medical Benefits
   4.1. After the Medical Consultant issues a decision on initiation of the Health Programme, the Insured Person may choose the form in which Medical Benefits will be provided:
      a) in a cashless form of Medical Services provided through the Medical Benefits Centre;
      b) as a cash benefit in the amount corresponding to the costs of provision of the Medical Service incurred by the Insured Person – up to the Sum Insured for the respective Medical Benefit. The Insured Person shall inform the Medical Benefits Centre about the decision as to the form of Medical Benefits. The Insured Person may change the form of provision of Medical Benefits at any time during the term of the Additional Contract.
   4.2. If the Insured Person receives Medical Benefits in a cashless form and has agreed on the provision of the Medical Service through the Medical Benefits Centre and has received it in the Medical Facility specified by the Medical Consultant, they shall not incur any additional cost of that service.
   4.3. If the Insured Person switches from cashless provision of Medical Services to a cash benefit, they may obtain a benefit in the amount corresponding to the cost, incurred by the Insured Person, of the provision of the Medical Service from the List of Medical Benefits up to the Sum Insured for the respective Medical Benefit.
5. Provision of Medical Benefits in the form of a cash benefit
   5.1. To receive Medical Benefits as a cash benefit, the Insured Person must send the following to the Medical Benefits Centre:
      a) an original or a legible copy of the invoice/bill issued in connection with the provision of the Medical Service,
      b) a filled out "Benefit Payment Request" using the form available at www.tuzdrowie.pl, or
      c) submit the above documents online after logging in to the Website of the Insured Person.
   5.2. Receiving a cash benefit online in a Medical Facility having access to the online benefit award system requires the Insured Person to sign and accept the "Benefit Receipt Form" or to submit the received text message code.
   5.3. Through the Medical Benefits Centre, Nationale-Nederlanden may request the Insured Person to send additional explanations or medical documents confirming the medically justified need for and safety of the provision of Medical Services specified in the benefit payment request or to undergo a physical examination by a Physician, specified by the Medical Benefits Centre, specialising in the relevant medical field. The cost of such a physical shall be borne by the Medical Benefits Centre.
   5.4. In the case mentioned in sec. 5.3, Nationale- Nederlanden shall, through the Medical Benefits Centre, issue a decision within 2 working days of receiving the additional documents or of the physical examination.

5.5. The awarded Medical Benefit in the form of cash benefit, up to the Sum Insured for Medical Benefits, shall be transferred to the bank account specified by the Insured Person and provided in the "Benefit Payment Request". The maximum amount of all Medical Benefits provided in the form of cash benefit paid out in the Policy Year may not exceed PLN 100,000.

5.6. The decision refusing to pay or reducing the benefit, along with the statement of grounds, and the decision awarding the benefit referred to in sec. 5.5 shall be delivered to the Insured Person or submitted in writing by registered letter to the Insured Person's correspondence address or to the e-mail address specified in the Request within 4 working days of receipt of the Benefit Payment Request.

6. Provision of Medical Benefits in a cashless form

6.1. To receive a Medical Benefit in a cashless form, which involves arranging and incurring the costs of Medical Services, the Insured Person should:

a) contact the Medical Helpline;

b) make an appointment and arrive at the Medical Facility specified by the Medical Consultant;

c) present at the Medical Facility a valid document that clearly confirms the identity of the Insured Person;

d) follow the instructions and guidelines received from the Medical Facility;

e) come to the appointments and contact the Medical Helpline in advance of the appointed date and time, if they are unable to use the appointed benefit.

6.2. Contacting the Medical Helpline, the Insured Person should provide the Medical Consultant with the following information:

a) full name, date of birth or PESEL (Polish Personal Identification Number) of the Insured Person;

b) telephone number of the Insured Person;

c) type of assistance required;

d) date of medical referral and specialty of the referring Physician;

e) other information requested by the Medical Consultant as required for arrangement of the services due under the Insurance Contract.

6.3. Arrangement of the Medical Benefit is confirmed by a text message sent to the Insured Person's phone number specified during the contact with the Medical Helpline.

Article 6. Exclusions and limitations of liability of Nationale-Nederlanden

1. Nationale-Nederlanden shall not be held liable where a Neoplasm is a consequence of a Disease diagnosed or treated within 24 months before the date on which the Insured Person was provided with insurance cover under this Additional Contract.
2. The limitations of liability referred to in sec. 1 shall not apply if the Neoplasm occurred more than two years from the date on which the Insured Person was provided with insurance cover under this Additional Contract.
3. Nationale-Nederlanden shall not be liable if an Insured Event occurs after the Premium due date where any prior, outstanding Total Premium was not covered in full until that date. However, the benefit shall be paid if an Insured Event provided occurs within 14 days from the Premium due date and all Total Premiums are covered in full within the period of those 14 days.
4. Nationale-Nederlanden shall not pay the benefit if an Insured Event occurs in the circumstances specified in sec. 1 or 3 above which exclude the liability of Nationale-Nederlanden or within the Premium suspension period.
5. If an Insured Event referred to in Article 2 sec. 2 (b) occurs earlier than 90 days after the date of commencement of the liability under the Additional Contract, the benefit paid by the Insurer shall amount to the Premium Aggregate. In respect of an Insured Person that joined the insurance during the term of the Additional Contract in the 4th and subsequent Settlement Period counting from the liability commencement date or from the date on which the Insured Peron met the insurance membership criteria, with the Insured Event referred to in Article 2 sec. (b) occurring earlier than 180 days from the date of commencement of the liability under the Additional Contract, the benefit paid by the Insurer shall be equal to the Premium Aggregate.
6. The limitations of liability specified in sec. 5 shall not apply in the event of re-conclusion of the Additional Contract.
7. Nationale-Nederlanden shall not be held liable for Carcinoma In Situ of any organs other than those specified in Article 2 sec. 2 b) (breast, ovary, corpus uteri, fallopian tube, testicle) and for cervical dysplasia or any other pre-cancerous and non-invasive lesions.
8. Nationale-Nederlanden shall not be liable where the Neoplastic Disease was treated or diagnosed within the 24 months preceding the commencement of cover under this Additional Contract in respect of the Insured Person or where the Insured Person has commenced the diagnostic process connected with that Neoplastic Disease before the commencement of the insurance cover.
9. Nationale-Nederlanden shall not be liable for any Medical Services performed by the Insured Person without first consulting the Medical Consultant.
10. Nationale-Nederlanden shall not be liable for the Insured Event referred to in Article 2 sec. 2 (b) if it was caused by:

a) the introduction and occurrence of a state of emergency, martial law, war or warfare;

b) a physical or mental defect revealed before the Insured Person turned 1, caused by genetic diseases, premature birth or perinatal damage;

c) consumption of alcohol, drugs or addictive substances by the Insured Person;

d) fertility treatment and diagnostics;

e) a health condition whose symptoms occurred or were treated before the conclusion of the insurance contract and were not reported or were falsely reported to Nationale-Nederlanden before the conclusion of the insurance contract if Nationale-Nederlanden explicitly

asked about them and if they could factor into the decision on entering into the insurance contract or the decision on the terms and conditions of the signed contract.

11. Nationale-Nederlanden shall not be liable for any of the Insured Events referred to in Article 2 sec. 2 (a) that require:
    a) genetic tests;
    b) positron emission tomography (PET);
    c) mandatory vaccination according to the vaccination calendar (valid for the year in question, communication of the Polish Chief Sanitary Inspector on the Vaccination Programme).
12. Nationale-Nederlanden will not provide a Medical Benefit in a cash and non-cash form for any Medical Services performed at the Insured Person's request without first consulting the Medical Consultant.

Article 7. When does the insurance cover expire?

The insurance cover under the Additional Contract shall expire in the following cases:

a) expiry of insurance cover under the Master Contract,

b) payment of the benefit for the Insured Person suffering from Neoplasm.

Article 8. Miscellaneous

To all matters not regulated herein, relevant General Terms and Conditions of Group Life Insurance TRM17 shall apply.

Article 9. Effective date of the Terms and Conditions

The Terms and Conditions, approved by the Management Board of Nationale-Nederlanden Towarzystwo Ubezpieczeń na Życie S.A. by Resolution No. 66/2019 of 28 November 2019, shall be effective as of 1 December 2019.

Michał Hucał
Member of the Management Board

Jacek Koronkiewicz
Member of the Management Board

Appendix No. 1 List of Medical Benefits

To the General Terms and Conditions of the Additional Contract against Insured Person's Neoplasm with Diagnostics CCBH17.

The maximum amount of all Medical Benefits provided in the form of cash benefit paid out in the Policy Year may not exceed PLN 100,000.

Service name	Detailed description	SI of Medical Benefits (in PLN)
Basic care		
Outpatient nursing care after receiving a referral from a medical specialist		
urine strip test		PLN 6.00
intravenous drip		PLN 35.00
intramuscular injection		PLN 15.00
intravenous injection		PLN 25.00
subcutaneous injection		PLN 15.00
dressing minor wounds (sprains, dislocations)		PLN 35.00
material sampling for tests		PLN 5.00
measurement of blood pressure		PLN 10.00
measurement of height and body weight		PLN 2.00
drug allergy test		PLN 15.00
application or removal of simple dressing		PLN 15.00
stitch removal		PLN 15.00
2.4.2 Specialist care – medical consultations, including consultations with professors		
Allergologist medical consultation		PLN 80.00
Anaesthesiologist medical consultation		PLN 80.00
Angiologist medical consultation		PLN 80.00
Vascular surgeon medical consultation		PLN 85.00
General surgeon medical consultation		PLN 70.00
Surgeon oncologist medical consultation		PLN 85.00
Dermatologist medical consultation		PLN 80.00
Dermatologist-Venereologist medical consultation		PLN 80.00
Diabetologist medical consultation		PLN 80.00
Endocrinologist medical consultation		PLN 80.00
Gastroenterologist medical consultation		PLN 80.00
Gynaecologist medical consultation		PLN 80.00
Gynaecologist-Endocrinologist medical consultation		PLN 120.00
Haematologist medical consultation		PLN 85.00
Hepatologist medical consultation		PLN 85.00
Hypertension Specialist medical consultation		PLN 80.00
Immunologist medical consultation		PLN 80.00
Cardiologist medical consultation		PLN 80.00
ENT Specialist medical consultation		PLN 80.00
Contagious Disease Specialist medical consultation		PLN 85.00
Medical Rehabilitation Physician medical consultation		PLN 75.00
Nephrologist medical consultation		PLN 85.00
Neurosurgeon medical consultation		PLN 85.00
Neurologist medical consultation		PLN 70.00
Ophthalmologist medical consultation		PLN 50.00
Oncologist medical consultation		PLN 85.00
Orthopaedist medical consultation		PLN 80.00
Orthopaedic Traumatologist medical consultation		PLN 80.00
Proctologist medical consultation		PLN 85.00
Pulmonologist medical consultation		PLN 80.00
Rheumatologist medical consultation		PLN 85.00
Thoracic Surgeon medical consultation		PLN 85.00
Urologist medical consultation		PLN 80.00
Urologist – Andrologist medical consultation		PLN 80.00
Specialist care – medical procedures and other services provided by medical specialists		
Allergology		
prick tests – food panel	1 site	PLN 6.00
	10 sites	PLN 60.00
	20 sites	PLN 120.00
	3 sites	PLN 18.00
	5 sites	PLN 30.00
prick tests – respiratory panel	1 site	PLN 6.00
	10 sites	PLN 60.00
	20 sites	PLN 120.00
	3 sites	PLN 18.00
	5 sites	PLN 30.00
patch (skin) allergy tests	1 site	PLN 15.00
	10 sites	PLN 100.00
	20 sites	PLN 200.00

Service name	Detailed description	SI of Medical Benefits (in PLN)
desensitisation (exclusive of the cost of the prescription drug)		PLN 45.00
Surgery		
intra-articular injection		PLN 40.00
treatment of skin ulcerations		PLN 60.00
treatment of surface whitlow		PLN 60.00
furuncle incision and drainage		PLN 60.00
abscess, haematoma incision and drainage		PLN 80.00
dressing minor wounds (sprains, dislocations)		PLN 40.00
arthrocentesis		PLN 35.00
wound stitching		PLN 30.00
immobilisation of limbs and joints		PLN 50.00
removal of foreign bodies from the skin		PLN 30.00
removal of skin lesion up to 5 mm		PLN 160.00
removal of skin lesion above 5 mm (lipomas excluded)		PLN 240.00
drain insertion		PLN 30.00
putting/taking off a cast		PLN 80.00
putting/taking off a synthetic dressing		PLN 50.00
stitch removal		PLN 30.00
change of wound dressing		PLN 30.00
change/insertion of catheter in the urinary bladder		PLN 30.00
local anaesthesia for a procedure		PLN 30.00
Dermatology		
dermatoscopy		PLN 50.00
cryosurgery / cryotherapy		PLN 50.00
laser therapy of skin lesions		PLN 180.00
Gynaecology		
cervical electrocoagulation		PLN 120.00
cervical erosion cryotherapy		PLN 120.00
sampling and performance of cytologic smears		PLN 40.00
Laryngology (Otolaryngology)		
nasal septal cautery		PLN 75.00
nasal administration of a vasoconstrictor drug		PLN 10.00
sucking out secretion from the nose or from nasal ducts		PLN 30.00
ear dressing with medication		PLN 30.00
throat, oral cavity painting		PLN 30.00
ear irrigation		PLN 30.00
nosebleed conservative treatment		PLN 75.00
ear trumpet clearing		PLN 75.00
sinus puncture		PLN 30.00
removal of foreign bodies from ear, nose, throat		PLN 35.00
insertion and removal of posterior nasal pack		PLN 120.00
stitch removal		PLN 30.00

Service name	Detailed description	SI of Medical Benefits (in PLN)
Ophthalmology		
dark adaptation		PLN 35.00
funduscopic examination		PLN 5.00
slit lamp examination		PLN 5.00
visual acuity test		PLN 5.00
visual field test (perimetry)		PLN 35.00
spatial vision test		PLN 35.00
exophthalmometry		PLN 15.00
gonioscopy		PLN 35.00
subconjunctival injection		PLN 20.00
digital eye exam		PLN 5.00
tear duct irrigation		PLN 20.00
drug administration to conjunctival sac		PLN 20.00
measurement of intraocular pressure		PLN 5.00
retinoscopy		PLN 35.00
removal of foreign body from an eye		PLN 30.00
chalazion removal		PLN 250.00
Orthopaedics		
Intra-articular and periarticular block		PLN 40.00
intra-articular injection (patient's medication)		PLN 40.00
puncture (traumatic lesions)		PLN 35.00
puncture (inflammatory lesions)		PLN 35.00
immobilisation of limbs and joints		PLN 50.00
rib immobilisation with plaster dressing		PLN 40.00
putting and removal of a cast – upper and lower extremity		PLN 80.00
putting an elastic band and a sling		PLN 30.00
Kramer splinting		PLN 30.00
Zimmer splinting		PLN 30.00
orthosis attachment/adjustment (the orthosis cost excluded)		PLN 30.00
change of wound dressing		PLN 30.00
local anaesthesia for a procedure		PLN 30.00
Anatomical pathology		
histopathological examination and assessment of the biopsy sample	within a procedure consistent with the cover variant	PLN 30.00
Rheumatology		
intra-articular injection (patient's medication)		PLN 40.00
Urology		
change/insertion of catheter in the urinary bladder		PLN 30.00
bladder irrigation		PLN 30.00
Specialist care – 2 psychiatrist consultations and 2 psychologist consultations		
Psychiatrist medical consultation		PLN 75.00
Psychologist consultation		PLN 75.00

Service name	Detailed description	SI of Medical Benefits (in PLN)
Laboratory tests		
Biochemical tests		
albumin		PLN 6.00
alpha-1-antitrypsin		PLN 45.00
amino acids		PLN 30.00
alanine aminotransferase (ALT, ALAT, GPT)		PLN 6.00
aspartate aminotransferase (AspAT, AST, GOT)		PLN 6.00
amylase		PLN 6.00
antistreptolysin (ASO/ASLO/ASO latex)		PLN 6.00
apolipoprotein	apo A1	PLN 50.00
apolipoprotein	apo B	PLN 50.00
C-reactive protein (CRP)		PLN 6.00
total protein		PLN 6.00
total protein – electrophoretic separation (proteinogram)		PLN 25.00
direct bilirubin		PLN 6.00
total bilirubin		PLN 6.00
indirect bilirubin		PLN 6.00
caeruloplasmin		PLN 25.00
chlorides		PLN 6.00
cholesterol		PLN 6.00
HDL cholesterol	assayed directly	PLN 6.00
HDL cholesterol	calculated	PLN 6.00
LDL cholesterol		PLN 6.00
cholinesterase	blood cells	PLN 30.00
cholinesterase	liver	PLN 30.00
cyanocobalamin (vitamin B12)		PLN 20.00
zinc (Zn)		PLN 20.00
cystine/homocystine		PLN 35.00
rheumatoid factor (RF)		PLN 10.00
lactate dehydrogenase (LDH)		PLN 10.00
digoxin		PLN 14.00
ferritin		PLN 20.00
leukocyte alkaline phosphatase (LAP)		PLN 6.00
phosphorus		PLN 6.00
inorganic phosphate		PLN 6.00
alkaline phosphatase (ALP)		PLN 10.00
total acid phosphatase (ACP)		PLN 10.00
prostatic acid phosphatase (PAP)		PLN 10.00
GGTP – gamma glutamyl transferase		PLN 10.00
glucose	20 min. after meal	PLN 6.00
glucose	60 min. after meal	PLN 6.00
glucose	empty stomach	PLN 6.00
Oral Glucose Tolerance Test	50 g glucose after 1 hour	PLN 20.00
Oral Glucose Tolerance Test	50 g glucose after 2 hours	PLN 20.00
Oral Glucose Tolerance Test	75 g glucose after 4 hours	PLN 20.00
Oral Glucose Tolerance Test	75 g glucose after 5 hours	PLN 20.00
Oral Glucose Tolerance Test	empty stomach	PLN 20.00
homocysteine		PLN 35.00
ionogram (Na, K)		PLN 5.00
creatine phosphokinase (CPK)		PLN 6.00
creatine phosphokinase isoenzyme CK-MB (CKMB)		PLN 10.00
endogenous creatinine clearance		PLN 10.00
creatinine		PLN 6.00
folic acid		PLN 20.00
homovanillic acid (HVA)		PLN 35.00
uric acid		PLN 6.00
valproic acid		PLN 28.00
bile acids		PLN 50.00
lipase		PLN 12.00
lipid profile		PLN 24.00
magnesium		PLN 6.00
methemoglobin		PLN 30.00
myoglobin		PLN 28.00
urea, blood urea (non-protein) nitrogen, BUN		PLN 6.00
Rose-Waaler reaction		PLN 10.00
lead (Pb)		PLN 55.00
natriuretic peptide (BNP)		PLN 35.00
natriuretic peptide (NT pro- BNP)		PLN 35.00
potassium (K)		PLN 6.00
liver function tests (ALT, AST, ALP, BIL, GGTP)		PLN 32.00
seromucoid		PLN 12.00
sodium (Na)		PLN 6.00
transferrin		PLN 10.00
triglycerides		PLN 6.00
troponin quantitative		PLN 15.00
troponin I/T		PLN 15.00
thyroglobulin		PLN 30.00
tyrosine		PLN 35.00
USR (VDRL)		PLN 10.00
total calcium		PLN 6.00
vitamin D – metabolite 1.25(OH)		PLN 70.00
vitamin D – metabolite 25(OH)		PLN 70.00
iron		PLN 6.00
iron – total iron binding capacity (TIBC)		PLN 10.00
iron – absorption curve	120 min after ingestion	PLN 18.00
iron – absorption curve	180 min after ingestion	PLN 18.00
iron – absorption curve	240 min after ingestion	PLN 18.00
iron – absorption curve	300 min after ingestion	PLN 18.00
iron – absorption curve	60 min after ingestion	PLN 18.00
Haematological tests		

Service name	Detailed description	SI of Medical Benefits (in PLN)
antithrombin III (AT III)		PLN 45.00
direct Coombs test, indirect antiglobulin test (IAT)		PLN 20.00
protein C		PLN 45.00
free protein S		PLN 45.00
activated partial thromboplastin time (APTT)		PLN 9.00
bleeding time		PLN 9.00
coagulation time		PLN 9.00
prothrombin time (PT) (INR)		PLN 45.00
thrombin time (TT)		PLN 9.00
coagulation factors	II – prothrombin,	PLN 45.00
coagulation factors	IX – antihemophilic factor B	PLN 45.00
coagulation factors	V – proaccelerin,	PLN 45.00
coagulation factors	VII – proconvertin,	PLN 45.00
coagulation factors	VIII – antihemophilic factor A,	PLN 45.00
coagulation factors	X – Stuart-Prower factor,	PLN 45.00
coagulation factors	XI – antihemophilic factor C	PLN 45.00
coagulation factors	XII – Hageman factor	PLN 45.00
coagulation factors	XIII – fibrin stabilising factor	PLN 45.00
D-dimers		PLN 35.00
absolute eosinophilia		PLN 6.00
fibrinogen		PLN 10.00
haptoglobin		PLN 30.00
free haemoglobin		PLN 6.00
haemolysins		PLN 20.00
complement system C1 inhibitor		PLN 45.00
coagulation inhibitors		PLN 35.00
LE cells		PLN 17.00
leukocytes		PLN 6.00
peripheral blood test without smear		PLN 9.00
peripheral blood test with smear (with full granulocyte differential)		PLN 12.00
erythrocyte sedimentation rate (ESR)		PLN 6.00
blood osmolarity		PLN 25.00
assay of blood types AB0 and Rh		PLN 30.00
plasminogen		PLN 10.00
blood platelets		PLN 6.00
indirect Coombs test, indirect antiglobulin test (IAT)		PLN 20.00
fibrinogen and fibrin degradation products (FDP)		PLN 35.00
reticulocytes		PLN 6.00
Urine tests		
urine 17-hydroxycorticosteroids (17- OHCS)		PLN 30.00
urine albumins		PLN 6.00
urine amylase		PLN 6.00
urinalysis		PLN 6.00

Service name	Detailed description	SI of Medical Benefits (in PLN)
urinalysis plus sediment		PLN 6.00
urine Bence Jones protein		PLN 50.00
urine bilirubin		PLN 6.00
urine chlorides		PLN 6.00
urine ketone bodies		PLN 6.00
urine 24-hour volume test		PLN 3.00
urine 24-hour volume test – aldosterone		PLN 40.00
urine 24-hour volume test – protein		PLN 6.00
urine 24-hour volume test – chlorides		PLN 6.00
urine 24-hour volume test – cortisol		PLN 6.00
urine 24-hour volume test – 5- hydroxyindoleacetic acid (5- HIAA)		PLN 30.00
urine 24-hour volume test – hippuric acid		PLN 30.00
urine 24-hour volume test – magnesium		PLN 6.00
urine 24-hour volume test – sodium and potassium		PLN 6.00
urine 24-hour volume test – oxalates		PLN 40.00
urine 24-hour volume test – 17-hydroxycorticosteroids (17- OHCS)		PLN 40.00
urine inorganic phosphate		PLN 6.00
urine glucose/sugar		PLN 3.00
urine free haemoglobin		PLN 15.00
Urine immunofixation (A, G, M, KAP, LAM)		PLN 80.00
urine cadmium		PLN 80.00
urine catecholamines		PLN 30.00
creatinine clearance (from urine 24-hour volume test GHR)		PLN 20.00
urine coproporphyrins		PLN 40.00
urine cortisol		PLN 30.00
urine creatinine		PLN 6.00
urine delta-aminolevulinic acid		PLN 50.00
urine uric acid		PLN 6.00
urine vanillylmandelic acid		PLN 50.00
urine Addis count		PLN 10.00
urine kappa light chains		PLN 50.00
urine lambda light chains		PLN 50.00
urine magnesium		PLN 6.00
urine metoxycatecholamines		PLN 50.00
urine copper		PLN 45.00
microalbuminuria		PLN 6.00
urine urea		PLN 6.00
urine noradrenalin/adrenalin		PLN 30.00
lead in urine 24-hour volume test		PLN 45.00
urine osmolarity		PLN 10.00
urine potassium		PLN 6.00
urine mercury (Hg)		PLN 50.00
kidney stone chemical composition		PLN 50.00

Service name	Detailed description	SI of Medical Benefits (in PLN)
urine sodium		PLN 6.00
pregnancy test/chorionic gonadotropin (alpha-HCG)		PLN 15.00
total urine calcium		PLN 6.00
Stool tests		
general stool examination		PLN 12.00
stool test for the presence of lamblia		PLN 20.00
stool test for the presence of parasite eggs		PLN 20.00
stool test for the presence of pinworms		PLN 12.00
stool test for the presence of rotaviruses/adenoviruses		PLN 28.00
stool test – Helicobacter pylori antigen		PLN 28.00
stool test – food residues		PLN 14.00
stool test for the presence of Shigella and Salmonella		PLN 28.00
hemoccult test		PLN 12.00
Hormonal tests		
17-hydroxycorticosteroids (17- OHCS)		PLN 26.00
adrenalin		PLN 35.00
plasma renin activity (PRA)		PLN 35.00
aldolase		PLN 35.00
aldosterone		PLN 35.00
androstenedione		PLN 35.00
androsterone		PLN 35.00
insulin-like growth factor- binding protein (IGFBP-3)		PLN 40.00
deoxycortisol		PLN 26.00
DHEA-S (dehydroepiandrosterone sulfate)		PLN 30.00
erythropoietin		PLN 30.00
acetylcholinesterase		PLN 20.00
estradiol (E2)		PLN 30.00
estriol		PLN 30.00
free estriol		PLN 30.00
phenylalanine (PKU)		PLN 35.00
glycolytic protein		PLN 40.00
sex hormone binding globulin (SHBG)		PLN 30.00
glutamyltransferase		PLN 40.00
chorionic gonadotropin (alpha- HCG)		PLN 15.00
chorionic gonadotropin (beta- HCG)		PLN 15.00
acid haemolysis		PLN 40.00
adrenocorticotropic hormone (ACTH)		PLN 26.00
anti-Müllerian hormone (AMH) – fertility diagnostics		PLN 80.00
follicle-stimulating hormone (FSH)		PLN 26.00
luteinising hormone (LH)		PLN 26.00
thyroid-stimulating hormone (TSH)		PLN 26.00
growth hormone (GH)		PLN 26.00
Inhibin B		PLN 80.00
insulin-like growth factor 1 (IGF-1)		PLN 40.00
calcitonin		PLN 22.00
catecholamines		PLN 26.00
cortisol	afternoon sampling	PLN 26.00
cortisol	morning sampling	PLN 26.00
kappa and lambda light chains		PLN 55.00
N-Acetylglucosaminidase		PLN 26.00
osteocalcin		PLN 30.00
PAPP-A (screening)		PLN 150.00
parathormone intact (iPTH)		PLN 25.00
progesterone		PLN 26.00
prolactin – metoclopramide test	120 min after ingestion	PLN 30.00
prolactin – metoclopramide test	30 min after ingestion	PLN 30.00
prolactin – metoclopramide test	60 min after ingestion	PLN 30.00
prolactin – metoclopramide test	before metoclopramide ingestion	PLN 30.00
prolactin (PRL)		PLN 26.00
oestrogen receptors		PLN 35.00
progesterone receptors		PLN 35.00
renin		PLN 28.00
serotonin		PLN 28.00
total testosterone		PLN 26.00
free testosterone		PLN 26.00
total triiodothyronine (TT3)		PLN 18.00
free triiodothyronine (FT3)		PLN 18.00
total thyroxine (TT4)		PLN 18.00
free thyroxine (FT4)		PLN 18.00
Tumour markers		
alpha-fetoprotein (AFP)		PLN 30.00
antigen CA 125 (CA 125)		PLN 32.00
antigen CA 15-3 (CA15-3)		PLN 32.00
antigen CA 19-9 (CA 19-9)		PLN 32.00
carcinoembryonic antigen (CEA)		PLN 32.00
prostate-specific antigen (total PSA)		PLN 32.00
prostate-specific antigen (free PSA)		PLN 45.00
immunoassay for tumour antigen		PLN 32.00
beta-2-microglobulin (b2-M)		PLN 30.00
Microbiological tests		
antibiotic susceptibility test		PLN 20.00
fungal culture test, antifungal susceptibility test	stool	PLN 35.00
fungal culture test, antifungal susceptibility test	blood	PLN 35.00
fungal culture test, antifungal susceptibility test	urethra material	PLN 35.00
fungal culture test, antifungal susceptibility test	pharyngeal material	PLN 35.00

Service name	Detailed description	SI of Medical Benefits (in PLN)
fungal culture test, antifungal susceptibility test	oral cavity material	PLN 35.00
fungal culture test, antifungal susceptibility test	nasal material	PLN 35.00
fungal culture test, antifungal susceptibility test	nasopharyngeal material	PLN 35.00
fungal culture test, antifungal susceptibility test	rectal material	PLN 35.00
fungal culture test, antifungal susceptibility test	bronchial material	PLN 35.00
fungal culture test, antifungal susceptibility test	toe nail ma	PLN 35.00
fungal culture test, antifungal susceptibility test	finger nail ma	PLN 35.00
fungal culture test, antifungal susceptibility test	wound material	PLN 35.00
fungal culture test, antifungal susceptibility test	cervical material	PLN 35.00
fungal culture test, antifungal susceptibility test	ear material	PLN 35.00
fungal culture test, antifungal susceptibility test	conjunctival sac material	PLN 35.00
fungal culture test, antifungal susceptibility test	dermal material	PLN 35.00
fungal culture test, antifungal susceptibility test	vulvar material	PLN 35.00
fungal culture test, antifungal susceptibility test	urine	PLN 35.00
fungal culture test, antifungal susceptibility test	semen	PLN 35.00
fungal culture test, antifungal susceptibility test	spit	PLN 35.00
fungal culture test, antifungal susceptibility test	pus	PLN 35.00
fungal culture test, antifungal susceptibility test	hair	PLN 35.00
fungal culture test, antifungal susceptibility test	conjunctival sac	PLN 35.00
nasal exfoliative cytology		PLN 30.00
stool culture		PLN 28.00
stool culture for the presence of parasites		PLN 28.00
stool culture for the presence of Salmonella – Shigella		PLN 28.00
blood culture	aerobic culture	PLN 28.00
urine culture		PLN 28.00
semen culture		PLN 30.00
spit culture	anaerobic culture	PLN 28.00
spit culture	aerobic culture	PLN 28.00
pus culture	anaerobic culture	PLN 28.00
pus culture	aerobic culture	PLN 28.00
culture for Streptococcus agalactiae (GBS)	anaerobic culture	PLN 28.00
vaginal culture	anaerobic culture	PLN 28.00
vaginal culture	aerobic culture	PLN 28.00
urethral swab	anaerobic culture	PLN 28.00
urethral swab	aerobic culture	PLN 28.00
pharyngeal swab	anaerobic culture	PLN 28.00
pharyngeal swab	aerobic culture	PLN 28.00
oral cavity swab	anaerobic culture	PLN 28.00
oral cavity swab	aerobic culture	PLN 28.00
cervical swab	anaerobic culture	PLN 28.00
cervical swab	aerobic culture	PLN 28.00
tonsillar swab	anaerobic culture	PLN 28.00
tonsillar swab	aerobic culture	PLN 28.00
nasal swab	anaerobic culture	PLN 28.00
nasal swab	aerobic culture	PLN 28.00
nasopharyngeal swab	anaerobic culture	PLN 28.00
nasopharyngeal swab	aerobic culture	PLN 28.00
eye swab		PLN 28.00
vaginal swab (vaginal cleanliness)	vaginal biocenosis	PLN 28.00
wound swab	anaerobic culture	PLN 28.00
wound swab	aerobic culture	PLN 28.00
ear swab	anaerobic culture	PLN 28.00
ear swab	aerobic culture	PLN 28.00
skin lesion swab	anaerobic culture	PLN 28.00
skin lesion swab	aerobic culture	PLN 28.00
Serological tests		
particle agglutination		PLN 20.00
Hbe antigen		PLN 20.00
HBS antigen (type B hepatitis v irus HBs – HBsAg)		PLN 20.00
lupus anticoagulant (LA)		PLN 55.00
test for rotaviruses		PLN 28.00
cyclic citrullinated peptide (CCP) IgG antibodies		PLN 55.00
anti-tissue transglutaminase antibodies (anti-tGT) in IgG class, ELISA method		PLN 28.00
anti-tissue transglutaminase antibodies (anti-tGT) in IgA class, ELISA method		PLN 28.00
anti-neutrophil cytoplasmic antibodies ANCA (pANCA and cANCA), IIF method		PLN 55.00
anti-liver cytosol antibody type 1 (anti-LC1), Immunoblotting method		PLN 55.00
anti-bacterial antibodies		PLN 28.00
anti-beta-2-glycoprotein-1 antibodies IgG		PLN 55.00
anti-beta-2-glycoprotein-1 antibodies IgM		PLN 55.00
anti-glomerular basement membrane antibodies (anti-GMB) and alveolar basement membrane antibodies, IIF method		PLN 55.00
anti-Bordetella pertussis antibodies IgG		PLN 55.00
anti-Bordetella pertussis antibodies IgM		PLN 55.00
anti-Borrelia antibodies IgG	assayed using the Western Blot method	PLN 28.00
anti-Borrelia antibodies IgG	assayed using the E LISA method	PLN 28.00

Service name	Detailed description	SI of Medical Benefits (in PLN)
anti-Borrelia antibodies IgM	assayed using the Western Blot method	PLN 28.00
anti-Borrelia antibodies IgM	assayed using the ELISA method	PLN 28.00
anti-Brucella antibodies IgG		PLN 40.00
anti-Brucella antibodies IgM		PLN 40.00
anti-Chlamydia pneumoniae antibodies IgA		PLN 55.00
anti-Chlamydia pneumoniae antibodies IgG		PLN 28.00
anti-Chlamydia pneumoniae antibodies IgM		PLN 28.00
anti-Chlamydia trachomatis antibodies IgG		PLN 28.00
anti-Chlamydia trachomatis antibodies IgM		PLN 28.00
anti-Coxsackie type A and B antibodies using the IIF method		PLN 55.00
anti-Cytomegalovirus (anti-CMV) antibodies IgG		PLN 28.00
anti-Cytomegalovirus (anti-CMV) antibodies IgM		PLN 28.00
anti-neutrophil cytoplasmic antibodies (ANCA)		PLN 28.00
anti-intrinsic factor antibodies Castlea and Anti-parietal cell antibodies (APCA), IIF method		PLN 55.00
anti-glutamic acid decarboxylase (GAD) antibodies		PLN 55.00
anti-double-stranded / native DNA antibodies – dsDNA (nDNA)		PLN 55.00
anti-dsDNA antibodies, IIF method		PLN 55.00
anti-endomysial antibodies – IgA – EmA IgA		PLN 55.00
anti-endomysial antibodies – IgG – EmA IgG		PLN 55.00
anti-endomysial and anti-gliadin antibodies in IgA class (jointly), IIF method		PLN 55.00
anti-endomysial and anti-gliadin antibodies in IgG class (jointly), IIF method		PLN 55.00
anti-endomysial and anti-gliadin antibodies in IgA and IgG class (jointly), IIF method		PLN 55.00
anti-endomysial and anti-reticulin antibodies IgA		PLN 55.00
anti-endomysial and anti-reticulin antibodies IgG		PLN 55.00
anti-endomysial antibodies IgG, IgA EmA		PLN 55.00
anti-endomysial, anti-reticulin and anti-gliadin antibodies IgA+IgG		PLN 55.00
anti-Epstein-Barr virus antibodies (infectious mononucleosis, EBV) IgG		PLN 28.00
anti-Epstein-Barr virus antibodies (infectious mononucleosis, EBV) IgM		PLN 28.00
anti-tyrosine phosphatase antibodies (IA2)		PLN 55.00
anti-phosphatidylinositol antibodies IgG		PLN 55.00
anti-phosphatidylinositol antibodies IgM		PLN 55.00
anti-gliadin antibodies (AGA) – in IgG and IgA classes (jointly), IIF method		PLN 55.00
anti-gliadin antibodies class IgA – AGA		PLN 55.00
anti-gliadin antibodies class IgG – AGA		PLN 55.00
anti-Ascaris lumbricoides antibodies IgG		PLN 55.00
anti-HAV antibodies	IgM fraction	PLN 28.00
anti-HAV antibodies	total level	PLN 28.00
anti-HBc antibodies (total)		PLN 28.00
anti-Hbe antibodies		PLN 28.00
anti-HBs antibodies		PLN 28.00
anti-HCV antibodies		PLN 28.00
anti-Helicobacter pylori antibodies		PLN 28.00
heterophile antibodies		PLN 28.00
anti-HIV1/HIV2 antibodies		PLN 28.00
antinuclear antibodies (ANA1)		PLN 28.00
antinuclear antibodies (ANA2)		PLN 28.00
antinuclear antibodies (ANA3)		PLN 28.00
antinuclear antibodies and anticytoplasmic antibodies (1), screening test by IIF method		PLN 55.00
bile duct antibodies, IIF method		PLN 55.00
anti-cardiolipin antibodies in IgG and IgM classes (jointly), ELISA method		PLN 28.00
anti-parietal cell antibodies (APCA), IIF method		PLN 55.00
anti-adrenal cortex antibodies		PLN 55.00
anti-Listeria monocytogenes antibodies, qualitative		PLN 55.00
anti-smooth muscle antibodies ASMA		PLN 55.00
anti-skeletal muscle and anti-cardiac muscle antibodies (myasthenia gravis), IIF method		PLN 55.00
anti-skeletal muscle antibodies, IIF method		PLN 55.00
anti-liver kidney microsomal antibodies (anti-LKM), IIF method		PLN 55.00
anti-mitochondrial antibodies AMA		PLN 55.00
anti-mitochondrial antibodies AMA type M2		PLN 55.00
anti-Morbillivirus (measles) antibodies IgG		PLN 55.00
anti-Morbillivirus (measles) antibodies IgM		PLN 55.00
anti-Myxovirus parotitis (mumps) IgG		PLN 55.00
anti-Myxovirus parotitis (mumps) IgM		PLN 55.00
anti-nucleosome antibodies (ANuA) (IMMUNOBLOT)		PLN 55.00
anti-pemphigus and pemphigoid antibodies, IIF method		PLN 55.00

Service name	Detailed description	SI of Medical Benefits (in PLN)
anti-thyroid peroxidase antibodies (aTPO, anti-TPO)		PLN 28.00
anti-Pneumocystis carinii antibodies IgG		PLN 55.00
anti-Pneumocystis carinii antibodies IgM		PLN 55.00
acetylcholine receptor antibodies (AChR – Ab)		PLN 55.00
anti-TSH receptor antibodies (thyrotropin receptor antibodies TRAb, anti-TSHR)		PLN 28.00
anti-reticulin antibodies (ARA) in IgA class, IIF method		PLN 55.00
anti-reticulin antibodies (ARA) in class IgG class, IIF method		PLN 55.00
anti-reticulin antibodies (ARA) in IgA and IgG class (jointly), IIF method		PLN 55.00
anti-Rubivirus (rubella) antibodies |IgG		PLN 55.00
anti-Rubivirus (rubella) antibodies IgM		PLN 55.00
anti-Saccharomyces cerevisiae antibodies (ASCA) IgG, IIF method		PLN 55.00
anti-Shigella antibodies		PLN 28.00
anti-TBEV (tick-borne encephalitis virus) antibodies IgM		PLN 55.00
anti-toxoplasmosis antibodies IgG (avidity test)		PLN 55.00
anti-Toxoplasma gondii antibodies IgG		PLN 28.00
anti-Toxoplasma gondii antibodies IgM		PLN 28.00
anti-TPO (anti-microsomal) antibodies		PLN 28.00
anti-Treponema pallidum antibodies (syphilis – confirmation tests FTA, ABS)		PLN 55.00
anti-Trichinella spiralis (trichinosis) antibodies IgG		PLN 55.00
anti-thyroglobulin antibodies		PLN 28.00
anti-Varicella zoster virus (chickenpox) antibodies IgG		PLN 55.00
anti-Varicella zoster virus (chickenpox) antibodies IgM		PLN 55.00
anti-pancreatic islet cell, anti-pancreatic exocrine Cell and Anti-intestinal goblet cells, IIF method		PLN 55.00
anti-Yersinia antibodies		PLN 28.00
antibodies – liver panel – (anti-LKM, anti-LSP, anti-SLA), IIF method		PLN 55.00
antibodies – full liver panel – (ANA2, AMA, ASMA, anti-LKM, anti-LSP, anti-SLA), IIF,DID method		PLN 55.00
SLE – semi-quantitative		PLN 55.00
Diabetes diagnostics		
glycated haemoglobin (HbA1c, glycohaemoglobin, GHB))		PLN 20.00
insulin		PLN 22.00
insulin after ingestion	empty stomach	PLN 50.00
	after 120 minutes	PLN 50.00
	after 60 minutes	PLN 50.00
	after administration of 50 g glucose after 120 minutes	PLN 50.00
	after administration of 50 g glucose after 60 minutes	PLN 50.00
	after administration of 75 g glucose after 120 minutes	PLN 50.00
	after administration of 75 g glucose after 180 minutes	PLN 50.00
	after administration of 75 g glucose after 240 minutes	PLN 50.00
	after administration of 75 g glucose after 300 minutes	PLN 50.00
	after administration of 75 g glucose after 60 minutes	PLN 50.00
C-peptide		PLN 25.00
Immunological tests		
Immunoglobulins (IgA)		PLN 22.00
Immunoglobulins (IgG)		PLN 22.00
Immunoglobulins (IgM)		PLN 22.00
Immunoglobulins (IgE)	E total	PLN 22.00
allergy blood tests (1 allergen)	IgE sp. Acarus Siro D70 (in dust)	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. Alternaria Tenuis M6	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. Amoxicillin C204	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. Aspergillus Fumigatus M3	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. Plantago lanceolata W9	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. Banana F92	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. Egg white F1	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. Betula pendula T3	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. Artemisia vulgaris W6	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. Candida Albicans M5	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. Onion F48	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. Chironimus Plumosus 173	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. Weeds – a mix: Artemisia vulgaris (W6), Urtica dioica (W20), Solidago virgaurea (W12), Plantago lanceolata (W9), Chenopodium album (W10)	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. Cladosporium Herbarum M2	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. Chocolate F105	PLN 10.00

Service name	Detailed description	SI of Medical Benefits (in PLN)
allergy blood tests (1 allergen)	IgE sp. Codfish F3	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. Brewing yeasts F403	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. Trees – a mix: alder (T2), birch (T3), hazel (T4), oak (T7), willow (T12)	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. Bean F15	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. FP5 – food mix (children's): cod (F3), egg white (F1), peanut (F13), cow milk (F2), soya (F14), wheat flour (F4)	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. Ascaris lumbricoides P1	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. Gluten (Gliadin) F79	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. GP4 – mix of late season grasses: sweet vernal grass (G1), perennial ryegrass (G5), timothy-grass (G6), common reed (G7), rye (G12), tufted grass (G13)	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. Pea F12	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. Pear F94	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. Buckwheat F11	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. Turkey F284	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. Apple F49	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. Venom of Common Wasp sp.I3	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. Venom of Bee I1	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. Venom of European Hornet I5	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. Lamb (mutton) F88	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. Whole egg F245	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. Barley F6	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. Cacao F93	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. German cockroach I6	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. Coffee F221	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. Casein F78	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. Kiwi F84	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. Mosquito I71	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. Goosefoot W10	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. Dill 277	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. Meadow fescue G4	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. Orchard grass G3	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. Corn F8	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. Chicken F83	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. Dust – mix (Bencard)	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. Latex K82	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. Lepidoglyphus Destructor D71	PLN 10.00

Service name	Detailed description	SI of Medical Benefits (in PLN)
allergy blood tests (1 allergen)	IgE sp. Common hazel T4	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. Carrot F31	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. mix FP2 – fish, crustacea, sea food: cod (F3), prawn (F24), salmon (F41), common mussel (F37), tuna (F40)	PLN 10.00
allergy blood tests (1 allergen)	epidermal mix EP1: dog (E5), cat (E1), horse (E3), cow (E4)	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. mould mix MP1: Alternaria tenuis (M6), Penicilium notatum (M1), Cladosporium herbarum (M2), Aspergillus fumigatus (M3), Candida ablicans (M5)	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. Cow milk – alpha – lactalbumin F76	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. Cow milk – Beta – Lactalbumin F77	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. Cow milk F2	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. Mucor Racemosus M4	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. Mustard F89	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. Hamster epidermis E84	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. Rabbit epidermis E82	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. Sheep epidermis E81	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. Guinea pig epidermis E6	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. Pigeon droppings E7	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. Cucumber F244	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. Alder T2	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. Hazel nut F17	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. Walnut F256	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. Peanut F13	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. Oat F7	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. Panel of respiratory allergens	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. Mixed panel	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. Food panel	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. Penicillium Notatum M1	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. Black pepper F280	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. Feathers (goose feathers) E70	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. Feather mix EP71 duck feathers (E86), goose feathers (E70), chicken feathers, turkey feathers	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. Parsley F86	PLN 10.00

Service name	Detailed description	SI of Medical Benefits (in PLN)
allergy blood tests (1 allergen)	IgE sp. Duck feathers E86	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. Canary feathers E201	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. Budgerigar feathers E78	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. Orange F33	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. Tomato F25	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. Wheat F4	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. Rye grass pollen G12	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. Dermathopag Pteronyssinus dust mite D1	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. Dermathophag Farinae dust mite D2	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. Rice F9	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. Celery F85	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. Cheddar F81	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. Horse hair E3	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. Cat hair E1	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. Dog hair E2	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. Soya F14	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. Poplar T14	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. Grasses – mix GP1 (G3 orchard grass, G4 meadow fescue, G5 sweet vernal grass, G6 timothy-grass, G8 meadow-grass)	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. Strawberry F44	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. Tuna F40	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. Timothy-grass G6	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. Tyrophagus Putrescentiae	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. Pork F26	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. Willow T12	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. Beef F27	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. Potato F35	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. Egg yolk F75	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. Rye F5	PLN 10.00
allergy blood tests (panel)	other	PLN 130.00
Other tests		
Basic arterial-blood gas test (pH, pCO2, pO2)		PLN 20.00
Radiology tests (x-ray)		
densitometry	of femur	PLN 55.00
densitometry	lumbar spine	PLN 55.00
densitometry	of lumbar spine and femur	PLN 55.00
mammography	targeted	PLN 75.00
mammography	general	PLN 75.00
sella turcica targeted x-ray		PLN 40.00

Service name	Detailed description	SI of Medical Benefits (in PLN)
Skull x-ray	targeted to optic canals	PLN 40.00
Skull x-ray	targeted to temporal bone	PLN 40.00
Skull x-ray	targeted, Rhese method	PLN 40.00
Skull x-ray	targeted, Schuller method (ears)	PLN 40.00
Skull x-ray	targeted, Stenvers method (ears)	PLN 40.00
Skull x-ray	in two projections	PLN 40.00
Skull x-ray	in one projection	PLN 40.00
Skull x-ray	in three projections	PLN 40.00
Hand x-ray	comparative x-ray of both hands	PLN 40.00
Hand x-ray	AP projection	PLN 40.00
Hand x-ray	AP projection + lateral	PLN 40.00
Hand x-ray	AP projection + lateral + diagonal	PLN 40.00
Hand x-ray	lateral projection	PLN 40.00
Chest x-ray	AP projection	PLN 40.00
Chest x-ray	AP projection + lateral	PLN 40.00
Chest x-ray	lateral projection	PLN 40.00
Chest x-ray	X-ray tomogram	PLN 40.00
Chest x-ray with barite	AP projection	PLN 40.00
Chest x-ray with barite + lateral	AP projection	PLN 40.00
Chest x-ray with barite	lateral projection	PLN 40.00
Knee x-ray	targeted to patella, axial	PLN 40.00
Knee x-ray	targeted to patella, tangential	PLN 40.00
Knee x-ray	targeted to patella in three positions	PLN 40.00
Knee x-ray	comparative x-ray of both joints	PLN 40.00
Knee x-ray	AP projection	PLN 40.00
Knee x-ray	AP projection + lateral	PLN 40.00
Knee x-ray	lateral projection	PLN 40.00
Lower extremity x-ray		PLN 40.00
Upper extremity x-ray		PLN 40.00
Sacral bone x-ray		PLN 40.00
Nasal bone x-ray		PLN 40.00
Coccyx x-ray	AP + lateral +	PLN 40.00
Coccyx x-ray	lateral with coccyx	PLN 40.00
Coccyx x-ray	lateral/AP – one projection	PLN 40.00
Heel bone x-ray	(empty)	PLN 40.00
Shank x-ray	comparative x-ray of both extremities	PLN 40.00
Shank x-ray	with knee, AP projection	PLN 40.00

Service name	Detailed description	SI of Medical Benefits (in PLN)
Shank x-ray	with knee, lateral projection	PLN 40.00
Shank x-ray	with ankle, AP projection	PLN 40.00
Shank x-ray	with ankle, lateral projection	PLN 40.00
Humerus x-ray	comparative x-ray, AP projection of both bones	PLN 40.00
Humerus x-ray	comparative x-ray, axial projection of both bones	PLN 40.00
Humerus x-ray	AP projection	PLN 40.00
Humerus x-ray	AP projection + lateral	PLN 40.00
Humerus x-ray	with shoulder, axial	PLN 40.00
Femur x-ray	with hip, AP projection	PLN 40.00
Femur x-ray	with hip, lateral projection	PLN 40.00
Femur x-ray	with knee, AP projection	PLN 40.00
Femur x-ray	with knee, lateral projection	PLN 40.00
Lumbar spine x-ray	targeted to sacral joints AP projection	PLN 40.00
Lumbar spine x-ray	targeted to sacral joints, AP projection + lateral	PLN 40.00
Lumbar spine x-ray	targeted to sacral joints, diagonal projection	PLN 40.00
Lumbar spine x-ray	functional	PLN 40.00
Lumbar spine x-ray	AP projection	PLN 40.00
Lumbar spine x-ray	AP projection + lateral	PLN 40.00
Lumbar spine x-ray	AP projection + lateral + diagonal	PLN 40.00
Lumbar spine x-ray	lateral projection	PLN 40.00
Lumbar spine x-ray	diagonal projection	PLN 40.00
Thoracic spine x-ray	AP projection	PLN 40.00
Thoracic spine x-ray	AP projection + lateral	PLN 40.00
Thoracic spine x-ray	AP projection + lateral + diagonal	PLN 40.00
Thoracic spine x-ray	lateral projection	PLN 40.00
Thoracic spine x-ray	diagonal projection	PLN 40.00
Cervical spine x-ray	functional	PLN 40.00
Cervical spine x-ray	AP projection	PLN 40.00
Cervical spine x-ray	AP projection + lateral	PLN 40.00
Cervical spine x-ray	AP projection + lateral + diagonal	PLN 40.00
Cervical spine x-ray	lateral projection	PLN 40.00
Cervical spine x-ray	diagonal projection	PLN 40.00
Cervical, thoracic and lumbar spine x-ray	functional	PLN 40.00
Cervical, thoracic and lumbar spine x-ray	standing position, AP projection (scoliosis)	PLN 40.00
Cervical, thoracic and lumbar spine x-ray	standing position, AP projection + lateral (scoliosis)	PLN 40.00
Cervical, thoracic and lumbar spine x-ray	standing position, AP projection + lateral + diagonal (scoliosis)	PLN 40.00
Cervical, thoracic and lumbar spine x-ray	AP projection	PLN 40.00
Cervical, thoracic and lumbar spine x-ray	AP projection + lateral	PLN 40.00
Cervical, thoracic and lumbar spine x-ray	diagonal projection	PLN 40.00
Atlas and axis x-ray	(empty)	PLN 40.00
Larynx x-ray without dye	layered images	PLN 40.00
Shoulder blade x-ray	AP projection	PLN 40.00
Shoulder blade x-ray	AP projection + lateral	PLN 40.00
Zygomatic arches x-ray		PLN 40.00
Pelvic x-ray		PLN 40.00
Lesser pelvis x-ray		PLN 40.00
Sternum x-ray	AP projection	PLN 40.00
Sternum x-ray	lateral projection	PLN 40.00
Wrist x-ray	targeted to scaphoid bone	PLN 40.00
Wrist x-ray	comparative x-ray of both hands	PLN 40.00
Wrist x-ray	AP projection	PLN 40.00
Wrist x-ray	AP projection + lateral	PLN 40.00
Wrist x-ray	AP projection + lateral + diagonal	PLN 40.00
Wrist x-ray	lateral projection	PLN 40.00
Nose x-ray		PLN 40.00
Nasopharynx x-ray (third tonsil)		PLN 40.00
Collarbone x-ray		PLN 40.00
Orbit x-ray	AP projection	PLN 40.00
Orbit x-ray	AP projection + lateral	PLN 40.00
Finger x-ray	comparative x-ray of both hands	PLN 40.00
Finger x-ray	AP projection	PLN 40.00
Finger x-ray	AP projection + lateral	PLN 40.00
Finger x-ray	AP projection + lateral + diagonal	PLN 40.00
Finger x-ray	lateral projection	PLN 40.00
Skull base x-ray		PLN 40.00
Hypochondrium x-ray		PLN 40.00
Occiput x-ray		PLN 40.00
Forearm x-ray	comparative x-ray, AP + lateral of both bones	PLN 40.00
Forearm x-ray	AP projection	PLN 40.00
Forearm x-ray	AP projection + lateral	PLN 40.00
Overall abdominal x-ray	other	PLN 40.00

Service name	Detailed description	SI of Medical Benefits (in PLN)
Overall abdominal x-ray	horizontal position	PLN 40.00
Overall abdominal x-ray	standing position, AP projection (scoliosis)	PLN 40.00
Gastrointestinal x-ray with dye	small intestine passage (standard dye)	PLN 40.00
Gastrointestinal x-ray with dye	oesophagus, stomach and duodenum passage (standard asset x-ray dye)	PLN 40.00
Gastrointestinal x-ray with dye	lower gastrointestinal series (standard dye)	PLN 40.00
Tooth bitewing x-ray		PLN 40.00
Hip x-ray	children	PLN 40.00
Hip x-ray	comparative x-ray of both joints – adults	PLN 40.00
Hip x-ray	AP projection – adults	PLN 40.00
Hip x-ray	axial projection – adults	PLN 40.00
CT of sacroiliac joints without contrast	AP projection	PLN 40.00
CT of sacroiliac joints without contrast	AP projection + lateral	PLN 40.00
CT of sacroiliac joints without contrast	diagonal projection	PLN 40.00
Ankle x-ray	comparative x-ray of both joints	PLN 40.00
Ankle x-ray	AP projection	PLN 40.00
Ankle x-ray	AP projection + lateral	PLN 40.00
Ankle x-ray	lateral projection	PLN 40.00
Shoulder x-ray	comparative x-ray of both joints	PLN 40.00
Shoulder x-ray	AP projection	PLN 40.00
Shoulder x-ray	axial projection	PLN 40.00
Elbow x-ray	comparative x-ray of both joints	PLN 40.00
Elbow x-ray	AP projection	PLN 40.00
Elbow x-ray	AP projection + lateral	PLN 40.00
Elbow x-ray	axial projection	PLN 40.00
Sternoclavicular joint x-ray		PLN 40.00
Feet x-ray	targeted to metatarsal bones	PLN 40.00
Feet x-ray	targeted to toes	PLN 40.00
Feet x-ray	targeted to heel, lateral	PLN 40.00
Feet x-ray	targeted to heel, axial	PLN 40.00
Feet x-ray	comparative x-ray of both feet	PLN 40.00
Feet x-ray	AP projection	PLN 40.00
Feet x-ray	AP projection + lateral	PLN 40.00
Feet x-ray	AP projection + lateral + diagonal	PLN 40.00
Feet x-ray	lateral projection	PLN 40.00
Achilles tendon x-ray		PLN 40.00
Salivary gland x-ray		PLN 40.00
Mediastinum x-ray		PLN 40.00
Facial skeleton x-ray		PLN 40.00
Ear x-ray		PLN 40.00
Sinus x-ray		PLN 40.00
Bite x-ray		PLN 40.00
Rib x-ray	AP projection	PLN 40.00
Rib x-ray	lateral projection	PLN 40.00
Rib x-ray	diagonal projection	PLN 40.00
Mandible x-ray	AP projection	PLN 40.00
Mandible x-ray	diagonal projection	PLN 40.00
urography		PLN 120.00
Function tests		
Organ of hearing		
impedance audiometry		PLN 30.00
pure tone audiometry		PLN 30.00
Cardiovascular system		
rest-ECG without description		PLN 20.00
rest-ECG with description		PLN 20.00
24-hour ambulatory blood pressure monitoring (Holter monitor)		PLN 65.00
24-hour ambulatory blood pressure monitoring (Holter monitor)		PLN 80.00
echocardiography (ECHO)		PLN 80.00
exercise ECG		PLN 80.00
ECG event monitor		PLN 80.00
Respiratory system		
spirometry	standard without medication	PLN 30.00
spirometry	with vasodilator	PLN 30.00
Organ of vision		
GDx test		PLN 30.00
Urinary system		
uroflowmetry		PLN 40.00
Nervous system		
EEG – electroencephalography	vigilance	PLN 60.00
EMG – electromyography	carpal tunnel syndrome	PLN 120.00
EMG – electromyography	quantitative muscle assessment	PLN 120.00
EMG – electromyography	motor neuron disease	PLN 120.00
EMG – electromyography	facial nerve	PLN 120.00
EMG – electromyography	non-traumatic nerve damage	PLN 120.00
EMG – electromyography	assessment of muscle function at rest	PLN 120.00
EMG – electromyography	polyneuropathy / myopathy	PLN 120.00
EMG – electromyography	post-traumatic nerve damage	PLN 120.00
EMG – electromyography	ischemic test	PLN 120.00
EMG – electromyography	myasthenic test	PLN 120.00

Service name	Detailed description	SI of Medical Benefits (in PLN)
EMG – electromyography	plexus injury	PLN 120.00
ENG – electroneurography	sensory nerve	PLN 80.00
ENG – electroneurography	motor neuron (long)	PLN 80.00
ENG – electroneurography	motor neuron (short sections)	PLN 80.00
ENG – electronystagmography		PLN 80.00
Ultrasound tests (Ultrasound)		
Ultrasound		
Popliteal fossa ultrasound		PLN 60.00
Ultrasound of eyeballs and orbits		PLN 60.00
Ultrasound of abdomen and retroperitoneal space		PLN 60.00
Testicle and epididymis ultrasound		PLN 60.00
Larynx ultrasound		PLN 60.00
Muscle ultrasound		PLN 60.00
Wrist ultrasound		PLN 60.00
Ultrasound of kidneys, ureters, bladder		PLN 60.00
Eye ultrasound		PLN 110.00
Finger ultrasound		PLN 60.00
Bladder ultrasound		PLN 60.00
Breast ultrasound		PLN 60.00
Prostate ultrasound (transrectal)		PLN 60.00
Prostate ultrasound through abdominal wall		PLN 60.00
Hand ultrasound		PLN 60.00
Shoulder ultrasound		PLN 60.00
Hip ultrasound		PLN 60.00
Knee ultrasound		PLN 60.00
Elbow ultrasound		PLN 60.00
Ankle ultrasound		PLN 60.00
Foot ultrasound		PLN 60.00
Achilles tendon ultrasound		PLN 60.00
Ultrasound of salivary glands		PLN 60.00
Thyroid ultrasound		PLN 60.00
Ultrasound of intracranial arteries		PLN 60.00
Ultrasound of soft tissues		PLN 60.00
Subcutaneous tissue ultrasound		PLN 60.00
Transvaginal ultrasound (TV ultrasound)		PLN 60.00
Lymph nodes ultrasound		PLN 60.00
Ligaments ultrasound		PLN 60.00
Doppler ultrasonography		
Doppler ultrasonography of venous and arterial vessels of lower extremities	arterial vessels	PLN 80.00
Doppler ultrasonography of venous and arterial vessels of lower extremities	venous vessels	PLN 80.00
Doppler ultrasonography of venous and arterial vessels of upper extremities	arterial vessels	PLN 80.00
Doppler ultrasonography of venous and arterial vessels of upper extremities	venous vessels	PLN 80.00
Doppler ultrasonography of neck vessels		PLN 80.00
Doppler ultrasonography of the portal system		PLN 80.00
Doppler ultrasonography of celiac artery		PLN 80.00
Doppler ultrasonography of renal arteries		PLN 80.00
Doppler ultrasonography of inferior vena cava and iliac veins		PLN 80.00
Fine needle aspiration biopsies under ultrasound guidance		
of prostate with histopathology		PLN 110.00
of lymph nodes with histopathology		PLN 110.00
of pathological lesion with histopathology		PLN 110.00
of breast with histopathology		PLN 110.00
of thyroid with histopathology		PLN 100.00
Endoscopy		
anoscopy		PLN 70.00
anoscopy with sampling and histopathology		PLN 90.00
bronchoscopy		PLN 350.00
bronchoscopy with sampling and histopathology		PLN 380.00
bronchoscopy with restoring patency to the bronchial lumen (removal of foreign body)		PLN 380.00
gastroscopy		PLN 110.00
gastroscopy with sampling and histopathology and H.pylori test		PLN 140.00
gastroscopy with sampling and histopathology		PLN 130.00
gastroscopy with H.pylori test		PLN 120.00
colonoscopy without anaesthesia		PLN 250.00
colonoscopy without anaesthesia with sampling and histopathology	without polypectomy, without removal of polyps	PLN 280.00
colonoscopy with anaesthesia		PLN 350.00
colonoscopy with anaesthesia with sampling and histopathology	without polypectomy, without removal of polyps	PLN 380.00
colposcopy		PLN 80.00
colposcopy with sampling and histopathology		PLN 100.00
rectoscopy		PLN 80.00
rectoscopy with sampling and histopathology		PLN 100.00
sigmoidoscopy		PLN 110.00
sigmoidoscopy with sampling and histopathology	without polypectomy, without removal of polyps	PLN 130.00
general anaesthesia for endoscopy		PLN 200.00
Computer tomography (CT)		
OCT of eyes		PLN 150.00

Service name	Detailed description	SI of Medical Benefits (in PLN)
OCT of eye		PLN 100.00
(head) brain/brainstem CT + angiography	venous vessels and brain sinuses	PLN 230.00
(head) brain/brainstem CT + angiography	arterial vessels	PLN 230.00
(head) brain/brainstem CT without contrast		PLN 180.00
(head) brain/brainstem CT without contrast		PLN 230.00
(spine) spinal canal CT at lumbar/ sacral level without contrast		PLN 190.00
(spine) spinal canal CT at lumbar/ sacral level with contrast		PLN 250.00
(spine) spinal canal CT at thoracic level without contrast		PLN 190.00
(spine) spinal canal CT at thoracic and lumbar level without contrast		PLN 250.00
(spine) spinal canal CT at thoracic and lumbar level with contrast		PLN 250.00
(spine) spinal canal CT at thoracic level with contrast		PLN 250.00
(spine) spinal canal CT at cervical level without contrast		PLN 190.00
(spine) spinal canal CT at cervical and thoracic level without contrast		PLN 250.00
(spine) spinal canal CT at cervical and thoracic level with contrast		PLN 250.00
(spine) spinal canal CT at cervical level with contrast		PLN 250.00
(spine) spinal canal CT at cervical, thoracic and lumbar level without contrast		PLN 250.00
(spine) spinal canal CT at cervical, thoracic and lumbar level with contrast		PLN 250.00
abdominal CT without contrast		PLN 190.00
abdominal CT with contrast		PLN 250.00
abdominal and lesser pelvic CT without contrast (without aortic CT)		PLN 190.00
abdominal and lesser pelvic CT with contrast (without aortic CT)		PLN 250.00
chest CT without contrast (without CT of the heart, aorta and coronary arteries)		PLN 180.00
chest and abdominal CT without contrast		PLN 250.00
chest and abdominal CT with contrast		PLN 250.00
chest CT with contrast (without CT of the heart, aorta and coronary arteries)		PLN 230.00
chest, abdominal and lesser pelvic CT without contrast		PLN 250.00
chest, abdominal and lesser pelvic CT with contrast		PLN 250.00
chest, abdominal, lesser pelvic and neck CT without contrast		PLN 250.00
chest, abdominal, lesser pelvic and neck CT with contrast		PLN 250.00

Service name	Detailed description	SI of Medical Benefits (in PLN)
lower extremities CT without contrast	shanks	PLN 180.00
lower extremities CT without contrast	thighs	PLN 180.00
lower extremities CT with contrast	shanks	PLN 230.00
lower extremities CT with contrast	thighs	PLN 230.00
upper extremities CT without contrast	wrist	PLN 180.00
upper extremities CT without contrast	forearm	PLN 180.00
upper extremities CT without contrast	arm	PLN 180.00
upper extremities CT without contrast	hand	PLN 180.00
upper extremities CT with contrast	wrist	PLN 230.00
upper extremities CT with contrast	forearm	PLN 230.00
upper extremities CT with contrast	arm	PLN 230.00
upper extremities CT with contrast	hand	PLN 230.00
laryngeal CT without contrast		PLN 180.00
laryngeal CT with contrast		PLN 230.00
lesser pelvic CT without contrast		PLN 190.00
lesser pelvic CT with contrast		PLN 250.00
pelvic, bladder, prostate CT without contrast		PLN 190.00
pelvic, bladder, prostate CT with contrast		PLN 250.00
CT of kidneys and adrenal glands without contrast		PLN 190.00
CT of kidneys and adrenal glands with contrast		PLN 250.00
CT of orbits without contrast		PLN 230.00
CT of orbits with contrast		PLN 230.00
CT of petrous part of the temporal bone without contrast		PLN 180.00
CT of petrous part of the temporal bone with contrast		PLN 250.00
High-resolution CT of lungs (HRCT)		PLN 180.00
pituitary gland CT without contrast		PLN 250.00
pituitary gland CT with contrast		PLN 250.00
CT of hips without contrast		PLN 180.00
CT of hips with contrast		PLN 250.00
CT of sacroiliac joints without contrast		PLN 180.00
CT of sacroiliac joints with contrast		PLN 230.00
CT of ankles without contrast		PLN 180.00
CT of ankles with contrast		PLN 250.00
shoulder CT without contrast		PLN 180.00
shoulder CT with contrast		PLN 250.00
knee CT without contrast		PLN 180.00
knee CT with contrast		PLN 250.00
elbow CT without contrast		PLN 180.00
elbow CT with contrast		PLN 250.00
shoulder CT without contrast		PLN 180.00

Service name	Detailed description	SI of Medical Benefits (in PLN)
shoulder CT with contrast		PLN 250.00
foot CT without contrast		PLN 180.00
foot CT with contrast		PLN 250.00
neck CT without contrast		PLN 180.00
neck CT with contrast		PLN 230.00
sinus CT without contrast		PLN 180.00
sinus CT with contrast		PLN 250.00
OCT of eyes		PLN 150.00
OCT of eye		PLN 100.00
(head) brain/brainstem CT + angiography	venous vessels and brain sinuses	PLN 230.00
(head) brain/brainstem CT + angiography	arterial vessels	PLN 230.00
(head) brain/brainstem CT without contrast		PLN 180.00
(head) brain/brainstem CT without contrast		PLN 230.00
(spine) spinal canal CT at lumbar/ sacral level without contrast		PLN 190.00
(spine) spinal canal CT at lumbar/ sacral level with contrast		PLN 250.00
(spine) spinal canal CT at thoracic level without contrast		PLN 190.00
(spine) spinal canal CT at thoracic and lumbar level without contrast		PLN 250.00
(spine) spinal canal CT at thoracic and lumbar level with contrast		PLN 250.00
(spine) spinal canal CT at thoracic level with contrast		PLN 250.00
(spine) spinal canal CT at cervical level without contrast		PLN 190.00
(spine) spinal canal CT at cervical and thoracic level without contrast		PLN 250.00
(spine) spinal canal CT at cervical and thoracic level with contrast		PLN 250.00
(spine) spinal canal CT at cervical level with contrast		PLN 250.00
Magnetic resonance imaging (MRI)		
(head) brain/brainstem MRI without contrast		PLN 300.00
(head) brain/brainstem MRI with contrast		PLN 350.00
(spine) spinal canal MRI at lumbar/ sacral level without contrast		PLN 300.00
(spine) spinal canal MRI at lumbar/ sacral level with contrast		PLN 350.00
(spine) spinal canal MRI at thoracic level without contrast		PLN 300.00
(spine) spinal canal MRI at thoracic level with contrast		PLN 350.00
(spine) spinal canal MRI at cervical level without contrast		PLN 300.00
(spine) spinal canal MRI at cervical level with contrast		PLN 350.00
cerebral angiography MRI (spectroscopy excluded)		PLN 350.00
renal artery angiography MRI		PLN 400.00

Service name	Detailed description	SI of Medical Benefits (in PLN)
wrist arthrography MRI		PLN 400.00
shoulder arthrography MRI		PLN 400.00
knee arthrography MRI		PLN 400.00
elbow arthrography MRI		PLN 400.00
ankle arthrography MRI		PLN 400.00
cholangiography MRI		PLN 400.00
abdominal MRI without contrast (without cholangiography MRI)		PLN 300.00
abdominal MRI with cholangiography		PLN 400.00
abdominal MRI with contrast (without cholangiography MRI)		PLN 350.00
abdominal and lesser pelvic MRI without contrast		PLN 300.00
abdominal and lesser pelvic MRI with contrast		PLN 350.00
chest MRI without contrast (without angio MRI and heart examination)		PLN 350.00
chest and cardiac muscle MRI with contrast	angiography of chest vessels	PLN 400.00
chest and cardiac muscle MRI with contrast	heart examination with quantitative assessment of the contraction function	PLN 400.00
chest and cardiac muscle MRI with contrast	heart examination with quantitative assessment of the contraction function and vitality	PLN 400.00
chest and cardiac muscle MRI with contrast	heart examination with quantitative assessment of the contraction function, vitality and perfusion at rest	PLN 400.00
chest and cardiac muscle MRI with contrast	heart examination with quantitative assessment of blood flow	PLN 400.00
chest MRI with contrast (without angio MRI and heart examination)		PLN 400.00
lower extremities MRI without contrast	whole extremity	PLN 300.00
lower extremities MRI without contrast	targeted shank	PLN 300.00
lower extremities MRI without contrast	targeted foot	PLN 300.00
lower extremities MRI without contrast	targeted thigh	PLN 300.00
lower extremities MRI with contrast	whole extremity	PLN 350.00
lower extremities MRI with contrast	targeted shank	PLN 350.00
lower extremities MRI with contrast	targeted foot	PLN 350.00
lower extremities MRI with contrast	targeted thigh	PLN 350.00
upper extremities MRI without contrast	whole extremity	PLN 300.00

Service name	Detailed description	SI of Medical Benefits (in PLN)
upper extremities MRI without contrast	targeted forearm	PLN 300.00
upper extremities MRI without contrast	targeted arm	PLN 300.00
upper extremities MRI without contrast	targeted hand	PLN 300.00
upper extremities MRI with contrast	whole extremity	PLN 300.00
upper extremities MRI with contrast	targeted forearm	PLN 300.00
upper extremities MRI with contrast	targeted arm	PLN 300.00
upper extremities MRI with contrast	targeted hand	PLN 300.00
mammography MRI		PLN 400.00
lesser pelvic MRI without contrast		PLN 300.00
lesser pelvic MRI with contrast		PLN 350.00
pelvic, bladder, prostate MRI without contrast		PLN 350.00
pelvic, bladder, prostate MRI with contrast		PLN 350.00
MRI of orbits without contrast		PLN 300.00
MRI of orbits with contrast		PLN 350.00
pituitary gland MRI with contrast		PLN 350.00
MRI of hips without contrast		PLN 300.00
MRI of hips with contrast		PLN 350.00
MRI of knees without contrast		PLN 300.00
MRI of knees with contrast		PLN 350.00
MRI of sacroiliac joints without contrast		PLN 300.00
MRI of sacroiliac joints with contrast		PLN 350.00
MRI of ankles without contrast		PLN 300.00
MRI of ankles with contrast		PLN 350.00
shoulder MRI without contrast		PLN 350.00
shoulder MRI with contrast		PLN 350.00
elbow MRI without contrast		PLN 350.00
elbow MRI with contrast		PLN 350.00
shoulder MRI without contrast		PLN 300.00
shoulder MRI with contrast		PLN 300.00
MRI of brain structures + angiography		PLN 350.00
neck MRI without contrast		PLN 300.00
neck MRI with contrast		PLN 350.00
mediastinum MRI without contrast		PLN 300.00
mediastinum MRI with contrast		PLN 350.00
facial skeleton MRI without contrast		PLN 300.00
facial skeleton MRI with contrast		PLN 350.00
urography MRI		PLN 400.00
sinus MRI without contrast		PLN 300.00
sinus MRI with contrast		PLN 350.00

Service name	Detailed description	SI of Medical Benefits (in PLN)
House calls		
24h out-off-office visits		
medical home visit	working day from 8.00 a.m. to 8.00 p.m.	PLN 125.00
medical home visit	working day from 8.00 p.m. to 8.00 a.m.	PLN 150.00
medical home visit	Saturday, Sunday, public holidays from 8.00 a.m. to 8.00 p.m.	PLN 175.00
medical home visit	Saturday, Sunday, public holidays from 8.00 p.m. to 8.00 a.m.	PLN 225.00
24h out-of-office nursing care		
nurse home visit	urine strip test	PLN 40.00
nurse home visit	intravenous drip	PLN 40.00
nurse home visit	intramuscular injection	PLN 40.00
nurse home visit	intravenous injection	PLN 40.00
nurse home visit	subcutaneous injection	PLN 40.00
nurse home visit	measurement of blood pressure	PLN 40.00
nurse home visit	application or removal of simple dressing	PLN 40.00
nurse home visit	stitch removal	PLN 40.00
Protective vaccination		
Qualification consultation before vaccination		PLN 30.00
hepatitis type B vaccination		PLN 100.00

Information concerning:

General Terms and Conditions of the Additional Contract concerning a diagnosis of diabetes or a complication of diabetes in the Insured Person DIA17 (GTCI)

Information included in the GTCI	Article No.
1. Grounds for the payment of indemnity and other benefits or the surrender value.	Article 1, Article 2, Article 4, Article 5
2. Limitations and exclusions of the insurance company's liability on the basis of which the payment of indemnity or other benefits may be refused or reducedd.	Article 1, Article 3, Article 6, Article 7
3. Costs and other charges deducted from insurance premiums or from the assets of unit-linked insurance funds or through the redemption of units in unit-linked insurance funds.	Not applicable
4. The surrender value in particular periods of insurance cover and the period during which the payment of the surrender value cannot be claimed.	Not applicable

General Terms and Conditions of the Additional Contract concerning a diagnosis of diabetes or a complication of diabetes DIA17

The General Terms and Conditions of the Additional Contract concerning a diagnosis of diabetes or a complication of diabetes shall apply in relation to the Additional Contract specified in the policy and other documents issued by Nationale-Nederlanden and marked with the code DIA17.

Article 1. Definitions

Any term used but not defined herein shall have the meaning assigned to it in the General Terms and Conditions of Group Life Insurance TRM17. In these General Terms and Conditions of the Additional Contract concerning a diagnosis of diabetes or a complication of diabetes (hereinafter referred to as the Terms and Conditions) as well as any other documents relating to the Additional Contract marked with the code DIA17 the following terms shall have the following meanings:

1) Type 1 diabetes – an autoimmune disease that causes an absolute insulin deficiency, requiring permanent insulin use.

2) Type 2 diabetes – a metabolic disease requiring treatment, characterised by a high blood glucose level as well as insulin resistance and/or its relative deficiency.

3) Diagnosis of diabetes – a diagnosis of type 1 or type 2 diabetes made by a Physician during the period of insurance cover. A diagnosis of a given type of diabetes must be clearly indicated by a Physician in medical records. The insurance does not cover any other type of diabetes, including diabetes associated with acute or chronic pancreatitis, even if it requires permanent insulin therapy.

4) Complications of diabetes – renal failure, loss of sight or diabetic foot syndrome.

5) Renal failure – end-stage renal disease caused by type 1 or type 2 diabetes, manifested by an irreversible impairment of the function of both kidneys, which is an absolute indication for chronic dialysis or kidney transplant.

6) Loss of sight – a total and irreversible loss of sight in both eyes with a total inability to see objects in detail, with no more than a perception of light, as diagnosed by an ophthalmologist, caused by type 1 or type 2 diabetes. The insurance does not cover cases of loss of sight which are potentially treatable.

7) Diabetic foot syndrome – infection, ulceration or necrosis of the deep tissue of a foot, accompanied by neurological disorders or peripheral vascular diseases, caused by type 1 or type 2 diabetes. The insurance covers the necrosis of the forefoot (toes) or the whole foot with indications for amputation (grade 4 or 5 according to the Wagner classification).

Article 2 What is the scope of cover?

1. The insurance covers the Insured Person's health.
2. The scope of cover includes a diagnosis of diabetes or complications of diabetes diagnosed and treated during the period of insurance cover.
3. Nationale-Nederlanden shall be liable in respect of insured events on a round-the-clock basis, regardless of the location of the Insured Person.
4. An insured event – a diagnosis of diabetes or a complication of diabetes – shall be considered to have taken place on the date on which a final diagnosis of the disease is made by a medical specialist in the relevant field, confirming that the disease entity meets the conditions set out in Article 1.

Article 3 What are the obligations of the Insured Person?

1. At the request of Nationale-Nederlanden, the Insured Person shall undergo clinical observation or medical examinations at the cost of Nationale-Nederlanden in the medical facilities approved by Nationale-Nederlanden to determine whether a diagnosis of diabetes or a complication of diabetes in the Insured Person is an insured event provided for in the Additional Contract.

2. If an insured event occurs, the Insured Person shall immediately submit to medical care and treatment recommended by a Physician in order to minimise the effects of the event.

Article 4 Who is entitled to receive the benefit and what is the amount of the benefit?

1. The benefit shall be paid to the Insured Person.
2. The benefit shall be calculated based on the Sum Insured applicable as at the date on which an insured event – a diagnosis of diabetes or a complication of diabetes – takes place. The benefit shall be equal to the relevant percentage of the Sum Insured – in accordance with the table below:

	% of the Sum Insured
Diagnosis of diabetes	100
Complications of diabetes:	
Renal failure	100
Loss of sight	100
Diabetic foot syndrome – per foot	50

3. In the event of a diagnosis of diabetes and the occurrence of a complication of diabetes, Nationale-Nederlanden shall pay benefits up to a total maximum amount equal to 200% of the Sum Insured. If two or more complications of diabetes occur, Nationale-Nederlanden shall pay benefits up to a total maximum amount equal to 100% of the Sum Insured.

Article 5 What are the conditions for the payment of the benefit?

1. The submission of the following documents to Nationale-Nederlanden shall serve as the basis for the payment of the benefit:
   a) an insurance benefit payment request,
   b) the Insured Person's official identification document,
   c) medical records confirming a diagnosis of diabetes or a complication of diabetes:
      - documents proving the date of occurrence of a complication of diabetes or the date of diagnosis of diabetes,
      - hospital discharge report,
      - outpatient treatment records and test results,
   d) any other documents, including medical documents, opinions and laboratory test results that can be obtained by legal and customary means, which relate to the event concerned and are necessary to establish the grounds for the payment of the benefit.
2. The benefit shall be paid no later than 30 days after Nationale-Nederlanden is notified of the insured event concerned. If it is not possible to clarify the circumstances necessary to determine the liability of Nationale-Nederlanden within that time limit, the benefit shall be paid within 14 days of the date on which it became possible to clarify these circumstances while exercising due care.
3. Nationale-Nederlanden shall pay the benefit in respect of a diagnosis of diabetes or a complication of diabetes which is diagnosed during the period of insurance cover provided under this Additional Contract.

Article 6 When does Nationale-Nederlanden apply Grace Periods?

1. In the case of the Additional Contract, a 3-month Grace Period shall apply.
2. The Grace Period referred to in paragraph 1 shall be waived if the Insured Person meets, at the cover commencement date, all the following conditions:
   a) before taking out the insurance the Insured Person was covered for at least one month by insurance under a group life insurance contract concluded by the Policyholder with another insurance company providing for the same or similar scope of cover to the cover provided under the Additional Contract, which means that the benefit payable under this Contract would have been payable under the contract concluded with the previous insurer.
   b) the insurance referred to in point a) expired in relation to that Insured Person no earlier than the 30th day before the Cover commencement date and no later than the 30th day after the Cover commencement date.

Article 7 Exclusions of liability of Nationale-Nederlanden

1. Nationale-Nederlanden shall not be held liable and shall refuse to pay the Sum Insured if an insured event – a diagnosis of diabetes or a complication of diabetes – is directly caused by or results from:
   a) an event relating to a mass chemical, biological or radioactive contamination caused by weapons or equipment using nuclear fission energy or radioactivity,
   b) diseases resulting from alcohol consumption.
2. Nationale-Nederlanden shall not be liable if an insured event occurs after the Premium due date where any prior outstanding Total Premium was not paid in full by that date. However, the benefit shall be paid if an insured event provided for in the Additional Contract occurs within 14 days from the Premium due date and all Total Premiums due are paid in full within those 14 days.
3. Nationale-Nederlanden shall not pay the benefit if an insured event occurs during the Premium suspension period or in the circumstances excluding the liability of Nationale-Nederlanden.
4. If an insured event – a diagnosis of diabetes or a complication of diabetes – occurs during the Grace Period, the Insurance Company shall pay a benefit equal to the aggregate of the Basic Premiums paid under this Additional Contract.

Article 8 When does the insurance cover expire?

1. The insurance cover shall expire when:
   a) the Additional Contract expires,
   b) the insurance cover under the Main Contract expires,
   c) the benefits referred to in Article 4(3) and Article 7(4) are paid.
2. In the case referred to in paragraph 1(c), the insurance cover shall expire in relation to the Insured Person without the possibility of renewal.

Article 9 Miscellaneous

In all matters not regulated herein relevant provisions of the General Terms and Conditions of Group Life Insurance OWU/TRM17/1/2019 shall apply.

Article 10 Entry into force of the Terms and Conditions

The Terms and Conditions, approved by the Management Board of Nationale Nederlanden Towarzystwo Ubezpieczeń na Życie S.A. by resolution no. 51/2020 of 20 August 2020, shall enter into force on the date on which the resolution is signed.

Michał Hucał
Member of the Management Board

Jacek Koronkiewicz
Member of the Management Board

Information concerning:

General Terms and Conditions of the Additional Contract for a dread disease of the Insured Person CIB17 (GTCI)

Information included in the GTCI	Article No.
1. Grounds for the payment of indemnity and other benefits or the Insurance surrender value.	Article 1, Article 2, Article 5, Article 6
2. Limitations and exclusions of the insurance company's liability based whereon the payment of the indemnity or other benefits may be refused or reduced.	Article 3, Article 7, Article 8
3. Costs and other charges deducted from insurance premiums, from the assets of unit-linked insurance funds or through the redemption of units in unit-linked insurance funds.	Not applicable
4. The surrender value in particular periods of insurance cover and the period in which the claim for payment of the surrender value does not apply.	Not applicable

General Terms and Conditions of the Additional Contract for a dread disease of the Insured Person CIB17

General Terms and Conditions of the Additional Contract for a dread disease of the Insured Person shall apply in relation to the Additional Contract specified in the policy and other documents issued by Nationale-Nederlanden and marked with the code CIB17.

Article 1. Definitions

Any expressions not defined hereunder but defined in the General Terms and Conditions of Group Life Insurance TRM17 shall have the same meanings in these Terms and Conditions. In the General Terms and Conditions of the Additional Contract for a dread disease of the Insured Person (hereinafter: Terms and Conditions) and any other documents related to the Additional Contract marked with the code CIB17, the following terms shall have the meanings as set forth below:

1. **"Dread Disease"** – a disease experienced by the Insured Person or a medical procedure underwent by the same.
2. **"Physician"** – a person who has the required qualifications authorising them to provide medical assistance, confirmed by relevant documents, and in particular to: check the health condition, diagnose and prevent diseases, treat and rehabilitate patients, provide medical advice, and issue opinions and medical certificates within their speciality.
3. **"Hospital"** – a public or non-public inpatient healthcare facility which provides the patients with round-the-clock medical care and treatment based on relevant diagnostic and treatment equipment as well as medical staff, i.e. a qualified nursing personnel and at least one Physician on a permanent basis and keeping full medical records for each patient. For the purposes of the Terms and Conditions of the Additional Contract, a Hospital is not a nursing home, a mental institution, a hospice, a facility which treats alcoholism or other types of addiction, a rehabilitation hospital, a rehabilitation ward, a convalescence or rehabilitation centre, sanatorium, a recreation centre, a spa centre.
4. **"Groups of Dread Diseases or Procedures"** – groups of dread diseases or procedures excluded from the scope of insurance after the payment of the first and subsequent benefits under the Additional Contract. The Groups consist of the following dread diseases or surgeries:
   a) **Group I** – renal failure, end-stage liver failure, organ transplantation, multiple sclerosis, Parkinson's disease, coma, Creutzfeldt-Jakob disease, HIV/ AIDS infection, Alzheimer's disease or dementia, vegetative state, apallic syndrome, chronic pancreatitis, encephalitis, acute respiratory failure, meningitis, amyotrophic lateral sclerosis, muscular dystrophy, rheumatoid arthritis, systemic lupus erythematosus, fulminant viral hepatitis, Wegener's granulomatosis, severe sepsis, ulcerative colitis or Crohn's disease, progressive systemic sclerosis (generalised scleroderma),
   b) **Group II** – a heart attack, coronary bypass surgery, coronary angioplasty, heart valve surgery, stroke, aortic surgery, cardiomyopathy,
   c) **Group III** – malignant neoplasm, aplastic anaemia, benign brain tumour, brain surgery,
   d) **Group IV** – loss of sight, loss of speech, loss of hearing, severe burns, paralysis, loss of limbs, severe brain injury.

Article 2. What is the scope of cover?

1. The insurance shall cover the Insured Person's health.
2. The scope of insurance is specified in one of the three variants of the Additional Contract: basic variant (CIB17_A), extended variant (CIB17_B) or full variant (CIB17_C).
3. The scope of insurance in the basic variant shall comprise one of the following Dread Diseases suffered by the Insured Person in the period in which the Insured Person was provided with insurance cover:
   a) **"Malignant Neoplasm (Tumour)"** – a tumour characterised by an uncontrolled growth and the spread of malignant cells causing invasion and destruction of normal tissues. The diagnosis must be confirmed in a histopathological examination carried out by a qualified oncologist or a histopathologist. The following shall be excluded from the scope of insurance:
      - carcinoma in situ,
      - dysplasia and any pre-cancerous lesions,
      - prostate cancer at stage less than T2N0M0,
      - any skin cancers, except for melanoma at stage T1bN0M0 or higher,
      - papillary thyroid cancer limited to thyroid gland,
      - all neoplasms concomitant with HIV infection.
   b) **"Benign Brain Tumour"**: intracranial, life – threatening non-malignant brain neoplasm causing brain damage, as confirmed by a neurologist or a neurosurgeon, that needs to be surgically removed, otherwise resulting in permanent neurological loss.
   c) **"Heart Attack"** – a diagnosed necrosis of a part of myocardium caused by a sudden disruption of blood

flow to a specific area of the myocardium. The diagnosis has to be based on an observation of a typical increase or decrease in the concentration of cardiac biomarkers in blood (troponin I, troponin T or CK-MB), with at least one value exceeding the 99th per centile of the upper reference range limit co-existing with at least two of the following clinical symptoms of myocardial ischaemia:

- Typical clinical symptoms of myocardial infarction,
- One of the following symptoms revealed by ECG indicating a recent myocardial ischaemia: new ST-T segment elevation or depression, T- wave inversion, new pathological Q waves or new block of the His bundle left branch.

The insurance cover does not include other acute coronary syndromes.

d) **"Stroke"** – necrosis of brain tissue caused by the disruption of blood flow to a particular area of the brain or bleeding into the brain tissue, along with all of the circumstances mentioned below:

- development of new clinical neurological symptoms corresponding to a stroke,
- presence of objective neurological deficits revealed in neurological examination for a period of at least 60 days since the diagnosis of the stroke,
- presence of new lesions that are typical in the case of a stroke in the image of computed tomography or nuclear magnetic resonance.

The insurance cover does not include:

- transient ischemic attacks (TIA),
- cerebral infarction or intracranial bleeding caused by an external injury,
- secondary haemorrhage to existing post- stroke foci,
- any other brain lesions which can be diagnosed with imaging techniques without concomitant clinical symptoms corresponding to these lesions.

e) **"Renal Failure"** – an end-stage renal disease manifested by an irreversible impairment of both kidneys, which constitutes an absolute indication for the use of chronic dialysis or for a kidney transplant.

f) **"Bypass Surgery"** – a surgical procedure performed with open chest, the purpose of which is to eliminate stenosis or occlusion of one or more coronary arteries by implanting bypasses. The insurance does not cover angioplasty nor any other endovascular procedures on coronary arteries with the use of coronary catheterization or laser techniques.

g) **"Organ Transplantation"** – transplantation of one of the organs mentioned below to the Insured Person as a recipient or placement of the Insured Person on the list of recipients awaiting a transplantation of one of the organs mentioned below:

- heart, lung, liver, kidney, pancreas; or
- bone marrow with the use of blood stem cells after prior complete ablation (destruction) of the recipient's own bone marrow.

An organ transplantation must be medically justified and result from the diagnosis and confirmation of an irreversible end-stage organ failure. The insurance shall not cover transplants using maternal cells other than those mentioned above.

h) **"Loss of Sight"** – a complete and irreversible loss of sight caused by an illness or trauma. The diagnosis must be confirmed by an ophthalmologist. The insurance does not cover cases of loss of sight which are potentially treatable.

i) **"Loss of Hearing"** – a complete and irreversible loss of hearing caused by an illness or trauma. The diagnosis must be made on audiometric tests and confirmed by an ENT specialist. The insurance does not cover cases of loss of hearing which are potentially treatable.

j) **"Loss of Speech"** – a complete and irreversible loss of the ability to speak lasting for a continuous period of at least 12 months. The diagnosis must be made by an ENT specialist based on the diagnosis of a disease of or damage to vocal folds. The insurance shall not include any cases of loss of speech caused by mental disorders. The insurance does not cover any cases of loss of speaking ability which are potentially treatable.

4. The scope of insurance in the extended variant shall comprise the Insured Person's Dread Disease referred to in sec. 3 and in addition the following Dread Diseases:

a) **"Aortic Surgery"** – a surgical operation of thoracic aorta or abdominal aorta performed due to life-threatening vascular disease, including coarctation of the aorta, aneurysms and aortic dissection. The insurance shall not cover any procedures consisting in placement of a stent into the aorta and procedures concerning only aortic branches.

b) **"Heart Valve Surgery"** – first-time surgery to replace one or more heart valves, performed on an open heart or without opening the heart, conducted due to damage which cannot be repaired with the use of intravascular techniques. The surgery must be ordered by a cardiologist.

c) **"Multiple Sclerosis"** – a disease of the central nervous system (brain or spinal cord) caused by inflammatory and demyelinating processes and resulting in neurological symptoms. The diagnosis must be made by a neurology specialist based on McDonald diagnostic criteria (Revised McDonald Criteria 2005 – Polman, CH, Reingold, SC, Edan, G, et al. Diagnostic criteria for multiple sclerosis: 2005 revisions to the "McDonald criteria". Ann Neurol 2005; 58: 840-6). The insurance does not cover any situations in which it is possible to diagnose, but not prove, multiple sclerosis.

d) **"Severe Burns"** – a third-degree burn covering at least 20% of body surface area.

e) **"Aplastic Anaemia"** – a chronic dysfunction of the bone marrow resulting in anaemia, neutropenia and thrombocytopenia, requiring treatment using at least one of the following methods:

- transfusion of blood products,
- administration of bone marrow-stimulating drugs,
- administration of immunosuppressants,
- bone marrow transplantation.

The diagnosis must be confirmed by a neurologist.

f) **"End-Stage Liver Failure"** – end-stage liver disease (cirrhosis) causing at least one of the following symptoms:

- ascites resistant to treatment,
- persistent jaundice,
- oesophageal varices,
- portal venous encephalopathy.

The insurance cover shall not include liver diseases caused by alcohol consumption or abuse of drugs or other chemicals.

g) **"Coronary Angioplasty"** – a procedure which consists in correcting a narrowing or blockage of one or more coronary arteries with the use of balloon angioplasty or other percutaneous transluminal coronary angioplasty procedure. The procedure must result from the existence of a narrowing in a coronary artery confirmed angiographically.

h) **"Coma"** – a state of unconsciousness with no reaction to external stimuli or natural needs, which is continuous and requires the use of life support systems for at least 96 hours. In addition, it is required that a permanent neurological deficit is diagnosed by a neurologist. The insurance cover shall not include comas caused by alcohol consumption or drug abuse.

i) **"Parkinson's Disease"** – an undoubted diagnosis of Parkinson's Disease made by a neurologist on the basis of progressive and permanent neurological deficits which deprive the Insured Person of their Ability to Live Independently, as manifested by the loss of at least three out of six basic life needs despite an optimal pharmacological treatment, and specifically:

- putting on clothes – an ability to put on and off clothes independently (without support of others),
- movement – an ability to go to and get out of bed or sit on and get up from a chair independently (without the help of other people),
- relocation – an ability to go from one room to another independently (without the help of other people),
- controlling sphincters – faecal or urinary continence, which allows to maintain personal hygiene fully,
- eating – an ability to take food from a plate and put it in mouth independently (without the help of other people),
- personal hygiene – an ability to take a bath or shower independently (without the help of other people),

The scope of insurance shall not include cases in which Parkinson's Disease is caused by use of medicines or toxic substances.

j) **"Creutzfeldt-Jakob Disease"** – an undoubted diagnosis by a neurologist of Creutzfeldt-Jakob disease which deprive the sick of their Ability to Live Independently, as manifested by the loss of at least three out of six basic life needs, and specifically:

- putting on clothes – an ability to put on and off clothes independently (without support of others),
- movement – an ability to go to and get out of bed or sit on and get up from a chair independently (without the help of other people),
- relocation – an ability to go from one room to another independently (without the help of other people),
- controlling sphincters – faecal or urinary continence, which allows to maintain personal hygiene fully,
- eating – an ability to take food from a plate and put it in mouth independently (without the help of other people),
- personal hygiene – an ability to take a bath or shower independently (without the help of other people),

k) **"HIV Infection"** – HIV infection or AIDS diagnosed as an infection which can be proven to have been caused by one of the following:

- During the transfusion of infected blood or of blood products from a licensed centre authorised to prepare them (blood donation stations). The transfusion of infected blood must take place after the date of conclusion of the Insurance Contract. Seroconversion must take place within 6 months from the date of transfusion.
- As a result of an accidental needle-stick injury/ cut in the course of performance of the duties arising from a given medical profession, including stomatologist, nurse, paramedic, medical assistant, lab worker, hospital ancillary staff employee, fireman, or policeman. Each such incident which gives rise to a claim must take place within the course of the Policy and reported to Nationale-Nederlanden within 7 days from the date of that event. In addition, a HIV test taken immediately after the event must be negative, whereas seroconversion must occur within 6 months from the date of the event.
- The Insured Person being transplanted (as a recipient) with an organ that had been pre- infected with HIV.

l) **"Severe Sepsis"** – a systemic inflammatory response syndrome caused by a bacterial, viral or fungal infection spreading through the circulatory system and characterised by the presence of micro-organisms or their toxins in the blood, leading to a failure of at least one organ. The insurance shall also cover cases of septic shocks taking place in the course of severe sepsis.

Severe sepsis must be diagnosed on the basis of a confirmed infection along with a failure of at least one organ and at least two of the following factors:

- pulse > 2 standard deviations for a given age with no stimulating circumstances, such as pain or medicines,
- body temperature measured in the oral cavity, rectum by tester in a Foley catheter or central vein > 38.5ºC or < 36ºC,
- respiratory rate > 2 standard deviations for a given age or the need to apply mechanical ventilation unrelated to a neuromuscular disease or resulting from the application of induced coma,

- the level of leukocytes in the blood is higher or lower than the standard rate for a given age, unrelated to the application of chemotherapy or the presence of more than 10% of immature forms,
- blood sugar level > 120 mg/dl, lack of diabetes.

The insurance does not cover the presence of micro-organisms (bacteria, viruses or fungi) in the blood without concomitant systemic inflammatory response syndrome or recurrent sepsis in complications after surgical operations or injuries. The diagnosis of sepsis must be reflected in medical documentation maintained by the hospital in charge of treatment.

5. The scope of insurance shall comprise the Insured Person's Dread Disease in the full variant referred to in sec. 3 and 4 and in addition the following Dread Diseases:

a) **"Alzheimer's Disease or Dementia"** – limitation or loss of intellectual abilities consisting in a significant disability of cognitive functions caused by an irreversible disorder of brain functions, as confirmed by clinical tests and questionnaires relevant to the diagnosis of Alzheimer's Disease or Dementia. The diagnosis must be confirmed by a neurologist. The insurance shall not cover dementia caused by alcohol, drug abuse or AIDS.

b) **"Brain Surgery"** – a brain surgery performed on the basis of recommendations given by a neurologist through craniotomy or trepanopuncture under general anaesthesia. The insurance shall not cover brain surgeries performed as a result of injuries.

c) **"Cardiomyopathy"** – a heart dysfunction (limitation of the function of the left or right ventricle) causing a heart failure corresponding to class IV according to the New York Heart Association (NYHA – Class IV NYHA involve symptoms of heart failure even at rest and the intensification of those conditions in any physical activity despite a correct therapeutic treatment; a heart failure must be confirmed by clinical and laboratory tests). The diagnosis of cardiomyopathy must be confirmed by a cardiologist. The insurance shall cover dilated cardiomyopathy, hypertrophic cardiomyopathy, and restrictive cardiomyopathy. The insurance cover shall exclude alcoholic cardiomyopathy.

d) **"Encephalitis"** – a severe inflammation of the brain (brain hemispheres, brain stem, cerebellum) causing a permanent neurological deficit which lasts for at least 6 consecutive weeks. The diagnosis must be confirmed by a neurologist. Encephalitis caused by a HIV infection is not included in the insurance cover.

e) **"Wegener's Granulomatosis"** – a systemic autoimmune disorder which causes necrotising small and medium blood vessels and manifested by the presence of granulomas and c-ANCA antibodies. The disease must be diagnosed on the basis of American College of Rheumatology criteria with co-existence of at least one of the following:

- end-stage renal failure,
- end-stage respiratory failure,
- loss of sight,
- loss of hearing.

f) **"Fulminant Viral Hepatitis"** – an extensive necrosis of liver caused by a viral infection leading to a rapid growth of liver failure. The diagnosis must be based on the confirmation of viral hepatitis and the fulfilment of all the criteria indicated below:

- rapid liver decrease shown in the ultrasound,
- rapidly progressing transaminase activity,
- rapidly progressing jaundice,
- necrosis covering entire hepatic lobules (in the event of liver biopsy).

Hepatitis B infection and asymptomatic carriers shall not be included in the insurance. The insurance cover shall also exclude chronic hepatitis, liver failure caused by alcohol, intoxicants or medicines.

g) **"Ulcerative Colitis or Crohn's Disease"** – a severe ulcerative colitis or Crohn's disease requiring the application of at least one of the following treatment methods:

- removal of the entire large intestine (colon),
- partial resection of the small intestine performed during at least two surgeries that were conducted as part of separate hospital stays.

h) **"Loss of Limbs"** – a total and irreversible loss of two or more limbs caused by an external injury. The insurance also includes the loss of both hands or both feet, as well as the loss of one hand and one foot.

i) **"Severe Respiratory Failure"** – an end-stage lung disease causing a chronic respiratory failure manifested by all of the symptoms specified below:

- forced expiratory volume in 1 second (FEV1) below one litre in consecutive tests,
- the need to use constant oxygen therapy due to hypoxemia,
- partial pressure of oxygen in arterial blood (PaO2) not higher than 55 mmHg,
- dyspnoea at rest.

The diagnosis must be confirmed by a pulmonologist.

j) **"Severe Brain Damage"** – a permanent neurologic deficit (caused by damage to the brain) resulting from an accident and diagnosed within at least six weeks from the date of accident. The diagnosis must be confirmed by a neurologist based on a clear magnetic resonance imaging, computed tomography scan or other imaging tests. Damage to the spinal cord or head caused by any other reasons are not included in the insurance.

k) **"Meningitis"** – a disease causing a significant and permanent neurologic deficit which lasts for at least six weeks and has been confirmed by a neurologist. The diagnosis must be confirmed by a cerebrospinal fluid test. Meningitis caused by a HIV infection is not included in the insurance.

l) **"Amyotrophic Lateral Sclerosis"** – a clear diagnosis of amyotrophic lateral sclerosis made by a neurologist on the basis of clear and relevant symptoms.

m) **"Muscular Dystrophy"** – a disease characterised by lesions in muscle fibres and connective tissue of

muscles. The diagnosis must be confirmed by a neurologist based on the fulfilment of all the following criteria:

- muscle weakness and atrophy with weakened tendon reflexes without sensory disorders and with the correct image of cerebrospinal fluid,
- a standard EMG scan,
- clinical diagnosis confirmed by the results of muscle biopsy.

n) **"Chronic Pancreatitis"** – a progressing interstitial pancreas damage related to recurring severe inflammation. The diagnosis must be confirmed by a gastroenterologist or surgeon based on the results of modern imagining examinations. The insurance cover shall not include pancreatic diseases caused by alcohol consumption or abuse of drugs or other chemicals.

o) "Paralysis" – a total and permanent loss of function of two or more limbs caused by a damage to or disease of the spinal cord or brain, as diagnosed by a neurologist. The insurance also includes loss of function of the limbs referred to as diplegia, hemiplegia, tetraplegia or quadriplegia.

p) **"Rheumatoid Arthritis"** – a general joint damage manifested by the deformation of at least three of the following joint groups:

- interphalangeal joints
- wrist joints
- elbow joints
- cervical spine joints
- knee joints
- feet joints

The insurance shall only include situations which deprive a person of their Ability to Live Independently, which is manifested by the loss of performing at least three basic life activities, and specifically:

- putting on clothes – an ability to put on and off clothes independently (without support of others),
- movement – an ability to go to and get out of bed or sit on and get up from a chair independently (without the help of other people),
- relocation – an ability to go from one room to another independently (without the help of other people),
- controlling sphincters – faecal or urinary continence, which allows to maintain personal hygiene fully,
- eating – an ability to take food from a plate and put it in mouth independently (without the help of other people),
- personal hygiene – an ability to take a bath or shower independently (without the help of other people),

r) **"Progressive Systemic Sclerosis (Generalised Scleroderma)"** – a systemic disease of the connective tissue manifested by diffused fibrosis in the skin, blood vessels and internal organs. The disease must be accompanied by heart, lung or kidney involvement, whereas the diagnosis must be confirmed by biopsy results and serological tests. The diagnosis must be stated by a rheumatologist or dermatologist. The insurance does not cover:

- limited sclerosis (morphea);
- localised forms of scleroderma (including linear morphea or limited spots),
- eosinophilic fasciitis,
- the CREST syndrome.

s) **"Systemic Lupus Erythematosus"** – an undoubted diagnosis of systemic lupus erythematosus made by a relevant medical specialist on the basis of international diagnosis criteria with concomitant lesions in the circulatory system, the nervous system or in the kidneys. The term "international diagnosis criteria" shall in particular refer to "American College of Rheumatology revised criteria for the diagnosis of systemic lupus erythematosus".

t) **"Vegetative State/Apallic Syndrome"** – loss of consciousness accompanied by disorder of the cerebral cortex with no reactions to external stimuli or physiological needs with preserved activity of the brainstem that calls for life support for at least 30 days and causes a permanent neurological deficit confirmed by a neurologist.

6. Nationale-Nederlanden shall consider the following day as the date of Insured Event:

a) in the case of malignant neoplasm, benign brain tumour, heart attack, stroke, renal failure, loss of eyesight, hearing loss, multiple sclerosis, severe burn, aplastic anaemia, end-stage liver failure, coma, Parkinson's disease, Creutzfeldt-Jakob disease, HIV/AIDS infection, Alzheimer's disease or dementia, vegetative state, apallic syndrome, chronic pancreatitis, encephalitis, severe respiratory failure, meningitis, amyotrophic lateral sclerosis, muscular dystrophy, rheumatoid arthritis, systemic lupus erythematosus, fulminant viral hepatitis, Wegener's granulomatosis, severe sepsis, progressive systemic sclerosis (generalised scleroderma), cardiomyopathy, loss of limbs, severe brain injury, paralysis – the date of diagnosis made by a medical specialist from relevant field, confirming that the disease entity is compliant with the terms and conditions defined in the description of relevant Dread Disease,

b) in the case of surgical procedure consisting in coronary bypass, aortic surgery, heart valve surgery, coronary angioplasty, brain surgery – the date of surgery,

c) in the case of organ transplantation – the date of surgery or the date on which the Insured Person is entered into the registry of recipients awaiting organ transplantation,

d) in the case of loss of speech – the last day of the 12-month period specified in sec. 3 item j),

e) in the case of ulcerative colitis or severe Crohn's disease – the date of surgical removal of the entire large intestine (colon) or partial resection of the small intestine performed during at least two surgeries that were conducted as part of separate hospital stays.

7. Nationale-Nederlanden shall bear liability for the events subject to insurance cover round-the-clock, regardless of the place of stay of the Insured Person.

Article 3. When does Nationale-Nederlanden apply Grace Periods?

1. In the case of conclusion of an Additional Contract, the 3-month Grace Period shall apply only with regard to the following Dread Diseases:
   a) malignant neoplasm,
   b) benign brain tumour
   c) aortic surgery,
   d) heart valve surgery
   e) brain surgery,
   f) cardiomyopathy,
   g) chronic pancreatitis
   h) ulcerative colitis
   i) Crohn's disease.
2. A 6-month Grace Period covering all Dread Diseases and Procedures referred to in Article 2 sec. 3 to 5 shall apply where the premium is paid on a monthly basis and the Insured Person joined the insurance during the term of the Additional Contract in the 4th or subsequent Settlement Period counting from the liability commencement date or from the date on which the Insured Person met the insurance membership criteria.
3. A 6-month Grace Period shall apply where the premium is paid on a basis other than monthly and the Insured Person joined the insurance during the term of the Additional Contract in the 2nd or subsequent Settlement Period counting from the date of commencement of liability or from the date on which the Insured Person met the insurance membership criteria.
4. The Grace Period referred to in sec. 1 shall be waived if the Insured Person meets any and all conditions stipulated below on the coverage commencement date:
   a) before joining the insurance the Insured was covered for a period of at least one month by insurance based on a group life insurance contract concluded by the Policyholder with another insurance company providing for the same or similar scope of insurance to the cover provided under the Additional Contract, which means that the benefit under the present Contract would have been payable under the contract concluded with the previous insurer.
   b) the insurance cover referred to in item a) above expired in relation to that Insured Person not earlier than on the 30th day before the Insurance Cover commencement date and not later than on the 30th day after the Insurance Cover commencement date.
5. If an Insured Event takes place within 3 months from the date of commencement of the Insurance Cover, an Insured Person meeting the criteria referred to in sec. 4 shall be obliged to provide a declaration (along with all the documents necessary for payment of the benefit) to the insurance company. The declaration shall contain the following information:
   a) the list of Insured Events applicable in relation to the Insured Person and their corresponding Sums Insured as at the last date of the cover provided to the Insured Person by the insurance company that issued the declaration,
   b) the date of commencement and end of the insurance cover provided to the Insured Person.

Article 4. What are the obligations of the Insured Person?

1. At the request of Nationale-Nederlanden, the Insured Person is obliged to submit to clinical observation or medical examinations at the cost of Nationale-Nederlanden in the medical facilities approved by Nationale-Nederlanden to determine whether the Insured Person's Dread Disease constitutes an Insured Event provided for in the Additional Contract.
2. If the event referred to in Article 2 sec. 3 to 5 occurs, the Insured Person shall immediately submit to medical care and treatment recommended by a Physician in order to minimise the effects of the event.

Article 5. Who has the right to receive the benefit and what is the amount of the benefit?

1. The benefit amounting to the Sum Insured shall be paid out to the Insured Person, except for the situation referred to in sec. 4 and sec. 7.
2. Subject to sec. 3, the benefit under the Additional Contract shall be determined on the basis of the Sum Insured effective as at the date referred to in Article 2 sec. 6.
3. The benefit due to the Insured Event specified in Article 2 sec. 3 (j) shall be determined on the basis of the Sum Insured effective as at the first day of the period referred to in said provisions.
4. Depending on the type of Dread Disease or procedure, the benefit under this Additional Contract shall result in:
   a) the expiry of insurance cover provided for in the Additional Contract in relation to the Insured Person – where the Dread Disease or procedure belonged to Group I; or
   b) the continuation of insurance cover provided for in the Additional Contract in relation to the Insured Person, except for the Dread Diseases or procedures specified in sec. 5.
5. If a Dread Disease or procedure giving rise to the payment of the benefit belonged to Groups II, III or IV, the scope of insurance shall not comprise the group in which that Dread Disease was included as well as Group I.
6. Nationale-Nederlanden shall not pay the benefit if the Insured Person died as a result of Dread Disease within 30 days from the date of that Dread Disease.
7. Nationale-Nederlanden may pay the Insured Person not more than 3 benefits under 3 different Insured Events, subject to sec. 5.
8. If there are two or more Dread Disease belonging to the same group, Nationale-Nederlanden shall pay only one benefit.

Article 6. What are the requirements for benefit payment?

1. Receiving the benefit shall require submitting the following documents to Nationale-Nederlanden:

a) an insurance benefit payment request;

b) Insured Person's official identification document,

c) medical records related to the course of treatment with a confirmation of Dread Disease:

- hospital discharge summary,
- outpatient treatment records and test results,
- Attending Physician's opinion,
- a copy of examination confirming the surgery or presence of the disease entity being the basis for requesting benefit payment on account of a Dread Disease,

d) any other documents, including medical documents, opinions, lab test results that can be obtained by legal and customary means, which are related to the event and are necessary to establish the grounds for benefit payment,

2. The benefit shall be paid not later than 30 days after Nationale-Nederlanden has been notified of the Insured Event. If it is not possible to clarify the circumstances necessary to determine the liability of Nationale-Nederlanden within that time limit, the benefit shall be paid within 14 days from the date on which it was possible to clarify these circumstances while exercising due care.
3. Nationale-Nederlanden shall pay the benefit under Dread Disease that was recognised or diagnosed during the period of insurance cover provided under this Additional Contract.

Article 7. Exclusions of liability of Nationale-Nederlanden

1. Nationale-Nederlanden shall not be held liable and it shall refuse to pay the Sum Insured if the Dread disease was directly caused by or resulted from:
   a) warfare, martial law,
   b) active and voluntary participation of the Insured Person in acts of violence, disturbances, riots, acts of terror,
   c) an event related to a mass chemical, biological or radioactive contamination caused by weapons or equipment using nuclear fission energy or radioactivity,
   d) self-mutilation or harm inflicted at the Insured Person's request, irrespective of their sanity,
   e) remaining intoxicated or under the influence of alcohol within the meaning of the Polish Upbringing in Sobriety and Alcoholism Prevention Act or under the influence of intoxicants, psychotropic substances, substitute substances within the meaning of the Polish Act on the Prevention of Drug Abuse, with the exception of medicines prescribed by a Physician and used as instructed by the same,
   f) a Disease resulting from alcohol consumption,
   g) involvement of the Insured Person in risky sport activities: motorsports, air sports, motorboating, mountain climbing, rock climbing, diving, potholing, martial arts and sports, water jumps, parachuting, bungee jumping,
   h) the Insured Person driving a mechanical vehicle or another means of transport without being entitled to do so or where the vehicle or another means of transport did not meet the public road traffic admission criteria imposed by the provisions of the applicable laws,
   i) committing or attempting to commit an offence deliberately by the Insured Person,
   j) a suicide attempt.
2. Nationale-Nederlanden shall not be held liable where the Dread Disease is a consequence of a Disease diagnosed or treated within 24 months before the date on which the Insured Person was provided with insurance cover under this Additional Contract.
3. The limitations of liability referred to in sec. 2 shall not apply if a Dread Disease took place after the period of 2 years from the date on which the Insured Person was provided with insurance cover under this Additional Contract.
4. Nationale-Nederlanden shall not be liable if an Insured Event occurs after the Premium due date where any prior, outstanding Total Premium was not covered in full until that date. However, the benefit shall be paid if an Insured Event provided for in the Additional Contract occurs within 14 days from the Premium due date and all Total Premiums are covered in full within the period of those 14 days.
5. Nationale-Nederlanden shall not pay the benefit if an Insured Event occurs within the Premium suspension period or in the circumstances excluding the liability of Nationale-Nederlanden.

Article 8. When does the insurance cover expire?

1. The insurance cover shall expire in the following cases:
   a) expiry of the Additional Contract,
   b) expiry of insurance cover under the Master Contract.
   c) expiry of the insurance cover referred to in Article 5 sec. 4(a) and Article 5 sec. 7.
2. In the case defined in sec. 1 (c), the insurance cover shall expire in relation to the Insured Person without a possibility of being resumed.

Article 9. Miscellaneous

To all matters not regulated herein, relevant General Terms and Conditions of Group Life Insurance TRM17 shall apply.

Article 10. Effective date of the Terms and Conditions

The Terms and Conditions, approved by the Management Board of Nationale-Nederlanden Towarzystwo Ubezpieczeń na Życie S.A. by Resolution No. 66/2019 of 28 November 2019, shall be effective as of 1 December 2019.

Michał Hucał
Member of the Management Board

Jacek Koronkiewicz
Member of the Management Board

Information concerning:

General Terms and Conditions of the Additional Contract for contagious dread diseases of the Insured Person CIB17_D (GTCI)

Information included in the GTCI	Article No.
1. Grounds for the payment of indemnity and other benefits or the Insurance surrender value.	Article 1, Article 2, Article 5, Article 6
2. Limitations and exclusions of the insurance company's liability based whereon the payment of the indemnity or other benefits may be refused or reduced.	Article 3, Article 7, Article 8
3. Costs and other charges deducted from insurance premiums, from the assets of unit-linked insurance funds or through the redemption of units in unit-linked insurance funds.	Not applicable
4. The surrender value in particular periods of insurance cover and the period in which the claim for payment of the surrender value does not apply.	Not applicable

General Terms and Conditions of the Additional Contract for contagious dread diseases of the Insured Person CIB17_D

General Terms and Conditions of the Additional Contract for contagious dread diseases of the Insured Person shall apply in relation to the Additional Contract specified in the policy and other documents issued by Nationale-Nederlanden and marked with the code CIB17_D.

Article 1. Definitions

Any expressions not defined hereunder but defined in the General Terms and Conditions of Group Life Insurance TRM17 shall have the same meanings in these Terms and Conditions. In the General Terms and Conditions of the Additional Contract for contagious dread diseases of the Insured Person (hereinafter: Terms and Conditions) and any other documents related to the Additional Contract marked with the code CIB17_D, the following terms shall have the meanings as set forth below:

1. **"Contagious Dread Disease"** – a disease experienced by the Insured Person or a medical procedure underwent by the same.
2. **"Physician"** – a person who has the required qualifications authorising them to provide medical assistance, confirmed by relevant documents, and in particular to: check the health condition, diagnose and prevent diseases, treat and rehabilitate patients, provide medical advice, and issue opinions and medical certificates within their speciality.

Article 2. What is the scope of cover?

1. The insurance shall cover the Insured Person's health.
2. The scope of insurance shall comprise one of the following Contagious Dread Diseases suffered by the Insured Person in the period in which the Insured Person was provided with insurance cover:

   a) **"Rabies"** – an acute contagious disease caused by Lyssavirus, manifested by acute encephalomyelitis which, according to a medical specialist, meets at least two of the following criteria:

   - sensory changes in the animal bite spot,
   - paresis or paralysis,
   - oesophagus muscle spasms,
   - hydrophobia,
   - delirium,
   - convulsions,
   - anxiety.

   The clinical diagnosis must be confirmed using one of the following laboratory methods:

   - isolation of Lyssa virus from the clinical material,
   - diagnosis of Lyssavirus's genetic material in the clinical material,
   - diagnosis of Lyssavirus's antigen by direct immunofluorescence in the clinical material,
   - confirmation of the presence of specific antibodies against Lyssavirus in the serum or cerebrospinal fluid.

   b) **"Tetanus"** – an acute contagious disease caused by a neurotoxin produced by Clostridium tetani. The diagnosis must be confirmed by a medical specialist based on one of the following symptoms:

   - painful muscle spasms of the jaw or neck (so-called lockjaw or rictus grin),
   - painful trunk muscle spasms,
   - generalised spasms.

   A clinical diagnosis must be confirmed by the isolation of Clostridium tetani from the infection site or by demonstrating the presence of tetanus toxin in the serum.

   c) **"Yellow Fever"** – an acute contagious disease caused by a virus of the family Flaviviridae. A clinical diagnosis must be given on the basis of confirmation of a stay in the region suspected of or confirmed to have cases of yellow fever within a period of one week before the disease and of confirmation by a medical specialist of yellow fever or bleeding from multiple sites suffered by the person falling ill with the fever. The clinical diagnosis must be confirmed using at least one of the following laboratory methods:

   - isolation of the yellow fever virus from the clinical material,
   - detection of the nucleic acid of the yellow fever virus,
   - detection of the antigen of the yellow fever virus,
   - identification of specific yellow fever virus antibodies.

   d) **"Cholera"** – an acute contagious disease caused by Vibrio cholerae. The diagnosis must be given on the basis of confirmation by a medical specialist

of the clinical symptoms (vomiting and diarrhoea), the isolation of Vibrio cholerae from the clinical material, demonstration of the presence of the O1 or O139 antigen in the isolated material, and demonstration of the presence of cholera enterotoxin or the cholera enterotoxin gene in the isolated material.

e) **"Dengue Fever"** – an acute disease manifested by high fever and which, according to a medical specialist, is found to display at least two of the following clinical symptoms:

- headaches,
- retrobulbar pain,
- muscle pain,
- joint pain,
- rash,
- haemorrhagic symptoms,
- leukopenia.

The clinical diagnosis must be confirmed using at least one of the following laboratory methods:

- isolation of the dengue virus from the serum, plasma or leukocytes,
- at least quadruple increase in the IgM or IgG antibody titre with the exclusion of cross reactions with other flaviviruses.

f) **"Typhoid Fever"** – an acute contagious disease caused by Salmonella typhi bacillus. The diagnosis must be based on the isolation of Salmonella typhi from the clinical material of the person diagnosed with long-term fever and at least one of the following concomitant symptoms:

- headaches,
- relative bradycardia,
- cough,
- diarrhoea, constipation, stomachache.

The insurance cover shall not include cases of asymptomatic carriers of Salmonella typhi or Salmonella paratyphi.

g) **"Malaria"** – a parasitic disease caused by protozoa of the genus Plasmodium. The diagnosis must be based on fever whose carrier:

- was diagnosed with Plasmodium malariae in blood smears; or
- was diagnosed with Plasmodium spp. nucleic acid in blood; or
- was diagnosed with Plasmodium spp. antigen.

h) **"Schistosomiasis"** – an acute disease caused by parasites – flukes of the genus Schistosoma – which requires hospital treatment and is manifested by fever, stomachache, hepatosplenomegaly or central nervous system involvement. The diagnosis must be confirmed by a physician based on disease's clinical course and laboratory tests.

i) **"Gas Gangrene"** – a wound infection caused by Clostridium perfringens bacteria. The diagnosis must be confirmed by a medical specialist based on the disease's clinical course and the isolation of Clostridium perfringens strains from the clinical material.

j) **"Neuroborreliosis"** – a neurological manifestation of Lyme disease (caused by spirochete of Borrelia burgdorferi) which is found to display at least one of the following symptoms:

- lymphocytic meningitis,
- inflammation of the facial nerve or other cranial nerve,
- polyneuroradiculitis,
- encephalitis or meningitis, The clinical diagnosis must be confirmed using at least one of the following laboratory methods:
- isolation of the borrelia spp spirochaetes from the clinical material,
- a significant growth of specific antibodies in the serum,
- demonstration of local synthesis of specific antibodies in the central nervous system.

3. The date of Insured Event shall be the date on which a Diagnosis is made by a medical specialist from relevant field, confirming that the disease entity is compliant with the terms and conditions defined in the description of relevant Contagious Dread Disease experienced by the Insured Person.
4. Nationale-Nederlanden shall bear liability under the Additional Contract round-the-clock, regardless of the place of stay of the Insured Person.

Article 3. When does Nationale-Nederlanden apply Grace Periods?

1. A 6-month Grace Period covering all Dread Diseases referred to in Article 2 sec. 2 shall apply where the premium is paid on a monthly basis and the Insured Person joined the insurance during the term of the Additional Contract in the 4th or subsequent Settlement Period counting from the liability commencement date or from the date on which the Insured Person met the insurance membership criteria.
2. A 6-month Grace Period covering all Dread Diseases referred to in Article 2 sec. 2 shall apply where the premium is paid on a non-monthly basis and the Insured Person joined the insurance during the term of the Additional Contract in the 2nd or subsequent Settlement Period counting from the liability commencement date or from the date on which the Insured Person met the insurance membership criteria.

Article 4. What are the obligations of the Insured Person?

1. At the request of Nationale-Nederlanden, the Insured Person is obliged to submit to clinical observation or medical examinations at the cost of Nationale-Nederlanden in the medical facilities approved by Nationale-Nederlanden to determine whether

the Insured Person's Contagious Dread Disease constitutes an Insured Event provided for in the Additional Contract.

2. If the event referred to in Article 2 sec. 2 occurs, the Insured Person shall immediately submit to medical care and treatment recommended by a Physician in order to minimise the effects of the event.

Article 5. Who has the right to receive the benefit and what is the amount of the benefit?

1. The benefit amounting to the Sum Insured shall be paid out to the Insured Person, except for the situation referred to in sec. 3.
2. Subject to sec. 3, the benefit under the Additional Contract shall be determined on the basis of the Sum Insured effective as at the date referred to in Article 2 sec. 3.
3. Nationale-Nederlanden may pay the Insured Person not more than 3 benefits under 3 different Insured Events.
4. Nationale-Nederlanden shall not pay the benefit if the Insured Person died as a result of Contagious Dread Disease within 30 days from the date of that Contagious Dread Disease.

Article 6. What are the requirements for benefit payment?

1. The submission of the following documents to Nationale-Nederlanden shall serve as a basis for payment of the benefit:
   a) an insurance benefit payment request;
   b) Insured Person's official identification document,
   c) medical records related to the course of treatment with a confirmation of Contagious Dread Disease,
      - hospital discharge report,
      - outpatient treatment records with test results,
      - Attending Physician's opinion,
      - a copy of examination confirming the surgery or presence of the disease entity being the basis for requesting benefit payment on account of a Contagious Dread Disease,
   d) any other documents, including medical documents, opinions, lab test results that can be obtained by legal and customary means, which are related to the event and are necessary to establish the grounds for benefit payment,
2. The benefit shall be paid not later than 30 days after Nationale-Nederlanden has been notified of the Insured Event. If it is not possible to clarify the circumstances necessary to determine the liability of Nationale-Nederlanden within that time limit, the benefit shall be paid within 14 days from the date on which it was possible to clarify these circumstances while exercising due care.
3. Nationale-Nederlanden shall pay the benefit under a Contagious Dread Disease that was recognised during the period of insurance cover provided under this Additional Contract.

Article 7. Exclusions of liability of Nationale-Nederlanden

1. Nationale-Nederlanden shall not be held liable and it shall refuse to pay the Sum Insured if the Contagious Dread Disease was directly caused by or resulted from:
   a) warfare, martial law,
   b) active and voluntary participation of the Insured Person in acts of violence, disturbances, riots, acts of terror,
   c) an event related to a mass chemical, biological or radioactive contamination,
2. Nationale-Nederlanden shall not be held liable where a Contagious Dread Disease is a consequence of a Disease diagnosed or treated within 24 months before the date on which the Insured Person was provided with insurance cover under this Additional Contract.
3. The limitations of liability referred to in sec. 2 shall not apply if a Contagious Dread Disease took place after the period of 2 years from the date on which the Insured Person was provided with insurance cover under this Additional Contract.
4. Nationale-Nederlanden shall not be liable if an Insured Event occurs after the Premium due date where any prior, outstanding Total Premium was not covered in full until that date. However, the benefit shall be paid if an Insured Event provided for in the Additional Contract occurs within 14 days from the Premium due date and all Total Premiums are covered in full within the period of those 14 days.
5. Nationale-Nederlanden shall not pay the benefit if an Insured Event occurs within the Premium suspension period or in the circumstances excluding the liability of Nationale-Nederlanden.

Article 8. When does the insurance cover expire?

1. The insurance cover shall expire in the following cases:
   a) expiry of the Additional Contract,
   b) expiry of insurance cover under the Master Contract.
   c) expiry of the insurance cover referred to in Article 5 sec. 3.
2. In the case defined in sec. 1 (c), the insurance cover shall expire in relation to the Insured Person without a possibility of being resumed.

Article 9. Miscellaneous

To all matters not regulated herein, relevant General Terms and Conditions of Group Life Insurance TRM17 shall apply.

Article 10. Effective date of the Terms and Conditions

The Terms and Conditions, approved by the Management Board of Nationale-Nederlanden Towarzystwo Ubezpieczeń na Życie S.A. by Resolution No. 66/2019 of 28 November 2019, shall be effective as of 1 December 2019.

Michał Hucał

Member of the Management Board

Jacek Koronkiewicz

Member of the Management Board

Information concerning:

General Terms and Conditions of the Additional Contract for hospital stay of the Insured Person HDB17 (GTCI)

Information included in the GTCI	Article No.
1. Grounds for the payment of indemnity and other benefits or the Insurance surrender value.	Article 1, Article 2, Article 5, Article 6
2. Limitations and exclusions of the insurance company's liability based whereon the payment of the indemnity or other benefits may be refused or reduced.	Article 3, Article 7, Article 8
3. Costs and other charges deducted from insurance premiums, from the assets of unit-linked insurance funds or through the redemption of units in unit-linked insurance funds.	Not applicable
4. The surrender value in particular periods of insurance cover and the period in which the claim for payment of the surrender value does not apply.	Not applicable

General Terms and Conditions of the Additional Contract for hospital stay of the Insured Person HDB17

General Terms and Conditions of the Additional Contract for hospital stay of the Insured Person shall apply in relation to the Additional Contract specified in the policy and other documents issued by Nationale-Nederlanden and marked with the code HDB17.

Article 1. Definitions

Any expressions not defined hereunder but defined in the General Terms and Conditions of Group Life Insurance TRM17 shall have the same meanings in these Terms and Conditions. In the General Terms and Conditions of the Additional Contract for hospital stay of the Insured Person (hereinafter: Terms and Conditions) and any other documents related to the Additional Contract marked with the code HDB17, the following terms shall have the meanings as set forth below:

1. **"Hospital"** – a public or non-public inpatient healthcare facility which provides the patients with round-the-clock medical care and treatment based on relevant diagnostic and treatment equipment as well as medical staff, i.e. a qualified nursing personnel and at least one Physician on a permanent basis and keeping full medical records for each patient. For the purposes of the Terms and Conditions of the Additional Contract, a Hospital is not a nursing home, a mental institution, a hospice, a facility which treats alcoholism or other types of addiction, a rehabilitation hospital, a rehabilitation ward, a convalescence or rehabilitation centre, sanatorium, a recreation centre, a spa centre.
2. **"Hospital Stay" ("Hospitalisation")** – a permanent and uninterrupted stay of the Insured Person in a Hospital, documented in the manner as specified herein, aimed at keeping, restoring or improving the Insured Person's health. Hospitalisation shall also be regarded as uninterrupted if the Insured Person is transferred to another Hospital. A stay aimed at rehabilitation or convalescence of the Insured Person shall not be considered as Hospitalisation.
3. **"Day of Hospitalisation caused by an Accident"** – each ended calendar day of Hospitalisation of the Insured Person. The first day of Hospitalisation shall be the time between the admission to Hospital until the end of that day (until 12 p.m.).
4. **"Day of Hospitalisation caused by a Disease"** – each commenced calendar day of Hospitalisation of the Insured Person. The first day of Hospitalisation shall be the time between the admission to Hospital until the end of that day (until 12 p.m.).
5. **"ICU"** (Intensive Medical Care Unit or Intensive Care Unit) – a separate hospital ward for patients whose life is in danger and who require intensive specialised treatment, permanent care and supervision, equipped with specialised equipment for constant monitoring of the patients' vital functions.
6. **"Day of Hospitalisation in the ICU"** – each commenced calendar day of Insured Person's stay in the ICU. The first day of stay in the ICU shall be the ICU admission date until the end of that date (12 p.m.).
7. **"Physician"** – a person who has the required qualifications authorising them to provide medical assistance, confirmed by relevant documents, and in particular to: check the health condition, diagnose and prevent diseases, treat and rehabilitate patients, provide medical advice, and issue opinions and medical certificates within their speciality.
8. **"Disease"** – a reaction of the body to a pathogenic factor, internal or external, diagnosed by a Physician and leading to functional disorders, organic changes in tissues, organs, systems or the entire body; within the meaning of the Terms and Conditions, pregnancy, childbirth and puerperium shall not be regarded as a Disease.
9. **"Mental Illness"** – mental disorder or behavioural disorder as specified in the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
10. **"Congenital Defects"** – any deviation from the normal structure of tissues, organs or the entire body developed during foetal life and diagnosed in line with the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
11. **"Accident"** – a sudden, external event beyond control of the Insured Person that was the direct and sole cause of their Hospitalisation and took place during the period in which the Insured Person was provided with insurance cover by Nationale-Nederlanden. Within the meaning of the GTCI, a Disease, a Mental Illness or psychical bodily injuries suffered by the Insured Person due to an overload, effort, lifting or bending shall not be considered an external cause of the Accident.
12. **"Daily Hospital Benefit"** – an amount defined in the Policy and used to calculate the amount of the Benefit payable under the Additional Contract.

Article 2. What is the scope of cover?

1. The insurance shall cover the Insured Person's health.
2. The scope of insurance covers:
   a) Hospitalisation of the Insured Person caused by a Disease,

b) Hospitalisation of the Insured Person caused by an Accident, on condition that Hospitalisation began not later than 180 days after the Accident,

c) stay of the Insured Person in the ICU due to a direct threat to life.

If they commenced in the period in which the Insured Person was provided with insurance cover under the Additional Contract.

3. During Hospitalisation, the Insured Person must be provided with insurance cover on a continuous basis. The fulfilment of the above condition is not required if the following takes place before the end of the Hospitalisation:

a) the insurance cover provided to the Insured Person expired due to the termination of the legal relationship between the Insured Person and the Policyholder – the employment referred to in Article 10 sec. 1(b) of the Terms and Conditions of the Master Contract,

b) the Additional Contract has expired.

4. Nationale-Nederlanden shall bear liability under the Additional Contract round-the-clock and worldwide.

Article 3. When does Nationale-Nederlanden apply Grace Periods?

1. In the case of conclusion of an Additional Contract, only the 2-month Grace Period shall apply, subject to sec. 2 and 3.
2. A 6-month Grace Period shall apply where the premium is paid on a monthly basis and the Insured Person joined the insurance during the term of the Additional Contract in the 4th or subsequent Settlement Period counting from the liability commencement date or from the date on which the Insured Person met the insurance membership criteria.
3. A 6-month Grace Period shall apply where the premium is paid on a basis other than monthly and the Insured Person joined the insurance during the term of the Additional Contract in the 2nd or subsequent Settlement Period counting from the date of commencement of liability or from the date on which the Insured Person met the insurance membership criteria.
4. During the Grace Period referred to in sec. 1, 2, and 3, Nationale-Nederlanden shall be liable for the Insured Person's Hospitalisation only if it was caused by an Accident, subject to Article 7 sec. 3.
5. The Grace Period referred to in sec. 1 shall be waived if the Insured Person meets any and all conditions stipulated below on the coverage commencement date:

a) before joining the insurance the Insured was covered for a period of at least one month by insurance based on a group life insurance contract concluded by the Policyholder with another insurance company providing for the same or similar scope of insurance to the cover provided under the Additional Contract, which means that the benefit under the present Contract would have been payable under the contract concluded with the previous insurer.

b) the insurance cover referred to in item a) above expired in relation to that Insured Person not earlier than on the 30th day before the Insurance Cover commencement date and not later than on the 30th day after the Insurance Cover commencement date.

6. If an Insured Event takes place within 2 months from the date of commencement of the Insurance Cover, then an Insured Person meeting the criteria referred to in sec. 5 shall be obliged to provide a declaration (along with all the documents necessary for payment of the benefit referred to in the policy) to the insurance company. The declaration shall contain the following information:

a) the list of Insured Events applicable in relation to the Insured Person and their corresponding Sums Insured as at the last date of the cover provided to the Insured Person by the insurance company that issued the declaration,

b) the date of commencement and end of the insurance cover provided to the Insured Person.

Article 4. What is the Daily Hospital Benefit?

1. A Daily Hospital Benefit under the Additional Contract is defined in the Policy and in the Confirmation of membership in the insurance.
2. The Daily Hospital Benefit is a fixed amount during the term of the Additional Contract, subject to sec. 3.
3. The Daily Hospital Benefit may change on each Policy Anniversary at request of the Policyholder once the suggested change is accepted by Nationale-Nederlanden, subject to the Terms and Conditions defined in the Master Contract.
4. The amount of Daily Hospital Benefit may be specified individually for each Subgroup.

Article 5. Who has the right to receive the benefit and what is the amount of the benefit?

1. The benefit amounting to a multiple of the Daily Hospital Benefit shall be paid out to the Insured Person.
2. The calculation of the benefit due to the Insured Person for Hospitalisation shall be based on the Daily Hospital Benefit applicable on the first day of the Insured Person's Hospitalisation.
3. Nationale-Nederlanden shall pay the benefit if the Hospitalisation of the Insured Person lasted at least:

a) 3 days – if the Hospitalisation was caused by a Disease. The period of Hospitalisation shall begin the moment the Insured Person is admitted to the Hospital and end at the moment the Insured Person is discharged from the Hospital. In such a case, the benefit shall be paid for each day of Hospitalisation, including the date of discharge.

b) 1 day – where the Hospitalisation of the Insured Person was caused by an Accident, on condition that the Hospitalisation began not later than 180 days after the Accident. In such a case, the benefit shall be paid as of the first day of Hospitalisation and shall be twice the amount of Daily Hospital Benefit for each day of Hospitalisation.

c) 1 day – if the Insured Person stayed in the ICU during the Hospitalisation due to a direct threat to his or her life. In such a case, the benefit is paid for each Day of Hospitalisation in the ICU and it shall be twice the amount of Daily Hospital Benefit for each day of stay in the ICU and for the day of discharge from the ICU, plus the Daily Hospital Benefit for each Day of Hospitalisation immediately before and after the Hospitalisation in the ICU, including the date of discharge from the Hospital.

4. A one-off Hospitalisation Benefit is payable for no more than 180 days of Hospitalisation per Policy Year.
5. Throughout the Policy Year, the Insured Person is eligible for a total benefit for a period not longer than 360 days of Hospitalisation, counting as an aggregate of one-time stays. The benefit is calculated according to the rules defined in sec. 3.
6. If Hospitalisation was caused by more than one event covered under the Additional Contract, Nationale-Nederlanden shall only pay one benefit for each of those events (whichever is higher).
7. Temporary absence of the Insured Person in a Hospital (upon a prior consent of the Physician authorised to grant it) shall not interrupt the Insured Person's Hospitalisation. Nationale-Nederlanden shall not pay the Daily Hospital Benefit for the time temporary absence of the Insured Person in a Hospital.

Article 6. What are the requirements for benefit payment?

1. Receiving the benefit shall require submitting the following documents to Nationale-Nederlanden:
   a) an insurance benefit payment request;
   b) Insured Person's official identification document,
   c) hospital discharge report,
   d) the hospital discharge report defining the period of stay in an ICU (if the person has been in the ICU),
   e) a police report or other documents confirming the occurrence and circumstances of the Accident, on condition that Hospitalisation was caused by an Accident,
   f) any other documents, including medical documents, opinions, lab test results that can be obtained by legal and customary means, which are related to the event and are necessary to establish the grounds for benefit payment,
2. The benefit shall be paid not later than 14 days after Nationale-Nederlanden has been notified of the Insured Event. If it is not possible to clarify the circumstances necessary to determine the liability of Nationale-Nederlanden within that time limit, the benefit shall be paid within 14 days from the date on which it was possible to clarify these circumstances while exercising due care.

Article 7. Exclusions of liability of Nationale-Nederlanden

1. Nationale-Nederlanden shall not be liable and shall not pay the benefit if the Accident or Disease causing the Hospitalisation of the Insured Person resulted from:
   a) warfare or martial law,
   b) active and voluntary participation of the Insured Person in acts of violence, disturbances, riots, acts of terror,
   c) an event related to a mass chemical, biological or radioactive contamination caused by weapons or equipment using nuclear fission energy or radioactivity,
   d) self-mutilation or harm inflicted at the Insured Person's request, irrespective of their sanity,
   e) the Insured Person remaining intoxicated or under the influence of alcohol within the meaning of the Polish Upbringing in Sobriety and Alcoholism Prevention Act or under the influence of intoxicants, psychotropic substances, substitute substances within the meaning of the Polish Act on the Prevention of Drug Abuse, with the exception of medicines prescribed by a Physician and used as instructed by the same,
   f) a Disease resulting from alcohol consumption,
   g) the Insured Person driving a mechanical vehicle or another means of transport without being entitled to do so or where the vehicle or another means of transport did not meet the public road traffic admission criteria imposed by the provisions of the applicable laws,
   h) a suicide attempt,
   i) any mental illnesses, congenital defects and resulting conditions,
   j) involvement of the Insured Person in risky sport activities: motorsports, air sports, motorboating, mountain climbing, rock climbing, diving, potholing, martial arts and sports, water jumps, parachuting, bungee jumping,
   k) the Insured Person deliberately committing or attempting to commit an offence,
   l) failure to use medical assistance or to observe medical advice or the Insured Person undergoing a medical procedure without the supervision of a Physician or other authorised persons,
2. Nationale-Nederlanden shall not be held liable and it shall refuse to pay the benefit if the reason for the Hospitalisation of the Insured Person was:
   a) plastic surgery (including breast augmentation or reduction), with the exception of removal of the effects of Accidents,
   b) dental surgery, with the exception of removal of the effects of Accidents,
   c) routine or preventive medical or diagnostic examinations unrelated to an Accident or Disease,
   d) treatment related to infertility, sterilisation, artificial insemination, abortion or miscarriage,
   e) sex change, circumcision, phimosis surgery, uterine curettage,
   f) genetic therapy, experimental surgery, alternative therapy,
   g) an event in which the Insured Person took part as a donor of organs or tissues.
3. Nationale-Nederlanden shall not be liable if Hospitalisation occurs after the Premium due date where any prior outstanding Total Premiums were not fully paid until that

date. However, the benefit shall be paid if Hospitalisation begins within 14 days from the Premium due date and all Total Premiums are covered in full within the period of those 14 days.

4. Nationale-Nederlanden shall not pay the benefit if the Hospitalisation begins during the Grace Period, during the Premium suspension period or in the circumstances excluding the liability of Nationale-Nederlanden, subject to Article 3 sec. 4.

Article 8. When does the insurance cover expire?

The insurance cover shall expire in the following cases:

a) expiry of the Additional Contract,

b) expiry of insurance cover under the Master Contract.

Article 9. Miscellaneous

To all matters not regulated herein, relevant General Terms and Conditions of Group Life Insurance TRM17 shall apply.

Article 10. Effective date of the Terms and Conditions

The Terms and Conditions, approved by the Management Board of Nationale-Nederlanden Towarzystwo Ubezpieczeń na Życie S.A. by Resolution No. 66/2019 of 28 November 2019, shall be effective as of 1 December 2019.

Michał Hucał

Member of the Management Board

Jacek Koronkiewicz

Member of the Management Board

Information concerning:

General Terms and Conditions of the Additional Contract for Hospitalisation of the Insured Person with Post-Hospitalisation Treatment HDBH17 (GTCI)

Information included in the GTCI	Article No.
1. Grounds for the payment of indemnity and other benefits or the Insurance surrender value.	Article 1, Article 2, Article 4, Article 5, Article 6, Annex 1 "List of Medical Benefits"
2. Limitations and exclusions of the insurance company's liability based whereon the payment of the indemnity or other benefits may be refused or reduced.	Article 1, Article 3, Article 7, Article 8, Annex 1 "List of Medical Benefits"
3. Costs and other charges deducted from insurance premiums, from the assets of unit-linked insurance funds or through the redemption of units in unit-linked insurance funds.	Not applicable
4. The surrender value in particular periods of insurance cover and the period in which the claim for payment of the surrender value does not apply.	Not applicable

General Terms and Conditions of the Additional Contract for Hospitalisation of the Insured Person with Post-Hospitalisation Treatmen HDBH17

General Terms and Conditions of the Additional Contract for Hospitalisation of the Insured Person with Post-Hospitalisation Treatment shall apply in relation to the Additional Contract marked in the policy and other documents issued by Nationale-Nederlanden with the code HDBH17.

Article 1. Definitions

Any expressions not defined hereunder but defined in the General Terms and Conditions of Group Life Insurance TRM17 shall have the same meanings in these Terms and Conditions. In the General Terms and Conditions of the Additional Contract for Hospitalisation of the Insured Person with Post-Hospitalisation Treatment (hereinafter: Terms and Conditions) and any other documents related to the Additional Contract marked with the code HDBH17, the following terms shall have the meanings as set forth below:

1. **"Hospital"** – a public or non-public inpatient healthcare facility which provides patients with round- the-clock medical care and treatment based on relevant diagnostic and treatment equipment as well as medical staff, i.e. a qualified nursing personnel and at least one Physician on a permanent basis, and which keeps full medical records for each patient. For the purposes of the Terms and Conditions of the Additional Contract, a Hospital is not a nursing home, a mental institution, a hospice, a facility which treats alcoholism or other types of addiction, a rehabilitation hospital, a rehabilitation ward, a convalescence or rehabilitation centre, sanatorium, a recreation centre, a spa centre.
2. **"Hospital Stay" ("Hospitalisation")** – a permanent and uninterrupted stay of the Insured Person in a Hospital, documented in the manner as specified herein, aimed at keeping, restoring or improving the Insured Person's health. Hospitalisation shall also be regarded as uninterrupted if the Insured Person is transferred to another Hospital. A stay aimed at rehabilitation or convalescence of the Insured Person shall not be considered as Hospitalisation.
3. **"Day of Hospitalisation caused by an Accident"** – each ended calendar day of Hospitalisation of the Insured Person. The first day of Hospitalisation shall be the time between the admission to Hospital until the end of that day (until 12 p.m.).
4. **"Day of Hospitalisation caused by a Disease"** – each commenced calendar day of Hospitalisation of the Insured Person. The first day of Hospitalisation shall be the time between the admission to Hospital until the end of that day (until 12 p.m.).
5. **"ICU"** (Intensive Medical Care Unit or Intensive Care Unit) – a separate hospital ward for patients whose life is in danger and who require intensive specialised treatment, permanent care and supervision, equipped with specialised equipment for constant monitoring of the patients' vital functions.
6. **"Day of Hospitalisation in the ICU"** – each commenced calendar day of Insured Person's stay in the ICU. The first day of stay at the ICU shall be the ICU admission date until the end of that date (12 a.m.).
7. **"Physician"** – a person who has the required qualifications authorising them to provide medical assistance, confirmed by relevant documents, and in particular to: check the health condition, diagnose and prevent diseases, treat and rehabilitate patients, provide medical advice, and issue opinions and medical certificates within their speciality.
8. **"Disease"** – a reaction of the body to a pathogenic factor, internal or external, diagnosed by a Physician and leading to functional disorders, organic changes in tissues, organs, systems or the entire body; within the meaning of the Terms and Conditions, pregnancy, childbirth and puerperium shall not be regarded as a Disease.
9. **"Mental Illness"** – mental disorder or behavioural disorder as specified in the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
10. **"Congenital Defects"** – any deviation from the normal structure of tissues, organs or the entire body developed during foetal life and diagnosed in line with the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
11. **"Accident"** – a sudden, external event beyond control of the Insured Person that was the direct and sole cause of their Hospitalisation and took place during the period in which the Insured Person was provided with insurance cover by Nationale-Nederlanden. Within the meaning of the GTCI, a Disease, a Mental Illness or psychical bodily injuries suffered by the Insured Person due to an overload, effort, lifting or bending shall not be considered an external cause of the Accident.
12. **"Daily Hospital Benefit"** – an amount defined in the Policy and used to calculate the amount of the Benefit payable under the Additional Contract.
13. **"Sum Insured for Medical Benefits"** – the maximum amount of the Medical Benefit for every Medical Service as specified in the List of Medical Benefits, expressed in Polish zloty, that may be paid to the Insured Person in

money based on the principles defined in the Terms and Conditions if the event mentioned in Article 2 sec. 2 (d) occurs;

14. **"List of Medical Benefits"** – list of Medical Services to which the Insured Person has a right, included in Annex 1 hereto, provided to the Insured Person on the terms as defined herein in the case of the event specified in Article 2 sec. 2 (d);
15. **"Medical Consultant"** – a healthcare professional working with a Medical Benefits Centre, arranging Medical Services for the Insured Person, on their own or in consultation with the Physician treating the Insured Person.
16. **"Medical Facility"** – a legally operating treatment facility that provides Medical Services within Poland;
17. **"Website for the Insured"** – an application where the Insured Person may, after logging in, file a claim for a Medical Benefit, fill out the medical records, check the history of benefits, and make a service appointment using e-registration.
18. **"Health Programme"** – the scope of Medical Services as described in the List of Medical Benefits, fully coordinated by the Medical Consultant, used to restore or keep the health of the Insured Person;
19. **"Medical Service"** – medical advice, diagnostic tests, nursing treatments, rehabilitation treatments and other actions fully coordinated by the Medical Consultant, helping the patient recover and regain optimum mobility as soon as possible. The Medical Services guaranteed hereunder are within the List of Medical Benefits;
20. **"Medical Benefit"** an insurance benefit provided to the Insured Person in the case of the Insured Event referred to in Article 2 sec. 2 (d), which involves in particular arranging the provision of a Medical Service (medical benefit) or payment of a specific amount of money (cash benefit) in line with the List of Medical Benefits;
21. **"Medical Benefits Centre"** – Towarzystwo Ubezpieczeń ZDROWIE S.A. with its registered office in Gdynia, ul. Śląska 17 – representative of Nationale-Nederlanden, handling the arrangement and provision of Medical Benefits on behalf of Nationale- Nederlanden.
22. **"Medical Helpline"** – a Poland-wide helpline available at the following number: (58) 500 55 12, where the Insured Person can set up or confirm a date of Medical Services. The Medical Helpline is also referred to as the Medical Benefits Centre. Change of the Medical Helpline number shall not constitute an amendment to the Insurance Contract;

Article 2. What is the scope of cover?

1. The insurance shall cover the Insured Person's health.
2. The scope of insurance covers:
   a) Hospitalisation of the Insured Person caused by a Disease,
   b) Hospitalisation of the Insured Person caused by an Accident, on condition that Hospitalisation began not later than 180 days after the Accident,
   c) stay of the Insured Person in the ICU due to a direct threat to life, and
   d) Hospitalisation of the Insured Person lasting at least 10 days, counting from the hospital admission time, if they commenced in the period in which the Insured Person was provided with insurance cover under the Additional Contract.
3. The Insured Person shall have the right to the following benefits hereunder:
   a) Daily Hospital Benefit – for the events described in sec. 2 (a) to (c),
   b) Medical Benefits – for the event described in sec. 2 (d).
4. During Hospitalisation, the Insured Person must be provided with insurance cover on a continuous basis. The fulfilment of the above condition is not required for the events referred to in sec. 2 (a) to (c) if the following takes place before the end of the Hospitalisation:
   a) the insurance cover provided to the Insured Person expired due to the termination of the legal relationship between the Insured Person and the Policyholder – the employment referred to in Article 10 sec. 1(b) of the Terms and Conditions of the Master Contract,
   b) the Additional Contract has expired.
5. Medical Benefits are only provided throughout the duration of insurance cover.
6. Nationale-Nederlanden is liable under the Additional Contract round-the-clock and worldwide but Medical Services are provided only in Poland.

Article 3. When does Nationale-Nederlanden apply Grace Periods?

1. In the case of conclusion of an Additional Contract, only the 2-month Grace Period shall apply, subject to sec. 2 and 3.
2. A 6-month Grace Period shall apply where the premium is paid on a monthly basis and the Insured Person joined the insurance during the term of the Additional Contract in the 4th or subsequent Settlement Period counting from the liability commencement date or from the date on which the Insured Person met the insurance membership criteria.
3. A 6-month Grace Period shall apply where the premium is paid on a basis other than monthly and the Insured Person joined the insurance during the term of the Additional Contract in the 2nd or subsequent Settlement Period counting from the liability commencement date or from the date on which the Insured Person met the insurance membership criteria.
4. During the Grace Period referred to in sec. 1, 2, and 3, Nationale-Nederlanden shall be liable for the Insured Person's Hospitalisation only if it was caused by an Accident, subject to Article 7 sec. 3.
5. The Grace Period referred to in sec. 1 shall be waived if the Insured Person meets any and all conditions stipulated below on the coverage commencement date:
   a) before joining the insurance the Insured was covered for a period of at least one month by insurance based

on a group life insurance contract concluded by the Policyholder with another insurance company providing for the same or similar scope of insurance to the cover provided under the Additional Contract, which means that the benefit under the present Contract would have been payable under the contract concluded with the previous insurer.

b) the insurance cover referred to in item a) above expired in relation to that Insured Person not earlier than on the 30th day before the Insurance Cover commencement date and not later than on the 30th day after the Insurance Cover commencement date.

6. If an Insured Event takes place within 2 months from the date of commencement of the Insurance Cover, then an Insured Person meeting the criteria referred to in sec. 5 shall be obliged to provide a declaration (along with all the documents necessary for payment of the benefit referred to in the policy) to the insurance company. The declaration shall contain the following information:

   a) the list of Insured Events applicable in relation to the Insured Person and their corresponding Sums Insured as at the last date of the cover provided to the Insured Person by the insurance company that issued the declaration,

   b) the date of commencement and end of the insurance cover provided to the Insured Person.

Article 4. What is the Daily Hospital Benefit?

1. A Daily Hospital Benefit under the Additional Contract is defined in the Policy and in the Confirmation of membership in the insurance.
2. The Daily Hospital Benefit is a fixed amount during the term of the Additional Contract, subject to sec. 3.
3. The Daily Hospital Benefit may change on each Policy Anniversary at request of the Policyholder once the suggested change is accepted by Nationale-Nederlanden, subject to the Terms and Conditions defined in the Master Contract.
4. The amount of Daily Hospital Benefit may be specified individually for each Subgroup.

Article 5. Who has the right to receive the Daily Hospital Benefit and what is the amount of the benefit?

1. The benefit amounting to a multiple of the Daily Hospital Benefit shall be paid out to the Insured Person if the event described in Article 2 sec. 2 (a) to (c) occurs.
2. The calculation of the benefit due to the Insured Person for Hospitalisation shall be based on the Daily Hospital Benefit applicable on the first day of the Insured Person's Hospitalisation.
3. Nationale-Nederlanden shall pay the benefit if the Hospitalisation of the Insured Person lasted at least:

   a) 3 days – if the Hospitalisation was caused by a Disease. The period of Hospitalisation shall begin the moment the Insured Person is admitted to the Hospital and end at the moment the Insured Person is discharged from the Hospital. In such a case, the benefit shall be paid for each day of Hospitalisation, including the date of discharge.

   b) 1 day – where the Hospitalisation of the Insured Person was caused by an Accident, on condition that the Hospitalisation began not later than 180 days after the Accident. In such a case, the benefit shall be paid as of the first day of Hospitalisation and shall be twice the amount of Daily Hospital Benefit for each day of Hospitalisation.

   c) 1 day – if the Insured Person stayed in the ICU during the Hospitalisation due to a direct threat to his or her life. In such a case, the benefit is paid for each Day of Hospitalisation in the ICU and it shall be twice the amount of Daily Hospital Benefit for each day of stay in the ICU and for the day of discharge from the ICU, plus the Daily Hospital Benefit for each Day of Hospitalisation immediately before and after the Hospitalisation in the ICU, including the date of discharge from the Hospital.

4. A one-off Hospitalisation Benefit is payable for no more than 180 days of Hospitalisation per Policy Year.
5. Throughout the Policy Year, the Insured Person is eligible for a total benefit for a period not longer than 360 days of Hospitalisation, counting as an aggregate of one-time stays. The benefit is calculated according to the rules defined in sec. 3.
6. If Hospitalisation was caused by more than one event covered under the Additional Contract, Nationale-Nederlanden shall only pay one benefit for each of those events (whichever is higher).
7. Temporary absence of the Insured Person in a Hospital (upon a prior consent of the Physician authorised to grant it) shall not interrupt the Insured Person's Hospitalisation. Nationale-Nederlanden shall not pay the Daily Hospital Benefit for the time temporary absence of the Insured Person in a Hospital.
8. Receiving the benefit shall require submitting the following documents to Nationale-Nederlanden:

   a) an insurance benefit payment request;

   b) Insured Person's official identification document,

   c) hospital discharge report,

   d) the hospital discharge report defining the period of stay in an ICU (if the person has been in the ICU),

   e) a police report or other documents confirming the occurrence and circumstances of the Accident, on condition that Hospitalisation was caused by an Accident,

   f) any other documents, including medical documents, opinions, lab test results that can be obtained by legal and customary means, which are related to the event and are necessary to establish the grounds for benefit payment,

9. The benefit shall be paid not later than 14 days after Nationale-Nederlanden has been notified of the Insured Event referred to in Article 2 sec. 2 (a) to (c). If it is not possible to clarify the circumstances necessary to determine the liability of Nationale-Nederlanden within

that time limit, the benefit shall be paid within 14 days from the date on which it was possible to clarify these circumstances while exercising due care.

Article 6. How do I obtain Medical Benefits as part of Health Programme?

1. For a Hospitalisation of at least 10 days in the period of insurance cover, the Insured Person shall be eligible for the Medical Benefits established within the Health Programme.
2. The Medical Benefits are only provided throughout the duration of insurance cover, after the end of the Hospitalisation and are fully coordinated by the Medical Consultant.
3. Notification to the Medical Benefits Centre after the Insured Person's Hospitalisation:
   3.1. To commence the Health Programme, the Insured Person must send the following documents to nn_ubezpieczenia@tuzdrowie.pl:
      a) a signed Health Programme Commencement Application, available at: www.tuzdrowie.pl, and
      b) a copy of the hospital discharge report – copy of the medical records confirming the Hospitalisation of the Insured Person for at least 10 days, or
      c) submit the above documents online after logging in to the Website for the Insured.
   3.2. Within 3 working days, a Medical Consultant will contact the Insured Person by calling the phone number specified in the application in order to:
      a) provide information on the acceptance of the submitted application and the commencement of the Health Programme; or
      b) request additional medical records; or
      c)provide information on requesting the medical records to the Medical Facilities where the Insured Person has been treated thus far; or
      d) provide information that the Insured Person's claim has been declined.
   3.3. After obtaining the additional medical records referred to in sec. 1.2, the Medical Consultant shall decide within 3 working days to commence the Health Programme or state that the Insured Person's claim has been declined.
   3.4. The decision to decline the Insured Person's claim along with a statement of grounds is sent to the address for deliveries specified in the Health Programme Commencement Application not later than within 1 working day upon first contacting the Insured Person on the phone.
   3.5. The Insured Person is eligible for Medical Benefits from the List of Medical Benefits contained in Annex 1 hereto, provided that they are justified from a medical point of view, to be fully coordinated by the Medical Consultant.
4. Choosing the form of providing Medical Benefits
   4.1. After the Medical Consultant issues a decision on initiation of the Health Programme, the Insured Person may choose the form in which Medical Benefits will be provided:
      a) in a cashless form of Medical Services provided through the Medical Benefits Centre;
      b) as a cash benefit in the amount corresponding to the costs of provision of the Medical Service incurred by the Insured Person – up to the Sum Insured for the respective Medical Benefit;
   4.2. The Insured Person shall inform the Medical Benefits Centre about the decision as to the form of provision of Medical Benefits. The Insured Person may change the form of provision of Medical Benefits at any time during the term of the Additional Contract.
   4.3. If the Insured Person receives Medical Benefits in a cashless form and has agreed on the provision of the Medical Service through the Medical Benefits Centre and has received it in the Medical Facility specified by the Medical Consultant, they shall not incur any additional cost of that service.
   4.4. If the Insured Person switches from cashless provision of Medical Services to a cash benefit, they may obtain a benefit in the amount corresponding to the cost, incurred by the Insured Person, of the provision of the Medical Service from the List of Medical Benefits up to the Sum Insured for the respective Medical Benefit.
5. Provision of Medical Benefits in the form of a cash benefit.
   5.1. To receive Medical Benefits as a cash benefit, the Insured Person must send the following to the Medical Benefits Centre:
      a) an original or a legible copy of the invoice/bill issued in connection with the provision of the Medical Service,
      b) a filled out "Benefit Payment Request" using the form available at www.tuzdrowie.pl, or
      c) submit the above documents online after logging in to the Website for the Insured.
   5.2. Receiving a cash benefit online in a Medical Facility having access to the online benefit award system requires the Insured Person to sign and accept the "Benefit Receipt Form" or to submit the received text message code.
   5.3. Through the Medical Benefits Centre, Nationale-Nederlanden may request the Insured Person to send additional explanations or medical documents confirming the medically justified need for and safety of the provision of Medical Services specified in the benefit payment request or to undergo a physical examination by a Physician, specified by the Medical Benefits Centre, specialising in the relevant medical field. The cost of such a physical shall be borne by the Medical Benefits Centre.
   5.4. In the case mentioned in sec. 5.3, Nationale-Nederlanden shall, through the Medical Benefits Centre, issue a decision within 2 working days of receiving the additional documents or of the physical examination.
   5.5. The awarded Medical Benefit in the form of cash benefit, up to the Sum Insured for Medical Benefits, shall be transferred to the bank account specified by the Insured Person and provided in the "Benefit Payment Request". The maximum amount of all

Medical Benefits provided in the form of cash benefit paid out in the Policy Year may not exceed PLN 100,000.

5.6. The decision on refusal to pay or the Medical Benefit in the form of cash benefit, on reducing the amount of benefit, along with the statement of grounds, and on awarding the Medical Benefit in the form of cash benefit referred to in sec. 5.5 shall be delivered to the Insured Person or submitted in writing by registered letter to the Insured Person's correspondence address or to the e-mail address specified in the Request within 4 working days of receipt of the Benefit Payment Request

6. Provision of Medical Benefits in a cashless form

6.1. To receive a Medical Benefit in a cashless form, which involves arranging and incurring the costs of Medical Services, the Insured Person should:

a) contact the Medical Helpline;

b) make an appointment for a Medical Service and arrive at the Medical Facility specified by the Medical Consultant;

c) present at the Medical Facility a valid document that clearly confirms the identity of the Insured Person;

d) follow the instructions and guidelines received from the Medical Facility;

e) come to the appointment when the Medical Service will be provided and contact the Medical Helpline in advance of the appointed date and time, if they are unable to use the appointed benefit.

6.2. Contacting the Medical Helpline, the Insured Person should provide the Medical Consultant with the following information:

a) full name, date of birth or PESEL (Polish Personal Identification Number) of the Insured Person;

b) telephone number of the Insured Person;

c) type of assistance required;

d) date of medical referral and specialty of the referring Physician;

e) other information requested by the Medical Consultant as required for arrangement of the services due under the Insurance Contract.

6.3. Arrangement of the Medical Benefit in a cashless form is confirmed by a text message sent to the Insured Person's phone number specified during the contact with the Medical Helpline.

Article 7. Exclusions of liability of Nationale-Nederlanden

1. Nationale-Nederlanden shall not be liable and shall not pay the benefit if the Accident or Disease causing the Hospitalisation of the Insured Person resulted from:

a) warfare or martial law,

b) active and voluntary participation of the Insured Person in acts of violence, disturbances, riots, acts of terror,

c) an event related to a mass chemical, biological or radioactive contamination caused by weapons or equipment using nuclear fission energy or radioactivity,

d) self-mutilation or harm inflicted at the Insured Person's request, irrespective of their sanity,

e) the Insured Person remaining intoxicated or under the influence of alcohol within the meaning of the Polish Upbringing in Sobriety and Alcoholism Prevention Act or under the influence of intoxicants, psychotropic substances, substitute substances within the meaning of the Polish Act on the Prevention of Drug Abuse, with the exception of medicines prescribed by a Physician and used as instructed by the same,

f) a Disease resulting from alcohol consumption,

g) the Insured Person driving a mechanical vehicle or another means of transport without being entitled to do so or where the vehicle or another means of transport did not meet the public road traffic admission criteria imposed by the provisions of the applicable laws,

h) a suicide attempt,

i) any mental illnesses, congenital defects and resulting conditions,

j) involvement of the Insured Person in risky sport activities: motorsports, air sports, motorboating, mountain climbing, rock climbing, diving, potholing, martial arts and sports, water jumps, parachuting, bungee jumping,

k) the Insured Person deliberately committing or attempting to commit an offence,

l) failure to use medical assistance or to observe medical advice or the Insured Person undergoing a medical procedure without the supervision of a Physician or other authorised persons,

m) results from the Insured Person's participation in clinical trials and medical experiments;

2. Nationale-Nederlanden shall not be held liable and it shall refuse to pay the benefit if the purpose of or reason for the Hospitalisation of the Insured Person was:

a) plastic surgery (including breast augmentation or reduction), with the exception of removal of the effects of Accidents,

b) dental surgery, with the exception of removal of the effects of Accidents,

c) routine or preventive medical or diagnostic examinations unrelated to an Accident or Disease,

d) treatment related to infertility, sterilisation, artificial insemination, abortion or miscarriage,

e) circumcision, phimosis surgery, uterine curettage,

f) genetic therapy, experimental surgery, alternative therapy,

g) an event in which the Insured Person took part as a donor of organs or tissues.

3. Nationale-Nederlanden shall not be liable if Hospitalisation occurs after the Premium due date where any prior outstanding Total Premiums were not fully paid until that date. However, the benefit shall be paid if Hospitalisation begins within 14 days from the Premium due date and all Total Premiums are covered in full within the period of those 14 days.

4. Nationale-Nederlanden shall not pay the benefit if the Hospitalisation begins during the Grace Period, during the

Premium suspension period or in the circumstances excluding the liability of Nationale-Nederlanden, subject to Article 3 sec. 4.

5. Nationale-Nederlanden will not provide a Medical Benefit in a cash and non-cash form for any Medical Services performed at the Insured Person's request without first consulting the Medical Consultant.

Article 8. When does the insurance cover expire?

The insurance cover shall expire in the following cases:

a) expiry of the Additional Contract,

b) expiry of insurance cover under the Master Contract.

Article 9. Miscellaneous

To all matters not regulated herein, relevant General Terms and Conditions of Group Life Insurance TRM17 shall apply.

Article 10. Effective date of the Terms and Conditions

The Terms and Conditions, approved by the Management Board of Nationale-Nederlanden Towarzystwo Ubezpieczeń na Życie S.A. by Resolution No. 66/2019 of 28 November 2019, shall be effective as of 1 December 2019.

Michał Hucał

Member of the Management Board

Jacek Koronkiewicz

Member of the Management Board

Appendix No. 1 List of Medical Benefits

To General Terms and Conditions of the Additional Contract for Hospitalisation of the Insured Person with Post-Hospitalisation Treatment HDBH17.

The maximum amount of all Medical Benefits provided in the form of cash benefit paid out in the Policy Year may not exceed PLN 100,000.

Service name	Detailed description	SI of Medical Benefits (in PLN)
Specialist care – medical consultations, including consultations with professors LIMIT OF 5 SERVICES FOR AN INSURED EVENT		
Allergologist medical consultation		PLN 80.00
Anaesthesiologist medical consultation		PLN 80.00
Angiologist medical consultation		PLN 80.00
Vascular surgeon medical consultation		PLN 85.00
General surgeon medical consultation		PLN 70.00
Surgeon oncologist medical consultation		PLN 85.00
Dermatologist medical consultation		PLN 80.00
Dermatologist-Venereologist medical consultation		PLN 80.00
Diabetologist medical consultation		PLN 80.00
Endocrinologist medical consultation		PLN 80.00
Gastroenterologist medical consultation		PLN 80.00
Gynaecologist medical consultation		PLN 80.00
Gynaecologist-Endocrinologist medical consultation		PLN 120.00
Haematologist medical consultation		PLN 85.00
Hepatologist medical consultation		PLN 85.00
Hypertension Specialist medical consultation		PLN 80.00
Immunologist medical consultation		PLN 80.00
Cardiologist medical consultation		PLN 80.00
ENT Specialist medical consultation		PLN 80.00
Contagious Disease Specialist medical consultation		PLN 85.00
Medical Rehabilitation Physician medical consultation		PLN 75.00
Nephrologist medical consultation		PLN 85.00
Neurosurgeon medical consultation		PLN 85.00
Neurologist medical consultation		PLN 70.00
Ophthalmologist medical c onsultation		PLN 50.00
Oncologist medical consultation		PLN 85.00
Orthopaedist medical consultation		PLN 80.00
Orthopaedic Traumatologist medical consultation		PLN 80.00
Proctologist medical consultation		PLN 85.00
Pulmonologist medical consultation		PLN 80.00
Rheumatologist medical consultation		PLN 85.00
Thoracic Surgeon medical consultation		PLN 85.00
Urologist medical consultation		PLN 80.00
Urologist – Andrologist medical c onsultation		PLN 80.00
Laboratory tests LIMIT OF 50 SERVICES FOR AN INSURED EVENT		
albumin		PLN 6.00
alpha-1-antitrypsin		PLN 45.00
amino acids		PLN 30.00
alanine aminotransferase (ALT, ALAT, GPT)		PLN 6.00
aspartate aminotransferase (AspAT, AST, GOT)		PLN 6.00
amylase		PLN 6.00
antistreptolysin (ASO/ASLO/ASO latex)		PLN 6.00
apolipoprotein	apo A1	PLN 50.00
apolipoprotein	apo B	PLN 50.00
C-reactive protein (CRP)		PLN 6.00
total protein		PLN 6.00
total protein – electrophoretic separation (proteinogram)		PLN 25.00
direct bilirubin		PLN 6.00
total bilirubin		PLN 6.00
indirect bilirubin		PLN 6.00
caeruloplasmin		PLN 25.00
chlorides		PLN 6.00
cholesterol		PLN 6.00
HDL cholesterol	assayed directly	PLN 6.00
HDL cholesterol	calculated	PLN 6.00
LDL cholesterol		PLN 6.00
cholinesterase	blood cells	PLN 30.00
cholinesterase	liver	PLN 30.00
cyanocobalamin (vitamin B12)		PLN 20.00
zinc (Zn)		PLN 20.00
cystine/homocystine		PLN 35.00
rheumatoid factor (RF)		PLN 10.00
lactate dehydrogenase (LDH)		PLN 10.00
digoxin		PLN 14.00

Service name	Detailed description	SI of Medical Benefits (in PLN)
ferritin		PLN 20.00
leukocyte alkaline phosphatase (LAP)		PLN 6.00
phosphorus		PLN 6.00
inorganic phosphate		PLN 6.00
alkaline phosphatase (ALP)		PLN 10.00
total acid phosphatase (ACP)		PLN 10.00
prostatic acid phosphatase (PAP)		PLN 10.00
GGTP – gamma glutamyl transferase		PLN 10.00
glucose	20 min. after meal	PLN 6.00
glucose	60 min. after meal	PLN 6.00
glucose	empty stomach	PLN 6.00
Oral Glucose Tolerance Test	50 g glucose after 1 hour	PLN 20.00
Oral Glucose Tolerance Test	50 g glucose after 2 hours	PLN 20.00
Oral Glucose Tolerance Test	75 g glucose after 4 hours	PLN 20.00
Oral Glucose Tolerance Test	75 g glucose after 5 hours	PLN 20.00
Oral Glucose Tolerance Test	empty stomach	PLN 20.00
homocysteine		PLN 35.00
ionogram (Na, K)		PLN 5.00
creatine phosphokinase (CPK)		PLN 6.00
creatine phosphokinase isoenzyme CK-MB (CKMB)		PLN 10.00
endogenous creatinine clearance		PLN 10.00
creatinine		PLN 6.00
folic acid		PLN 20.00
homovanillic acid (HVA)		PLN 35.00
uric acid		PLN 6.00
valproic acid		PLN 28.00
bile acids		PLN 50.00
lipase		PLN 12.00
lipid profile		PLN 24.00
magnesium		PLN 6.00
methemoglobin		PLN 30.00
myoglobin		PLN 28.00
urea, blood urea (non-protein) nitrogen, BUN		PLN 6.00
Rose-Waaler reaction		PLN 10.00
lead (Pb)		PLN 55.00
natriuretic peptide (BNP)		PLN 35.00
natriuretic peptide (NT pro-BNP)		PLN 35.00
potassium (K)		PLN 6.00
liver function tests (ALT, AST, ALP, BIL, GGTP)		PLN 32.00
seromucoid		PLN 12.00
sodium (Na)		PLN 6.00
transferrin		PLN 10.00
triglycerides		PLN 6.00
troponin quantitative		PLN 15.00
troponin I/T		PLN 15.00
thyroglobulin		PLN 30.00
tyrosine		PLN 35.00
USR (VDRL)		PLN 10.00
total calcium		PLN 6.00
vitamin D – metabolite 1.25(OH)		PLN 70.00
vitamin D – metabolite 25(OH)		PLN 70.00
iron		PLN 6.00
iron – total iron binding capacity (TIBC)		PLN 10.00
iron – absorption curve	120 min after ingestion	PLN 18.00
iron – absorption curve	180 min after ingestion	PLN 18.00
iron – absorption curve	240 min after ingestion	PLN 18.00
iron – absorption curve	300 min after ingestion	PLN 18.00
iron – absorption curve	60 min after i ngestion	PLN 18.00
Haematological tests		
antithrombin III (AT III)		PLN 45.00
direct Coombs test, indirect antiglobulin test (IAT)		PLN 20.00
protein C		PLN 45.00
free protein S		PLN 45.00
activated partial thromboplastin time (APTT)		PLN 9.00
bleeding time		PLN 9.00
coagulation time		PLN 9.00
prothrombin time (PT) (INR)		PLN 45.00
thrombin time (TT)		PLN 9.00
coagulation factors	II – prothrombin	PLN 45.00
coagulation factors	IX – antihemophilic factor B	PLN 45.00
coagulation factors	V – proaccelerin	PLN 45.00
coagulation factors	VII – proconvertin	PLN 45.00
coagulation factors	VIII – antihemophilic factor A,	PLN 45.00
coagulation factors	X – Stuart- Prower factor	PLN 45.00
coagulation factors	XI – antihemophilic factor C	PLN 45.00
coagulation factors	XII – Hageman factor	PLN 45.00
coagulation factors	XIII – fibrin stabilising factor	PLN 45.00
D-dimers		PLN 35.00
absolute eosinophilia		PLN 6.00
fibrinogen		PLN 10.00
haptoglobin		PLN 30.00
free haemoglobin		PLN 6.00
haemolysins		PLN 20.00
complement system C1 inhibitor		PLN 45.00
coagulation inhibitors		PLN 35.00

Service name	Detailed description	SI of Medical Benefits (in PLN)
LE cells		PLN 17.00
leukocytes		PLN 6.00
peripheral blood test without smear		PLN 9.00
peripheral blood test with smear (with full granulocyte differential)		PLN 12.00
erythrocyte sedimentation rate (ESR)		PLN 6.00
blood osmolarity		PLN 25.00
assay of blood types AB0 and Rh		PLN 30.00
plasminogen		PLN 10.00
blood platelets		PLN 6.00
indirect Coombs test, indirect antiglobulin test (IAT)		PLN 20.00
fibrinogen and fibrin degradation products (FDP)		PLN 35.00
reticulocytes		PLN 6.00
Urine tests		
urine 17-hydroxycorticosteroids (17-OHCS)		PLN 30.00
urine albumins		PLN 6.00
urine amylase		PLN 6.00
urinalysis		PLN 6.00
urinalysis plus sediment		PLN 6.00
urine Bence Jones protein		PLN 50.00
urine bilirubin		PLN 6.00
urine chlorides		PLN 6.00
urine ketone bodies		PLN 6.00
urine 24-hour volume test		PLN 3.00
urine 24-hour volume test – aldosterone		PLN 40.00
urine 24-hour volume test – protein		PLN 6.00
urine 24-hour volume test – chlorides		PLN 6.00
urine 24-hour volume test – cortisol		PLN 6.00
urine 24-hour volume test – 5- hydroxyindoleacetic acid (5- HIAA)		PLN 30.00
urine 24-hour volume test – hippuric acid		PLN 30.00
urine 24-hour volume test – magnesium		PLN 6.00
urine 24-hour volume test – sodium and potassium		PLN 6.00
urine 24-hour volume test – oxalates		PLN 40.00
urine 24-hour volume test – 17- hydroxycorticosteroids (17- OHCS)		PLN 40.00
urine inorganic phosphate		PLN 6.00
urine glucose/sugar		PLN 3.00
urine free haemoglobin		PLN 15.00
Urine immunofixation (A, G, M, KAP, LAM)		PLN 80.00
urine cadmium		PLN 80.00
urine catecholamines		PLN 30.00

Service name	Detailed description	SI of Medical Benefits (in PLN)
creatinine clearance (from urine 24-hour volume test GHR)		PLN 20.00
urine coproporphyrins		PLN 40.00
urine cortisol		PLN 30.00
urine creatinine		PLN 6.00
urine delta-aminolevulinic acid		PLN 50.00
urine uric acid		PLN 6.00
urine vanillylmandelic acid		PLN 50.00
urine Addis count		PLN 10.00
urine kappa light chains		PLN 50.00
urine lambda light chains		PLN 50.00
urine magnesium		PLN 6.00
urine metoxycatecholamines		PLN 50.00
urine copper		PLN 45.00
microalbuminuria		PLN 6.00
urine urea		PLN 6.00
urine noradrenalin/adrenalin		PLN 30.00
lead in urine 24-hour volume test		PLN 45.00
urine osmolarity		PLN 10.00
urine potassium		PLN 6.00
urine mercury (Hg)		PLN 50.00
kidney stone chemical composition		PLN 50.00
urine sodium		PLN 6.00
pregnancy test/chorionic gonadotropin (alpha-HCG)		PLN 15.00
total urine calcium		PLN 6.00
Stool tests		
general stool examination		PLN 12.00
stool test for the presence of lamblia		PLN 20.00
stool test for the presence of parasite eggs		PLN 20.00
stool test for the presence of pinworms		PLN 12.00
stool test for the presence of rotaviruses/adenoviruses		PLN 28.00
stool test – Helicobacter pylori antigen		PLN 28.00
stool test – food residues		PLN 14.00
stool test for the presence of Shigella and Salmonella		PLN 28.00
hemoccult test		PLN 12.00
Hormonal tests		
17-hydroxycorticosteroids (17- OHCS)		PLN 26.00
adrenalin		PLN 35.00
plasma renin activity (PRA)		PLN 35.00
aldolase		PLN 35.00
aldosterone		PLN 35.00
androstenedione		PLN 35.00
androsterone		PLN 35.00
insulin-like growth factor-binding protein (IGFBP-3)		PLN 40.00

Service name	Detailed description	SI of Medical Benefits (in PLN)
deoxycortisol		PLN 26.00
DHEA-S (dehydroepiandrosterone sulfate)		PLN 30.00
erythropoietin		PLN 30.00
acetylcholinesterase		PLN 20.00
estradiol (E2)		PLN 30.00
estriol		PLN 30.00
free estriol		PLN 30.00
phenylalanine (PKU)		PLN 35.00
glycolytic protein		PLN 40.00
sex hormone binding globulin (SHBG)		PLN 30.00
glutamyltransferase		PLN 40.00
chorionic gonadotropin (alpha- HCG)		PLN 15.00
chorionic gonadotropin (beta- HCG)		PLN 15.00
acid haemolysis		PLN 40.00
adrenocorticotropic hormone (ACTH)		PLN 26.00
anti-Müllerian hormone (AMH) – fertility diagnostics		PLN 80.00
follicle-stimulating hormone (FSH)		PLN 26.00
luteinising hormone (LH)		PLN 26.00
thyroid-stimulating hormone (TSH)		PLN 26.00
growth hormone (GH)		PLN 26.00
Inhibin B		PLN 80.00
insulin-like growth factor 1 (IGF- 1)		PLN 40.00
calcitonin		PLN 22.00
catecholamines		PLN 26.00
cortisol	afternoon sampling	PLN 26.00
cortisol	morning sampling	PLN 26.00
kappa and lambda light chains		PLN 55.00
N-Acetylglucosaminidase		PLN 26.00
osteocalcin		PLN 30.00
PAPP-A (screening)		PLN 150.00
parathormone intact (iPTH)		PLN 25.00
progesterone		PLN 26.00
prolactin – metoclopramide test	120 min after ingestion	PLN 30.00
prolactin – metoclopramide test	30 min after ingestion	PLN 30.00
prolactin – metoclopramide test	60 min after ingestion	PLN 30.00
prolactin – metoclopramide test	before metoclopramide ingestion	PLN 30.00
prolactin (PRL)		PLN 26.00
oestrogen receptors		PLN 35.00
progesterone receptors		PLN 35.00
renin		PLN 28.00
serotonin		PLN 28.00
total testosterone		PLN 26.00
free testosterone		PLN 26.00

Service name	Detailed description	SI of Medical Benefits (in PLN)
total triiodothyronine (TT3)		PLN 18.00
free triiodothyronine (FT3)		PLN 18.00
total thyroxine (TT4)		PLN 18.00
free thyroxine (FT4)		PLN 18.00
Tumour markers		
alpha-fetoprotein (AFP)		PLN 30.00
antigen CA 125 (CA 125)		PLN 32.00
antigen CA 15-3 (CA15-3)		PLN 32.00
antigen CA 19-9 (CA 19-9)		PLN 32.00
carcinoembryonic antigen (CEA)		PLN 32.00
prostate-specific antigen (total PSA)		PLN 32.00
prostate-specific antigen (free PSA)		PLN 45.00
immunoassay for tumour antigen		PLN 32.00
beta-2-microglobulin (b2-M)		PLN 30.00
Microbiological tests		
antibiotic susceptibility test		PLN 20.00
fungal culture test, antifungal susceptibility test	stool	PLN 35.00
fungal culture test, antifungal susceptibility test	blood	PLN 35.00
fungal culture test, antifungal susceptibility test	urethra material	PLN 35.00
fungal culture test, antifungal susceptibility test	pharyngeal material	PLN 35.00
fungal culture test, antifungal susceptibility test	oral cavity material	PLN 35.00
fungal culture test, antifungal susceptibility test	nasal material	PLN 35.00
fungal culture test, antifungal susceptibility test	nasopharyngeal material	PLN 35.00
fungal culture test, antifungal susceptibility test	rectal material	PLN 35.00
fungal culture test, antifungal susceptibility test	bronchial material	PLN 35.00
fungal culture test, antifungal susceptibility test	toe nail ma	PLN 35.00
fungal culture test, antifungal susceptibility test	finger nail ma	PLN 35.00
fungal culture test, antifungal susceptibility test	wound material	PLN 35.00
fungal culture test, antifungal susceptibility test	cervical material	PLN 35.00
fungal culture test, antifungal susceptibility test	ear material	PLN 35.00
fungal culture test, antifungal susceptibility test	conjunctival sac material	PLN 35.00
fungal culture test, antifungal susceptibility test	dermal material	PLN 35.00
fungal culture test, antifungal susceptibility test	vulvar material	PLN 35.00
fungal culture test, antifungal susceptibility test	urine	PLN 35.00
fungal culture test, antifungal susceptibility test	semen	PLN 35.00
fungal culture test, antifungal susceptibility test	spit	PLN 35.00

Service name	Detailed description	SI of Medical Benefits (in PLN)
fungal culture test, antifungal susceptibility test	pus	PLN 35.00
fungal culture test, antifungal susceptibility test	hair	PLN 35.00
fungal culture test, antifungal susceptibility test	conjunctival sac	PLN 35.00
nasal exfoliative cytology		PLN 30.00
stool culture		PLN 28.00
stool culture for the presence of parasites		PLN 28.00
stool culture for the presence of Salmonella – Shigella		PLN 28.00
blood culture	aerobic culture	PLN 28.00
urine culture		PLN 28.00
semen culture		PLN 30.00
spit culture	anaerobic culture	PLN 28.00
spit culture	aerobic culture	PLN 28.00
pus culture	anaerobic culture	PLN 28.00
pus culture	aerobic culture	PLN 28.00
culture for Streptococcus agalactiae (GBS)	anaerobic culture	PLN 28.00
vaginal culture	anaerobic culture	PLN 28.00
vaginal culture	aerobic culture	PLN 28.00
urethral swab	anaerobic culture	PLN 28.00
urethral swab	aerobic culture	PLN 28.00
pharyngeal swab	anaerobic culture	PLN 28.00
pharyngeal swab	aerobic culture	PLN 28.00
oral cavity swab	anaerobic culture	PLN 28.00
oral cavity swab	aerobic culture	PLN 28.00
cervical swab	anaerobic culture	PLN 28.00
cervical swab	aerobic culture	PLN 28.00
tonsillar swab	anaerobic culture	PLN 28.00
tonsillar swab	aerobic culture	PLN 28.00
nasal swab	anaerobic culture	PLN 28.00
nasal swab	aerobic culture	PLN 28.00
nasopharyngeal swab	anaerobic culture	PLN 28.00
nasopharyngeal swab	aerobic culture	PLN 28.00
eye swab		PLN 28.00
vaginal swab (vaginal cleanliness)	vaginal biocenosis	PLN 28.00
wound swab	anaerobic culture	PLN 28.00
wound swab	aerobic culture	PLN 28.00
ear swab	anaerobic culture	PLN 28.00
ear swab	aerobic culture	PLN 28.00
skin lesion swab	anaerobic culture	PLN 28.00
skin lesion swab	aerobic culture	PLN 28.00
Serological tests		
particle agglutination		PLN 20.00
Hbe antigen		PLN 20.00
HBS antigen (type B hepatitis virus HBs – HBsAg)		PLN 20.00
lupus anticoagulant (LA)		PLN 55.00
test for rotaviruses		PLN 28.00

Service name	Detailed description	SI of Medical Benefits (in PLN)
cyclic citrullinated peptide (CCP) IgG antibodies		PLN 55.00
anti-tissue transglutaminase antibodies (anti-tGT) in IgG class, ELISA method		PLN 28.00
anti-tissue transglutaminase antibodies (anti-tGT) in IgA class, ELISA method		PLN 28.00
anti-neutrophil cytoplasmic antibodies ANCA (pANCA and cANCA), IIF method		PLN 55.00
anti-liver cytosol antibody type 1 (anti-LC1), Immunoblotting method		PLN 55.00
anti-bacterial antibodies		PLN 28.00
anti-beta-2-glycoprotein-1 antibodies IgG		PLN 55.00
anti-beta-2-glycoprotein-1 antibodies IgM		PLN 55.00
anti-glomerular basement membrane antibodies (anti- GMB) and alveolar basement membrane antibodies, IIF method		PLN 55.00
anti-Bordetella pertussis antibodies IgG		PLN 55.00
anti-Bordetella pertussis antibodies IgM		PLN 55.00
anti-Borrelia antibodies IgG	assayed using the Western Blot method	PLN 28.00
anti-Borrelia antibodies IgG	assayed using the ELISA method	PLN 28.00
anti-Borrelia antibodies IgM	assayed using the Western Blot method	PLN 28.00
anti-Borrelia antibodies IgM	assayed using the ELISA method	PLN 28.00
anti-Brucella antibodies IgG		PLN 40.00
anti-Brucella antibodies IgM		PLN 40.00
anti-Chlamydia pneumoniae antibodies IgA		PLN 55.00
anti-Chlamydia pneumoniae antibodies IgG		PLN 28.00
anti-Chlamydia pneumoniae antibodies IgM		PLN 28.00
anti-Chlamydia trachomatis antibodies IgG		PLN 28.00
anti-Chlamydia trachomatis antibodies IgM		PLN 28.00
anti-Coxsackie type A and B antibodies using the IIF method		PLN 55.00
anti-Cytomegalovirus (anti-CMV) antibodies IgG		PLN 28.00
anti-Cytomegalovirus (anti-CMV) antibodies IgM		PLN 28.00
anti-neutrophil cytoplasmic antibodies (ANCA)		PLN 28.00
anti-intrinsic factor antibodies Castlea and Anti-parietal cell antibodies (APCA), IIF method		PLN 55.00
anti-glutamic acid decarboxylase (GAD) antibodies		PLN 55.00
anti-double-stranded / native DNA antibodies – dsDNA (nDNA)		PLN 55.00
anti-dsDNA antibodies, IIF method		PLN 55.00

Service name	Detailed description	SI of Medical Benefits (in PLN)
anti-endomysial antibodies – IgA – EmA IgA		PLN 55.00
anti-endomysial antibodies – IgG – EmA IgG		PLN 55.00
anti-endomysial and anti-gliadin antibodies in IgA class (jointly), IIF method		PLN 55.00
anti-endomysial and anti-gliadin antibodies in IgG class (jointly), IIF method		PLN 55.00
anti-endomysial and anti-gliadin antibodies in IgA and IgG class (jointly), IIF method		PLN 55.00
anti-endomysial and anti-reticulin antibodies IgA		PLN 55.00
anti-endomysial and anti-reticulin antibodies IgG		PLN 55.00
anti-endomysial antibodies IgG, IgA EmA		PLN 55.00
anti-endomysial, anti-reticulin and anti-gliadin antibodies IgA+IgG		PLN 55.00
anti-Epstein-Barr virus antibodies (infectious mononucleosis, EBV) IgG		PLN 28.00
anti-Epstein-Barr virus antibodies (infectious mononucleosis, EBV) IgM		PLN 28.00
anti-tyrosine phosphatase antibodies (IA2)		PLN 55.00
anti-phosphatidylinositol antibodies IgG		PLN 55.00
anti-phosphatidylinositol antibodies IgM		PLN 55.00
anti-gliadin antibodies (AGA) – in IgG and IgA classes (jointly), IIF method		PLN 55.00
anti-gliadin antibodies class IgA – AGA		PLN 55.00
anti-gliadin antibodies class IgG – AGA		PLN 55.00
anti-Ascaris lumbricoides antibodies IgG		PLN 55.00
anti-HAV antibodies	IgM fraction	PLN 28.00
anti-HAV antibodies	total level	PLN 28.00
anti-HBc antibodies (total)		PLN 28.00
anti-Hbe antibodies		PLN 28.00
anti-HBs antibodies		PLN 28.00
anti-HCV antibodies		PLN 28.00
anti-Helicobacter pylori antibodies		PLN 28.00
heterophile antibodies		PLN 28.00
anti-HIV1/HIV2 antibodies		PLN 28.00
antinuclear antibodies (ANA1)		PLN 28.00
antinuclear antibodies (ANA2)		PLN 28.00
antinuclear antibodies (ANA3)		PLN 28.00
antinuclear antibodies and anticytoplasmic antibodies (1), screening test by IIF method		PLN 55.00
bile duct antibodies, IIF method		PLN 55.00
anti-cardiolipin antibodies in IgG and IgM classes (jointly), ELISA method		PLN 28.00

Service name	Detailed description	SI of Medical Benefits (in PLN)
anti-parietal cell antibodies (APCA), IIF method		PLN 55.00
anti-adrenal cortex antibodies		PLN 55.00
anti-Listeria monocytogenes antibodies, qualitative		PLN 55.00
anti-smooth muscle antibodies ASMA		PLN 55.00
anti-skeletal muscle and anti-cardiac muscle antibodies (myasthenia gravis), IIF method		PLN 55.00
anti-skeletal muscle antibodies, IIF method		PLN 55.00
anti-liver kidney microsomal antibodies (anti-LKM), IIF method		PLN 55.00
anti-mitochondrial antibodies AMA		PLN 55.00
anti-mitochondrial antibodies AMA type M2		PLN 55.00
anti-Morbillivirus (measles) antibodies IgG		PLN 55.00
anti-Morbillivirus (measles) antibodies IgM		PLN 55.00
anti-Myxovirus parotitis (mumps) IgG		PLN 55.00
anti-Myxovirus parotitis (mumps) IgM		PLN 55.00
anti-nucleosome antibodies (ANuA) (IMMUNOBLOT)		PLN 55.00
anti-pemphigus and pemphigoid antibodies, IIF method		PLN 55.00
anti-thyroid peroxidase antibodies (aTPO, anti-TPO)		PLN 28.00
anti-Pneumocystis carinii antibodies IgG		PLN 55.00
anti-Pneumocystis carinii antibodies IgM		PLN 55.00
acetylcholine receptor antibodies (AChR – Ab)		PLN 55.00
anti-TSH receptor antibodies (thyrotropin receptor antibodies TRAb, anti-TSHR)		PLN 28.00
anti-reticulin antibodies (ARA) in IgA class, IIF method		PLN 55.00
anti-reticulin antibodies (ARA) in class IgG class, IIF method		PLN 55.00
anti-reticulin antibodies (ARA) in IgA and IgG class (jointly), IIF method		PLN 55.00
anti-Rubivirus (rubella) antibodies IgG		PLN 55.00
anti-Rubivirus (rubella) antibodies IgM		PLN 55.00
anti-Saccharomyces cerevisiae antibodies (ASCA) IgG, IIF method		PLN 55.00
anti-Shigella antibodies		PLN 28.00
anti-TBEV (tick-borne encephalitis virus) antibodies IgM		PLN 55.00
anti-toxoplasmosis antibodies IgG (avidity test)		PLN 55.00
anti-Toxoplasma gondii antibodies IgG		PLN 28.00
anti-Toxoplasma gondii antibodies IgM		PLN 28.00

Service name	Detailed description	SI of Medical Benefits (in PLN)
anti-TPO (anti-microsomal) antibodies		PLN 28.00
anti-Treponema pallidum antibodies (syphilis – confirmation tests FTA, ABS)		PLN 55.00
anti-Trichinella spiralis (trichinosis) antibodies IgG		PLN 55.00
anti-thyroglobulin antibodies		PLN 28.00
anti-Varicella zoster virus (chickenpox) antibodies IgG		PLN 55.00
anti-Varicella zoster virus (chickenpox) antibodies IgM		PLN 55.00
anti-pancreatic islet cell, anti-pancreatic exocrine Cell and Anti-intestinal goblet cells, IIF method		PLN 55.00
anti-Yersinia antibodies		PLN 28.00
antibodies – liver panel – (anti-LKM, anti-LSP, anti-SLA), IIF method		PLN 55.00
antibodies – full liver panel – (ANA2, AMA, ASMA, anti-LKM, anti-LSP, anti-SLA), IIF, DID method		PLN 55.00
SLE – semi-quantitative		PLN 55.00
Diabetes diagnostics		
glycated haemoglobin (HbA1c, glycohaemoglobin, GHB))		PLN 20.00
insulin		PLN 22.00
	empty stomach	PLN 50.00
	after 120 minutes	PLN 50.00
	after 60 minutes	PLN 50.00
insulin after ingestion	after administration of 50 g glucose after 120 minutes	PLN 50.00
	after administration of 50 g glucose after 60 minutes	PLN 50.00
	after administration of 75 g glucose after 120 minutes	PLN 50.00
	after administration of 75 g glucose after 180 minutes	PLN 50.00
	after administration of 75 g glucose after 240 minutes	PLN 50.00
	after administration of 75 g glucose after 300 minutes	PLN 50.00
	after administration of 75 g glucose after 60 minutes	PLN 50.00
C-peptide		PLN 25.00
Immunological tests		
Immunoglobulins (IgA)		PLN 22.00
Immunoglobulins (IgG)		PLN 22.00
Immunoglobulins (IgM)		PLN 22.00
Immunoglobulins (IgE)	E total	PLN 22.00
allergy blood tests (1 allergen)	IgE sp. Acarus Siro D70 (in dust)	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. Alternaria Tenuis M6	PLN 10.00

Service name	Detailed description	SI of Medical Benefits (in PLN)
allergy blood tests (1 allergen)	IgE sp. Amoxicillin C204	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. Aspergillus Fumigatus M3	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. Plantago lanceolata W9	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. Banana F92	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. Egg white F1	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. Betula pendula T3	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. Artemisia vulgaris W6	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. Candida Albicans M5	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. Onion F48	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. Chironimus Plumosus 173	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. Weeds – a mix: Artemisia vulgaris (W6), Urtica dioica (W20), Solidago virgaurea (W12), Plantago lanceolata (W9), Chenopodium album (W10)	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. Cladosporium Herbarum M2	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. Chocolate F105	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. Codfish F3	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. Brewing yeasts F403	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. Trees – a mix: alder (T2), birch (T3), hazel (T4), oak (T7), willow (T12)	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. Bean F15	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. FP5 – food mix (children's): cod (F3), egg white (F1), peanut (F13), cow milk (F2), soya (F14), wheat flour (F4)	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. Ascaris lumbricoides P1	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. Gluten (Gliadin) F79	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. GP4 – mix of late season grasses: sweet vernal grass (G1), perennial ryegrass (G5), timothy-grass (G6), common reed (G7), rye (G12), tufted grass (G13)	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. Pea F12	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. Pear F94	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. Buckwheat F11	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. Turkey F284	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. Apple F49	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. Venom of Common Wasp sp.I3	PLN 10.00

Service name	Detailed description	SI of Medical Benefits (in PLN)
allergy blood tests (1 allergen)	IgE sp. Venom of Bee I1	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. Venom of European Hornet I5	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. Lamb (mutton) F88	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. Whole egg F245	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. Barley F6	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. Cacao F93	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. German cockroach I6	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. Coffee F221	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. Casein F78	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. Kiwi F84	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. Mosquito I71	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. Goosefoot W10	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. Dill 277	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. Meadow fescue G4	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. Orchard grass G3	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. Corn F8	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. Chicken F83	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. Dust – mix (Bencard)	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. Latex K82	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. Lepidoglyphus Destructor D71	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. Common hazel T4	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. Carrot F31	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. mix FP2 – fish, crustacea, sea food: cod (F3), prawn (F24), salmon (F41), common mussel (F37), tuna (F40)	PLN 10.00
allergy blood tests (1 allergen)	epidermal mix EP1: dog (E5), cat (E1), horse (E3), cow (E4)	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. mould mix MP1: Alternaria tenuis (M6), Penicilium notatum (M1), Cladosporium herbarum (M2), Aspergillus fumigatus (M3), Candida ablicans (M5)	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. Cow milk – alpha – lactalbumin F76	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. Cow milk – Beta – Lactalbumin F77	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. Cow milk F2	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. Mucor Racemosus M4	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. Mustard F89	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. Hamster epidermis E84	PLN 10.00

Service name	Detailed description	SI of Medical Benefits (in PLN)
allergy blood tests (1 allergen)	IgE sp. Rabbit epidermis E82	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. Sheep epidermis E81	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. Guinea pig epidermis E6	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. Pigeon droppings E7	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. Cucumber F244	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. Alder T2	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. Hazel nut F17	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. Walnut F256	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. Peanut F13	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. Oat F7	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. Panel of respiratory allergens	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. Mixed panel	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. Food panel	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. Penicillium Notatum M1	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. Black pepper F280	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. Feathers (goose feathers) E70	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. Feather mix EP71 duck feathers (E86), goose feathers (E70), chicken feathers, turkey feathers	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. Parsley F86	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. Duck feathers E86	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. Canary feathers E201	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. Budgerigar feathers E78	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. Orange F33	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. Tomato F25	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. Wheat F4	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. Rye grass pollen G12	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. Dermathopag Pteronyssinus dust mite D1	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. Dermathophag Farinae dust mite D2	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. Rice F9	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. Celery F85	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. Cheddar F81	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. Horse hair E3	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. Cat hair E1	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. Dog hair E2	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. Soya F14	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. Poplar T14	PLN 10.00

Service name	Detailed description	SI of Medical Benefits (in PLN)
allergy blood tests (1 allergen)	IgE sp. Grasses – mix GP1 (G3 orchard grass, G4 meadow fescue, G5 sweet vernal grass, G6 timothy-grass, G8 meadow-grass)	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. Strawberry F44	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. Tuna F40	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. Timothy-grass G6	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. Tyrophagus Putrescentiae	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. Pork F26	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. Willow T12	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. Beef F27	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. Potato F35	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. Egg yolk F75	PLN 10.00
allergy blood tests (1 allergen)	IgE sp. Rye F5	PLN 10.00
allergy blood tests (panel)	other	PLN 130.00
Other tests		
Basic arterial-blood gas test (pH, pCO2, pO2)		PLN 20.00
Radiology tests (x-ray) LIMIT OF 5 SERVICES PER INSURED EVENT		
densitometry	of femur	PLN 55.00
densitometry	lumbar spine	PLN 55.00
densitometry	of lumbar spine and femur	PLN 55.00
mammography	targeted	PLN 75.00
mammography	general	PLN 75.00
sella turcica targeted x-ray		PLN 40.00
Skull x-ray	targeted to optic canals	PLN 40.00
Skull x-ray	targeted to temporal bone	PLN 40.00
Skull x-ray	targeted, Rhese method	PLN 40.00
Skull x-ray	targeted, Schuller method (ears)	PLN 40.00
Skull x-ray	targeted, Stenvers method (ears)	PLN 40.00
Skull x-ray	in two projections	PLN 40.00
Skull x-ray	in one projection	PLN 40.00
Skull x-ray	in three projections	PLN 40.00
Hand x-ray	comparative x-ray of both hands	PLN 40.00
Hand x-ray	AP projection	PLN 40.00
Hand x-ray	AP projection + lateral	PLN 40.00
Hand x-ray	AP projection + lateral + diagonal	PLN 40.00
Hand x-ray	lateral projection	PLN 40.00
Chest x-ray	AP projection	PLN 40.00
Chest x-ray	AP projection + lateral	PLN 40.00
Chest x-ray	lateral projection	PLN 40.00
Chest x-ray	X-ray tomogram	PLN 40.00
Chest x-ray with barite	AP projection	PLN 40.00
Chest x-ray with barite	AP projection + lateral	PLN 40.00
Chest x-ray with barite	lateral projection	PLN 40.00
Knee x-ray	targeted to patella, axial	PLN 40.00
Knee x-ray	targeted to patella, tangential	PLN 40.00
Knee x-ray	targeted to patella in three positions	PLN 40.00
Knee x-ray	comparative x-ray of both joints	PLN 40.00
Knee x-ray	AP projection	PLN 40.00
Knee x-ray	AP projection + lateral	PLN 40.00
Knee x-ray	lateral projection	PLN 40.00
Lower extremity x-ray		PLN 40.00
Upper extremity x-ray		PLN 40.00
Sacral bone x-ray		PLN 40.00
Nasal bone x-ray		PLN 40.00
Coccyx x-ray	AP + lateral	PLN 40.00
Coccyx x-ray	lateral with coccyx	PLN 40.00
Coccyx x-ray	lateral/AP – one projection	PLN 40.00
Heel bone x-ray	(empty)	PLN 40.00
Shank x-ray	comparative x-ray of both extremities	PLN 40.00
Shank x-ray	with knee, AP projection	PLN 40.00
Shank x-ray	with knee, lateral projection	PLN 40.00
Shank x-ray	with ankle, AP projection	PLN 40.00
Shank x-ray	with ankle, lateral projection	PLN 40.00
Humerus x-ray	comparative x- ray, AP projection of both bones	PLN 40.00
Humerus x-ray	comparative x-ray, axial projection of both bones	PLN 40.00
Humerus x-ray	AP projection	PLN 40.00
Humerus x-ray	AP projection + lateral	PLN 40.00
Humerus x-ray	with shoulder, axial	PLN 40.00
Femur x-ray	with hip, AP projection	PLN 40.00
Femur x-ray	with hip, lateral projection	PLN 40.00
Femur x-ray	with knee, AP projection	PLN 40.00
Femur x-ray	with knee, lateral projection	PLN 40.00
Lumbar spine x-ray	targeted to sacral joints AP projection	PLN 40.00

Service name	Detailed description	SI of Medical Benefits (in PLN)
Lumbar spine x-ray	targeted to sacral joints, AP projection + lateral	PLN 40.00
Lumbar spine x-ray	targeted to sacral joints, diagonal projection	PLN 40.00
Lumbar spine x-ray	functional	PLN 40.00
Lumbar spine x-ray	AP projection	PLN 40.00
Lumbar spine x-ray	AP projection + lateral	PLN 40.00
Lumbar spine x-ray	AP projection + lateral + diagonal	PLN 40.00
Lumbar spine x-ray	lateral projection	PLN 40.00
Lumbar spine x-ray	diagonal projection	PLN 40.00
Thoracic spine x-ray	AP projection	PLN 40.00
Thoracic spine x-ray	AP projection + lateral	PLN 40.00
Thoracic spine x-ray	AP projection + lateral + diagonal	PLN 40.00
Thoracic spine x-ray	lateral projection	PLN 40.00
Thoracic spine x-ray	diagonal projection	PLN 40.00
Cervical spine x-ray	functional	PLN 40.00
Cervical spine x-ray	AP projection	PLN 40.00
Cervical spine x-ray	AP projection + lateral	PLN 40.00
Cervical spine x-ray	AP projection + lateral + diagonal	PLN 40.00
Cervical spine x-ray	lateral projection	PLN 40.00
Cervical spine x-ray	diagonal projection	PLN 40.00
Cervical, thoracic and lumbar spine x-ray	functional	PLN 40.00
Cervical, thoracic and lumbar spine x-ray	standing position, AP projection (scoliosis)	PLN 40.00
Cervical, thoracic and lumbar spine x-ray	standing position, AP projection + lateral (scoliosis)	PLN 40.00
Cervical, thoracic and lumbar spine x-ray	standing position, AP projection + lateral + diagonal (scoliosis)	PLN 40.00
Cervical, thoracic and lumbar spine x-ray	AP projection	PLN 40.00
Cervical, thoracic and lumbar spine x-ray	AP projection + lateral	PLN 40.00
Cervical, thoracic and lumbar spine x-ray	diagonal projection	PLN 40.00
Atlas and axis x-ray	(empty)	PLN 40.00
Larynx x-ray without dye	layered images	PLN 40.00
Shoulder blade x-ray	AP projection	PLN 40.00
Shoulder blade x-ray	AP projection + lateral	PLN 40.00
Zygomatic arches x-ray		PLN 40.00
Pelvic x-ray		PLN 40.00
Lesser pelvis x-ray		PLN 40.00
Sternum x-ray	AP projection	PLN 40.00
Sternum x-ray	lateral projection	PLN 40.00
Wrist x-ray	targeted to scaphoid bone	PLN 40.00
Wrist x-ray	comparative x-ray of both hands	PLN 40.00
Wrist x-ray	AP projection	PLN 40.00
Wrist x-ray	AP projection + lateral	PLN 40.00
Wrist x-ray	AP projection + lateral + diagonal	PLN 40.00
Wrist x-ray	lateral projection	PLN 40.00
Nose x-ray		PLN 40.00
Nasopharynx x-ray (third tonsil)		PLN 40.00
Collarbone x-ray		PLN 40.00
Orbit x-ray	AP projection	PLN 40.00
Orbit x-ray	AP projection + lateral	PLN 40.00
Finger x-ray	comparative x-ray of both hands	PLN 40.00
Finger x-ray	AP projection	PLN 40.00
Finger x-ray	AP projection + lateral	PLN 40.00
Finger x-ray	AP projection + lateral + diagonal	PLN 40.00
Finger x-ray	lateral projection	PLN 40.00
Skull base x-ray		PLN 40.00
Hypochondrium x-ray		PLN 40.00
Occiput x-ray		PLN 40.00
Forearm x-ray	comparative x-ray, AP + lateral of both bones	PLN 40.00
Forearm x-ray	AP projection	PLN 40.00
Forearm x-ray	AP projection + lateral	PLN 40.00
Overall abdominal x-ray	other	PLN 40.00
Overall abdominal x-ray	horizontal position	PLN 40.00
Overall abdominal x-ray	standing position, AP projection (scoliosis)	PLN 40.00
Gastrointestinal x-ray with contrast	intestine passage small intestine passage (standard asset x-ray dye)	PLN 40.00
Gastrointestinal x-ray with contrast	oesophagus, stomach and duodenum passage (standard asset x-ray dye)	PLN 40.00
Gastrointestinal x-ray with contrast	infusion lower gastrointestinal series (standard asset x-ray dye)	PLN 40.00
Tooth bitewing x-ray		PLN 40.00
Hip x-ray	children	PLN 40.00
Hip x-ray	comparative x-ray of both joints – adults	PLN 40.00
Hip x-ray	AP projection – adults	PLN 40.00
Hip x-ray	axial projection – adults	PLN 40.00
CT of sacroiliac joints without contrast	AP projection	PLN 40.00

Service name	Detailed description	SI of Medical Benefits (in PLN)
CT of sacroiliac joints without contrast	AP projection + lateral	PLN 40.00
CT of sacroiliac joints without contrast	diagonal projection	PLN 40.00
Ankle x-ray	comparative x-ray of both joints	PLN 40.00
Ankle x-ray	AP projection	PLN 40.00
Ankle x-ray	AP projection + lateral	PLN 40.00
Ankle x-ray	lateral projection	PLN 40.00
Shoulder x-ray	comparative x-ray of both joints	PLN 40.00
Shoulder x-ray	AP projection	PLN 40.00
Shoulder x-ray	axial projection	PLN 40.00
Elbow x-ray	comparative x-ray of both joints	PLN 40.00
Elbow x-ray	AP projection	PLN 40.00
Elbow x-ray	AP projection + lateral	PLN 40.00
Elbow x-ray	axial projection	PLN 40.00
Sternoclavicular joint x-ray		PLN 40.00
Feet x-ray	targeted to metatarsal bones	PLN 40.00
Feet x-ray	targeted to toes	PLN 40.00
Feet x-ray	targeted to heel, lateral	PLN 40.00
Feet x-ray	targeted to heel, axial	PLN 40.00
Feet x-ray	comparative x-ray of both feet	PLN 40.00
Feet x-ray	AP projection	PLN 40.00
Feet x-ray	AP projection + lateral	PLN 40.00
Feet x-ray	AP projection + lateral + diagonal	PLN 40.00
Feet x-ray	lateral projection	PLN 40.00
Achilles tendon x-ray		PLN 40.00
Salivary gland x-ray		PLN 40.00
Mediastinum x-ray		PLN 40.00
Facial skeleton x-ray		PLN 40.00
Ear x-ray		PLN 40.00
Sinus x-ray		PLN 40.00
Bite x-ray		PLN 40.00
Rib x-ray	AP projection	PLN 40.00
Rib x-ray	lateral projection	PLN 40.00
Rib x-ray	diagonal projection	PLN 40.00
Mandible x-ray	AP projection	PLN 40.00
Mandible x-ray	diagonal projection	PLN 40.00
urography		PLN 120.00
Ultrasound test (ultrasound) LIMIT OF 2 SERVICES PER INSURED EVENT		
Ultrasound		
Popliteal fossa ultrasound		PLN 60.00
Ultrasound of eyeballs and orbits		PLN 60.00
Ultrasound of abdomen and retroperitoneal space		PLN 60.00
Testicle and epididymis ultrasound		PLN 60.00
Larynx ultrasound		PLN 60.00
Muscle ultrasound		PLN 60.00
Wrist ultrasound		PLN 60.00
Ultrasound of kidneys, ureters, bladder		PLN 60.00
Eye ultrasound		PLN 110.00
Finger ultrasound		PLN 60.00
Bladder ultrasound		PLN 60.00
Breast ultrasound		PLN 60.00
Prostate ultrasound (transrectal)		PLN 60.00
Prostate ultrasound through abdominal wall		PLN 60.00
Hand ultrasound		PLN 60.00
Shoulder ultrasound		PLN 60.00
Hip ultrasound		PLN 60.00
Knee ultrasound		PLN 60.00
Elbow ultrasound		PLN 60.00
Ankle ultrasound		PLN 60.00
Foot ultrasound		PLN 60.00
Achilles tendon ultrasound		PLN 60.00
Ultrasound of salivary glands		PLN 60.00
Thyroid ultrasound		PLN 60.00
Ultrasound of intracranial arteries		PLN 60.00
Ultrasound of soft tissues		PLN 60.00
Subcutaneous tissue ultrasound		PLN 60.00
Transvaginal ultrasound (TV ultrasound)		PLN 60.00
Lymph nodes ultrasound		PLN 60.00
Ligaments ultrasound		PLN 60.00
Doppler ultrasonography		
Doppler ultrasonography of venous and arterial vessels of lower extremities	arterial vessels	PLN 80.00
Doppler ultrasonography of venous and arterial vessels of lower extremities	venous vessels	PLN 80.00
Doppler ultrasonography of venous and arterial vessels of upper extremities	arterial vessels	PLN 80.00
Doppler ultrasonography of venous and arterial vessels of upper extremities	venous vessels	PLN 80.00
Doppler ultrasonography of neck vessels		PLN 80.00
Doppler ultrasonography of the portal system		PLN 80.00
Doppler ultrasonography of celiac artery		PLN 80.00
Doppler ultrasonography of renal arteries		PLN 80.00
Doppler ultrasonography of inferior vena cava and iliac veins		PLN 80.00

Service name	Detailed description	SI of Medical Benefits (in PLN)
Fine needle aspiration biopsies under ultrasound guidance of prostate with histopathology		PLN 110.00
of lymph nodes with histopathology		PLN 110.00
of pathological lesion with histopathology		PLN 110.00
of breast with histopathology		PLN 110.00
of thyroid with histopathology		PLN 100.00
Computer tomography (CT) LIMIT OF 1 SERVICE PER INSURED EVENT		
OCT of eyes		PLN 150.00
OCT of eye		PLN 100.00
(head) brain/brainstem CT + angiography	venous vessels and brain sinuses	PLN 230.00
(head) brain/brainstem CT + angiography	arterial vessels	PLN 230.00
(head) brain/brainstem CT without contrast		PLN 180.00
(head) brain/brainstem CT without contrast		PLN 230.00
(spine) spinal canal CT at lumbar/ sacral level without contrast		PLN 190.00
(spine) spinal canal CT at lumbar/ sacral level with contrast		PLN 250.00
(spine) spinal canal CT at thoracic level without contrast		PLN 190.00
(spine) spinal canal CT at thoracic and lumbar level without contrast		PLN 250.00
(spine) spinal canal CT at thoracic and lumbar level with contrast		PLN 250.00
(spine) spinal canal CT at thoracic level with contrast		PLN 250.00
(spine) spinal canal CT at cervical level without contrast		PLN 190.00
(spine) spinal canal CT at cervical and thoracic level without contrast		PLN 250.00
(spine) spinal canal CT at cervical and thoracic level with contrast		PLN 250.00
(spine) spinal canal CT at cervical level with contrast		PLN 250.00
(spine) spinal canal CT at cervical, thoracic and lumbar level without contrast		PLN 250.00
(spine) spinal canal CT at cervical, thoracic and lumbar level with contrast		PLN 250.00
abdominal CT without contrast		PLN 190.00
abdominal CT with contrast		PLN 250.00
abdominal and lesser pelvic CT without contrast (without aortic CT)		PLN 190.00
abdominal and lesser pelvic CT with contrast (without aortic CT)		PLN 250.00
chest CT without contrast (without CT of the heart, aorta and coronary arteries)		PLN 180.00
chest and abdominal CT without contrast		PLN 250.00
chest and abdominal CT with contrast		PLN 250.00
chest CT with contrast (without CT of the heart, aorta and coronary arteries)		PLN 230.00
chest, abdominal and lesser pelvic CT without contrast		PLN 250.00
chest, abdominal and lesser pelvic CT with contrast		PLN 250.00
chest, abdominal, lesser pelvic and neck CT without contrast		PLN 250.00
chest, abdominal, lesser pelvic and neck CT with contrast		PLN 250.00
lower extremities CT without contrast	shanks	PLN 180.00
lower extremities CT without contrast	thighs	PLN 180.00
lower extremities CT with contrast	shanks	PLN 230.00
lower extremities CT with contrast	thighs	PLN 230.00
upper extremities CT without contrast	wrist	PLN 180.00
upper extremities CT without contrast	forearm	PLN 180.00
upper extremities CT without contrast	arm	PLN 180.00
upper extremities CT without contrast	hand	PLN 180.00
upper extremities CT with contrast	wrist	PLN 230.00
upper extremities CT with contrast	forearm	PLN 230.00
upper extremities CT with contrast	arm	PLN 230.00
upper extremities CT with contrast	hand	PLN 230.00
laryngeal CT without contrast		PLN 180.00
laryngeal CT with contrast		PLN 230.00
lesser pelvic CT without contrast		PLN 190.00
lesser pelvic CT with contrast		PLN 250.00
pelvic, bladder, prostate CT without contrast		PLN 190.00
pelvic, bladder, prostate CT with contrast		PLN 250.00
CT of kidneys and adrenal glands without contrast		PLN 190.00
CT of kidneys and adrenal glands with contrast	1	PLN 250.00
CT of orbits without contrast		PLN 230.00
CT of orbits with contrast		PLN 230.00
CT of petrous part of the temporal bone without contrast		PLN 180.00
CT of petrous part of the temporal bone with contrast		PLN 250.00
High-resolution CT of lungs (HRCT)		PLN 180.00
pituitary gland CT without contrast		PLN 250.00
pituitary gland CT with contrast		PLN 250.00
CT of hips without contrast		PLN 180.00
CT of hips with contrast		PLN 250.00
CT of sacroiliac joints without contrast		PLN 180.00

Service name	Detailed description	SI of Medical Benefits (in PLN)
CT of sacroiliac joints with contrast		PLN 230.00
CT of ankles without contrast		PLN 180.00
CT of ankles with contrast		PLN 250.00
shoulder CT without contrast		PLN 180.00
shoulder CT with contrast		PLN 250.00
knee CT without contrast		PLN 180.00
knee CT with contrast		PLN 250.00
elbow CT without contrast		PLN 180.00
elbow CT with contrast		PLN 250.00
shoulder CT without contrast		PLN 180.00
shoulder CT with contrast		PLN 250.00
foot CT without contrast		PLN 180.00
foot CT with contrast		PLN 250.00
neck CT without contrast		PLN 180.00
neck CT with contrast		PLN 230.00
sinus CT without contrast		PLN 180.00
sinus CT with contrast		PLN 250.00
OCT of eyes		PLN 150.00
OCT of eye		PLN 100.00
(head) brain/brainstem CT + angiography	venous vessels and brain sinuses	PLN 230.00
(head) brain/brainstem CT + angiography	arterial vessels	PLN 230.00
(head) brain/brainstem CT without contrast		PLN 180.00
(head) brain/brainstem CT without contrast		PLN 230.00
(spine) spinal canal CT at lumbar/ sacral level without contrast		PLN 190.00
(spine) spinal canal CT at lumbar/ sacral level with contrast		PLN 250.00
(spine) spinal canal CT at thoracic level without contrast		PLN 190.00
(spine) spinal canal CT at thoracic and lumbar level without contrast		PLN 250.00
(spine) spinal canal CT at thoracic and lumbar level with contrast		PLN 250.00
(spine) spinal canal CT at thoracic level with contrast		PLN 250.00
(spine) spinal canal CT at cervical level without contrast		PLN 190.00
(spine) spinal canal CT at cervical and thoracic level without contrast		PLN 250.00
(spine) spinal canal CT at cervical and thoracic level with contrast		PLN 250.00
(spine) spinal canal CT at cervical level with contrast		PLN 250.00
Magnetic resonance imaging (MRI, NMR) LIMIT OF 1 SERVICE PER INSURED EVENT		
(head) brain/brainstem MRI without contrast		PLN 300.00
(head) brain/brainstem MRI with contrast		PLN 350.00
(spine) spinal canal MRI at lumbar/ sacral level without contrast		PLN 300.00
(spine) spinal canal MRI at lumbar/ sacral level with contrast		PLN 350.00
(spine) spinal canal MRI at thoracic level without contrast		PLN 300.00
(spine) spinal canal MRI at thoracic level with contrast		PLN 350.00
(spine) spinal canal MRI at cervical level without contrast		PLN 300.00
(spine) spinal canal MRI at cervical level with contrast		PLN 350.00
cerebral angiography MRI (spectroscopy excluded)		PLN 350.00
renal artery angiography MRI		PLN 400.00
wrist arthrography MRI		PLN 400.00
shoulder arthrography MRI		PLN 400.00
knee arthrography MRI		PLN 400.00
elbow arthrography MRI		PLN 400.00
ankle arthrography MRI		PLN 400.00
cholangiography MRI		PLN 400.00
abdominal MRI without contrast (without cholangiography MRI)		PLN 300.00
abdominal MRI with cholangiography		PLN 400.00
abdominal MRI with contrast (without cholangiography MRI)		PLN 350.00
abdominal and lesser pelvic MRI without contrast		PLN 300.00
abdominal and lesser pelvic MRI with contrast		PLN 350.00
chest MRI without contrast (without angio MRI and heart examination)		PLN 350.00
chest and cardiac muscle MRI with contrast	angiography of chest vessels	PLN 400.00
chest and cardiac muscle MRI with contrast	heart examination with quantitative assessment of the contraction function	PLN 400.00
chest and cardiac muscle MRI with contrast	heart examination with quantitative assessment of the contraction function and vitality	PLN 400.00
chest and cardiac muscle MRI with contrast	heart examination with quantitative assessment of the contraction function, vitality and perfusion at rest	PLN 400.00
chest and cardiac muscle MRI with contrast	heart examination with quantitative assessment of blood flow	PLN 400.00
chest MRI with contrast (without angio MRI and heart examination)		PLN 400.00
lower extremities MRI without contrast	whole extremity	PLN 300.00
lower extremities MRI without contrast	targeted shank	PLN 300.00
lower extremities MRI without contrast	targeted foot	PLN 300.00

Service name	Detailed description	SI of Medical Benefits (in PLN)
lower extremities MRI without contrast	targeted thigh	PLN 300.00
lower extremities MRI with contrast	whole extremity	PLN 350.00
lower extremities MRI with contrast	targeted shank	PLN 350.00
lower extremities MRI with contrast	targeted foot	PLN 350.00
lower extremities MRI with contrast	targeted thigh	PLN 350.00
upper extremities MRI without contrast	whole extremity	PLN 300.00
upper extremities MRI without contrast	targeted forearm	PLN 300.00
upper extremities MRI without contrast	targeted arm	PLN 300.00
upper extremities MRI without contrast	targeted hand	PLN 300.00
upper extremities MRI with contrast	whole extremity	PLN 300.00
upper extremities MRI with contrast	targeted forearm	PLN 300.00
upper extremities MRI with contrast	targeted arm	PLN 300.00
upper extremities MRI with contrast	targeted hand	PLN 300.00
mammography MRI		PLN 400.00
lesser pelvic MRI without contrast		PLN 300.00
lesser pelvic MRI with contrast		PLN 350.00
pelvic, bladder, prostate MRI without contrast		PLN 350.00
pelvic, bladder, prostate MRI with contrast		PLN 350.00
MRI of orbits without contrast		PLN 300.00
MRI of orbits with contrast		PLN 350.00
pituitary gland MRI with contrast		PLN 350.00
MRI of hips without contrast		PLN 300.00
MRI of hips with contrast		PLN 350.00
MRI of knees without contrast		PLN 300.00
MRI of knees with contrast		PLN 350.00
MRI of sacroiliac joints without contrast		PLN 300.00
MRI of sacroiliac joints with contrast		PLN 350.00
MRI of ankles without contrast		PLN 300.00
MRI of ankles with contrast		PLN 350.00
shoulder MRI without contrast		PLN 350.00
shoulder MRI with contrast		PLN 350.00
elbow MRI without contrast		PLN 350.00
elbow MRI with contrast		PLN 350.00
shoulder MRI without contrast		PLN 300.00
shoulder MRI with contrast		PLN 300.00
MRI of brain structures + angiography		PLN 350.00
neck MRI without contrast		PLN 300.00
neck MRI with contrast		PLN 350.00
mediastinum MRI without contrast		PLN 300.00
mediastinum MRI with contrast		PLN 350.00
facial skeleton MRI without contrast		PLN 300.00
facial skeleton MRI with contrast		PLN 350.00
urography MRI		PLN 400.00
sinus MRI without contrast		PLN 300.00
sinus MRI with contrast		PLN 350.00

Information concerning:

General Terms and Conditions of the Additional Contract for the Insured Person's Hospitalisation due to a Heart Attack or Stroke HSHDB17 (GTCI)

Information included in the GTCI	Article No.
1. Grounds for the payment of indemnity and other benefits or the Insurance surrender value.	Article 1, Article 2, Article 5, Article 6
2. Limitations and exclusions of the insurance company's liability based whereon the payment of the indemnity or other benefits may be refused or reduced.	Article 3, Article 7, Article 8
3. Costs and other charges deducted from insurance premiums, from the assets of unit-linked insurance funds or through the redemption of units in unit-linked insurance funds.	Not applicable
4. The surrender value in particular periods of insurance cover and the period in which the claim for payment of the surrender value does not apply.	Not applicable

General Terms and Conditions of the Additional Contract for the Insured Person's Hospitalisation due to a Heart Attack or Stroke HSHDB17

General Terms and Conditions of the Additional Contract for the Insured Person's Hospitalisation due to a Heart Attack or Stroke shall apply in relation to the Additional Contract specified in the policy and other documents issued by Nationale-Nederlanden and marked with the code HSHDB17.

Article 1. Definitions

Any expressions not defined hereunder but defined in the General Terms and Conditions of Group Life Insurance TRM17 shall have the same meanings in these Terms and Conditions. In the General Terms and Conditions of the Additional Contract on the Insured Person's Hospitalisation due to a Heart Attack or Stroke (hereinafter: Terms and Conditions) and any other documents related to the Additional Contract marked with the code HSHDB17, the following terms shall have the meanings as set forth below:

1. **"Hospital"** – a public or non-public inpatient healthcare facility which provides the patients with round-the-clock medical care and treatment based on relevant diagnostic and treatment equipment as well as medical staff, i.e. a qualified nursing personnel and at least one Physician on a permanent basis and keeping full medical records for each patient.

   For the purposes of the Terms and Conditions of the Additional Contract, a Hospital is not a nursing home, a mental institution, a hospice, a facility which treats alcoholism or other types of addiction, a rehabilitation hospital, a rehabilitation ward, a convalescence or rehabilitation centre, sanatorium, a recreation centre, a spa centre.

2. **"Hospital Stay" ("Hospitalisation")** – a permanent and uninterrupted stay of the Insured Person in a Hospital, documented in the manner as specified herein, aimed at keeping, restoring or improving the Insured Person's health. Hospitalisation shall also be regarded as uninterrupted if the Insured Person is transferred to another Hospital. A stay aimed at rehabilitation or convalescence of the Insured Person shall not be considered as Hospitalisation.

3. **"Day of Hospitalisation caused by a Disease"** – each commenced calendar day of Hospitalisation of the Insured Person. The first day of Hospitalisation shall be the time between the admission to Hospital until the end of that day (until 12 p.m.).

4. **"Physician"** – a person who has the required qualifications authorising them to provide medical assistance, confirmed by relevant documents, and in particular to: check the health condition, diagnose and prevent diseases, treat and rehabilitate patients, provide medical advice, and issue opinions and medical certificates within their speciality.

5. **"Disease"** – a reaction of the body to a pathogenic factor, internal or external, diagnosed by a Physician and leading to functional disorders, organic changes in tissues, organs, systems or the entire body; within the meaning of the Terms and Conditions, pregnancy, childbirth and puerperium shall not be regarded as a Disease.

6. **"Mental Illness"** – mental disorder or behavioural disorder as specified in the International Statistical Classification of Diseases and Related Health Problems (ICD-10).

7. **"Congenital Defects"** – any deviation from the normal structure of tissues, organs or the entire body developed during foetal life and diagnosed in line with the International Statistical Classification of Diseases and Related Health Problems (ICD-10).

8. **"Accident"** – a sudden, external event beyond control of the Insured Person that was the direct and sole cause of their Hospitalisation and took place during the period in which the Insured Person was provided with insurance cover by Nationale-Nederlanden. Within the meaning of the GTCI, a Disease, a Mental Illness or psychical bodily injuries suffered by the Insured Person due to an overload, effort, lifting or bending shall not be considered an external cause of the Accident.

9. **"Daily Hospital Benefit"** – an amount defined in the Policy and used to calculate the amount of the Benefit payable under the Additional Contract.

10. **"ICU"** (Intensive Medical Care Unit or Intensive Care Unit) – a separate hospital ward for patients whose life is in danger and who require intensive specialised treatment, permanent care and supervision, equipped with specialised equipment for constant monitoring of the patients' vital functions.

11. **"Day of Hospitalisation at the ICU"** – each commenced calendar day of Insured Person's stay in the ICU. The first day of stay in the ICU shall be the ICU admission date until the end of that date (12 p.m.).

12. **"Heart Attack"** – a diagnosed necrosis of a part of myocardium caused by a sudden disruption of blood flow to a specific area of the myocardium. The diagnosis has to be based on an observation of a typical increase or decrease in the concentration of cardiac biomarkers in blood (troponin I, troponin T or CK-MB), with at least one value exceeding the 99th per centile of the upper reference range limit co-existing with at least two of the following clinical symptoms of myocardial ischaemia:

- Typical clinical symptoms of myocardial infarction,
- One of the following symptoms revealed by ECG indicating a recent myocardial ischaemia: new ST-T segment elevation or depression, T-wave inversion, new pathological Q waves or new block of the His bundle left branch.

  The insurance cover does not include other acute coronary syndromes.

13) "Stroke" – necrosis of brain tissue caused by the disruption of blood flow to a particular area of the brain or bleeding into the brain tissue, along with all of the circumstances mentioned below:
    - development of new clinical neurological symptoms corresponding to a stroke,
    - presence of new lesions that are typical in the case of a stroke in the image of computed tomography or nuclear magnetic resonance.

      The insurance cover does not include:
    - transient ischemic attacks (TIA),
    - cerebral infarction or intracranial bleeding caused by an external injury,
    - any other brain lesions.

Article 2. What is the scope of cover?

1. The insurance shall cover the Insured Person's health.
2. The insurance covers the occurrence of the following events:
   a) Hospitalisation of the Insured Person as a result of a Heart Attack or Stroke,
   b) stay of the Insured Person in the ICU due to a direct threat to life as a result of a Heart Attack or Stroke.

   If they commenced in the period in which the Insured Person was provided with insurance cover under the Additional Contract.
3. During Hospitalisation, the Insured Person must be provided with insurance cover on a continuous basis. The fulfilment of the above condition is not required if the following takes place before the end of the Hospitalisation:
   a) the insurance cover provided to the Insured Person expired due to the termination of the legal relationship between the Insured Person and the Policyholder – the employment referred to in Article 10 sec. 1(b) of the Terms and Conditions of the Master Contract,
   b) the Additional Contract has expired.
4. Nationale-Nederlanden shall bear liability under the Additional Contract round-the-clock and worldwide.

Article 3. When does Nationale-Nederlanden apply Grace Periods?

1. In the case of conclusion of an Additional Contract, only the 2-month Grace Period shall apply, subject to sec. 2 and 3.
2. A 6-month Grace Period shall apply where the premium is paid on a monthly basis and the Insured Person joined the insurance during the term of the Additional Contract in the 4th or subsequent Settlement Period counting from the liability commencement date or from the date on which the Insured Person met the insurance membership criteria.
3. A 6-month Grace Period shall apply where the premium is paid on a basis other than monthly and the Insured Person joined the insurance during the term of the Additional Contract in the 2nd or subsequent Settlement Period counting from the date of commencement of liability or from the date on which the Insured Person met the insurance membership criteria.
4. The Grace Period referred to in sec. 1 shall be waived if the Insured Person meets any and all conditions stipulated below on the coverage commencement date:
   a) before joining the insurance the Insured was covered for a period of at least one month by insurance based on a group life insurance contract concluded by the Policyholder with another insurance company providing for the same or similar scope of insurance to the cover provided under the Additional Contract, which means that the benefit under the present Contract would have been payable under the contract concluded with the previous insurer.
   b) the insurance cover referred to in item a) above expired in relation to that Insured Person not earlier than on the 30th day before the Insurance Cover commencement date and not later than on the 30th day after the Insurance Cover commencement date.
5. If an Insured Event takes place within 2 months from the date of commencement of the Insurance Cover, then an Insured Person meeting the criteria referred to in sec. 4 shall be obliged to provide a declaration (along with all the documents necessary for payment of the benefit referred to in the policy) to the insurance company. The declaration shall contain the following information:
   a) the list of Insured Events applicable in relation to the Insured Person and their corresponding Sums Insured as at the last date of the cover provided to the Insured Person by the insurance company that issued the declaration,
   b) the date of commencement and end of the insurance cover provided to the Insured Person.

Article 4. What is the Daily Hospital Benefit?

1. A Daily Hospital Benefit under the Additional Contract is defined in the Policy and in the Confirmation of membership in the insurance.
2. The Daily Hospital Benefit is a fixed amount during the term of the Additional Contract, subject to sec. 3.
3. The Daily Hospital Benefit may change on each Policy Anniversary at request of the Policyholder once the suggested change is accepted by Nationale-Nederlanden, subject to the Terms and Conditions defined in the Master Contract.
4. The amount of Daily Hospital Benefit may be specified individually for each Subgroup.

Article 5. Who has the right to receive the benefit and what is the amount of the benefit?

1. The benefit amounting to a multiple of the Daily Hospital Benefit shall be paid out to the Insured Person.
2. The calculation of the benefit due to the Insured Person for Hospitalisation shall be based on the Daily Hospital Benefit applicable on the first day of the Insured Person's Hospitalisation.
3. Nationale-Nederlanden shall pay the benefit if the Hospitalisation of the Insured Person lasted at least:
   a) 3 days – if the Hospitalisation was caused by a Disease. The period of Hospitalisation shall begin the moment the Insured Person is admitted to the Hospital and end at the moment the Insured Person is discharged from the Hospital. In such a case, the benefit shall be paid for each day of Hospitalisation, including the date of discharge.
   b) 1 day – if the Insured Person stayed in the ICU during the Hospitalisation due to a direct threat to his or her life. In such a case, the benefit is paid for each Day of Hospitalisation in the ICU and it shall be twice the amount of Daily Hospital Benefit for each day of stay in the ICU and for the day of discharge from the ICU, plus the Daily Hospital Benefit for each Day of Hospitalisation immediately before and after the Hospitalisation in the ICU, including the date of discharge from the Hospital.
4. A one-off Hospitalisation Benefit is payable for no more than 180 days of Hospitalisation per Policy Year.
5. Throughout the Policy Year, the Insured Person is eligible for a total benefit for a period not longer than 360 days of Hospitalisation, counting as an aggregate of one-time stays. The benefit is calculated according to the rules defined in sec. 3.
6. If Hospitalisation was caused by more than one event covered under the Additional Contract, Nationale-Nederlanden shall only pay one benefit for each of those events (whichever is higher).
7. Temporary absence of the Insured Person in a Hospital (upon a prior consent of the Physician authorised to grant it) shall not interrupt the Insured Person's Hospitalisation. Nationale-Nederlanden shall not pay the Daily Hospital Benefit for the time temporary absence of the Insured Person in a Hospital.

Article 6. What are the requirements for benefit payment?

1. Receiving the benefit shall require submitting the following documents to Nationale-Nederlanden:
   a) an insurance benefit payment request;
   b) Insured Person's official identification document,
   c) medical records confirming the occurrence of the Insured Event:
      - hospital discharge report,
      - the hospital discharge report defining the period of stay in an ICU (if the person has been in the ICU),
   d) any other documents, including medical documents, opinions, lab test results that can be obtained by legal and customary means, which are related to the event and are necessary to establish the grounds for benefit payment,
2. The benefit shall be paid not later than 30 days after Nationale-Nederlanden has been notified of the Insured Event. If it is not possible to clarify the circumstances necessary to determine the liability of Nationale-Nederlanden within that time limit, the benefit shall be paid within 14 days from the date on which it was possible to clarify these circumstances while exercising due care.

Article 7. Exclusions of liability of Nationale-Nederlanden

1. Nationale-Nederlanden shall not be liable and shall not pay the benefit if the Heart Attack or Stroke causing the Hospitalisation of the Insured Person resulted from:
   a) warfare or martial law,
   b) active and voluntary participation of the Insured Person in acts of violence, disturbances, riots, acts of terror,
   c) an event related to a mass chemical, biological or radioactive contamination caused by weapons or equipment using nuclear fission energy or radioactivity,
   d) failure to use medical assistance or to observe medical advice or where the Insured Person undergoes a medical procedure without the supervision of a Physician or other authorised persons.
2. Nationale-Nederlanden shall not be liable if Hospitalisation occurs after the Premium due date where any prior outstanding Total Premiums were not fully paid until that date. However, the benefit shall be paid if Hospitalisation begins within 14 days from the Premium due date and all Total Premiums are covered in full within the period of those 14 days.
3. Nationale-Nederlanden shall not pay the benefit if the Hospitalisation begins during the Premium suspension period or in the circumstances excluding the liability of Nationale-Nederlanden.

Article 8. When does the insurance cover expire?

The insurance cover shall expire in the following cases:

a) expiry of the Additional Contract,

b) expiry of insurance cover under the Master Contract.

Article 9. Miscellaneous

To all matters not regulated herein, relevant General Terms and Conditions of Group Life Insurance TRM17 shall apply.

Article 10. Effective date of the Terms and Conditions

The Terms and Conditions, approved by the Management Board of Nationale-Nederlanden Towarzystwo Ubezpieczeń

na Życie S.A. by Resolution No. 66/2019 of 28 November 2019, shall be effective as of 1 December 2019.

Michał Hucał

Member of the Management Board

Jacek Koronkiewicz

Member of the Management Board

Information concerning:

General Terms and Conditions of the Additional Contract for Hospitalisation of the Insured Person as a result of an Accident AHDB17 (GTCI)

Information included in the GTCI	Article No.
1. Grounds for the payment of indemnity and other benefits or the Insurance surrender value.	Article 1, Article 2, Article 4, Article 5
2. Limitations and exclusions of the insurance company's liability based whereon the payment of the indemnity or other benefits may be refused or reduced.	Article 6, Article 7
3. Costs and other charges deducted from insurance premiums, from the assets of unit-linked insurance funds or through the redemption of units in unit-linked insurance funds.	Not applicable
4. The surrender value in particular periods of insurance cover and the period in which the claim for payment of the surrender value does not apply.	Not applicable

General Terms and Conditions of the Additional Contract for Hospitalisation of the Insured Person as a result of an Accident AHDB17

General Terms and Conditions of the Additional Contract for Hospitalisation of the Insured Person as a result of an Accident shall apply in relation to the Additional Contract specified in the policy and other documents issued by Nationale-Nederlanden and marked with the code AHDB17.

Article 1. Definitions

Any expressions not defined hereunder but defined in the General Terms and Conditions of Group Life Insurance TRM17 shall have the same meanings in these Terms and Conditions. In the General Terms and Conditions of the Additional Contract for Hospitalisation of the Insured Person as a result of an Accident (hereinafter: Terms and Conditions) and any other documents related to the Additional Contract marked with the code AHDB17, the following terms shall have the meanings as set forth below:

1. **"Hospital"** – a public or non-public inpatient healthcare facility which provides the patients with round-the-clock medical care and treatment based on relevant diagnostic and treatment equipment as well as medical staff, i.e. a qualified nursing personnel and at least one Physician on a permanent basis and keeping full medical records for each patient. For the purposes of the Terms and Conditions of the Additional Contract, a Hospital is not a nursing home, a mental institution, a hospice, a facility which treats alcoholism or other types of addiction, a rehabilitation hospital, a rehabilitation ward, a convalescence or rehabilitation centre, sanatorium, a recreation centre, a spa centre.
2. **"Hospital Stay" ("Hospitalisation")** – a permanent and uninterrupted stay of the Insured Person in a Hospital, documented in the manner as specified herein, aimed at keeping, restoring or improving the Insured Person's health. Hospitalisation shall also be regarded as uninterrupted if the Insured Person is transferred to another Hospital. A stay aimed at rehabilitation or convalescence of the Insured Person shall not be considered as Hospitalisation.
3. **"Day of Hospitalisation"** – each ended calendar day of Hospitalisation of the Insured Person. The first day of Hospitalisation shall be the time between the admission to Hospital until the end of that day (until 12 p.m.).
4. **"ICU"** (Intensive Medical Care Unit or Intensive Care Unit) – a separate hospital ward for patients whose life is in danger and who require intensive specialised treatment, permanent care and supervision, equipped with specialised equipment for constant monitoring of the patients' vital functions.
5. **"Physician"** – a person who has the required qualifications authorising them to provide medical assistance, confirmed by relevant documents, and in particular to: check the health condition, diagnose and prevent diseases, treat and rehabilitate patients, provide medical advice, and issue opinions and medical certificates within their speciality.
6. **"Disease"** – a reaction of the body to a pathogenic factor, internal or external, diagnosed by a Physician and leading to functional disorders, organic changes in tissues, organs, systems or the entire body; within the meaning of the Terms and Conditions, pregnancy, childbirth and puerperium shall not be regarded as a Disease.
7. **"Mental Illness"** – mental disorder or behavioural disorder as specified in the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
8. **"Congenital Defects"** – any deviation from the normal structure of tissues, organs or the entire body developed during foetal life and diagnosed in line with the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
9. **"Accident"** – a sudden, external event beyond control of the Insured Person that was the direct and sole cause of their Hospitalisation and took place during the period in which the Insured Person was provided with insurance cover by Nationale-Nederlanden. Within the meaning of the GTCI, a Disease, a Mental Illness or psychical bodily injuries suffered by the Insured Person due to an overload, effort, lifting or bending shall not be considered an external cause of the Accident.
10. **"Daily Hospital Benefit"** – an amount defined in the Policy and used to calculate the amount of the Benefit payable under the Additional Contract.

Article 2 What is the scope of cover?

1. The insurance shall cover the Insured Person's health.
2. The scope of insurance shall cover Hospitalisation of the Insured Person caused by an Accident which took place i n the period in which the Insured Person was provided with insurance cover under the Additional Contract, on condition that Hospitalisation began not later than 180 days from the Accident counting from the date of the Accident.
3. During Hospitalisation, the Insured Person must be provided with insurance cover on a continuous basis. The

fulfilment of the above condition is not required if the following takes place before the end of the Hospitalisation:

a) the insurance cover provided to the Insured Person expired due to the termination of the legal relationship between the Insured Person and the Policyholder – the employment referred to in Article 10 sec. 1(b) of the Terms and Conditions of the Master Contract,

b) the Additional Contract has expired.

4. Nationale-Nederlanden shall bear liability under the Additional Contract round-the-clock and worldwide.

Article 3. What is the Daily Hospital Benefit?

1. A Daily Hospital Benefit under the Additional Contract is defined in the Policy and in the Confirmation of membership in the insurance.
2. The Daily Hospital Benefit is a fixed amount during the term of the Additional Contract, subject to sec. 3.
3. The Daily Hospital Benefit may change on each Policy Anniversary at request of the Policyholder once the suggested change is accepted by Nationale-Nederlanden, subject to the Terms and Conditions defined in the Master Contract.
4. The amount of Daily Hospital Benefit may be specified individually for each Subgroup.

Article 4. Who has the right to receive the benefit and what is the amount of the benefit?

1. The benefit amounting to a multiple of the Daily Hospital Benefit shall be paid out to the Insured Person.
2. The calculation of the benefit due to the Insured Person for Hospitalisation shall be based on the Daily Hospital Benefit applicable on the first day of the Insured Person's Hospitalisation.
3. Nationale-Nederlanden shall pay the benefit where the Hospitalisation of the Insured Person was caused by an Accident and lasted at least 1 day, on condition that Hospitalisation began no later than 180 days from the Accident. In such a case, the benefit shall be paid as of the first day of Hospitalisation and shall be twice the amount of Daily Hospital Benefit for each day of Hospitalisation.
4. A one-off Hospitalisation Benefit is payable for no more than 180 days of Hospitalisation per Policy Year.
5. Throughout the Policy Year, the Insured Person is eligible for a total benefit for a period not longer than 360 days of Hospitalisation, counting as an aggregate of one-time stays. The benefit is calculated according to the rules defined in sec. 3.
6. If Hospitalisation was caused by more than one event covered under the Additional Contract, Nationale-Nederlanden shall only pay one benefit for each of those events (whichever is higher).
7. Temporary absence of the Insured Person in a Hospital (upon a prior consent of the Physician authorised to grant it) shall not interrupt the Insured Person's Hospitalisation. Nationale-Nederlanden shall not pay the Daily Hospital Benefit for the time temporary absence of the Insured Person in a Hospital.

Article 5. What are the requirements for benefit payment?

1. Receiving the benefit shall require submitting the following documents to Nationale-Nederlanden:
   a) an insurance benefit payment request;
   b) Insured Person's official identification document,
   c) hospital discharge report,
   d) a police report or other documents confirming the occurrence and circumstances of the Accident,
   e) any other documents, including medical documents, opinions, lab test results that can be obtained by legal and customary means, which are related to the event and are necessary to establish the grounds for benefit payment.
2. The benefit shall be paid not later than 14 days after Nationale-Nederlanden has been notified of the Insured Event. If it is not possible to clarify the circumstances necessary to determine the liability of Nationale-Nederlanden within that time limit, the benefit shall be paid within 14 days from the date on which it was possible to clarify these circumstances while exercising due care.

Article 6. Exclusions of liability of Nationale-Nederlanden

1. Nationale-Nederlanden shall not be liable and shall not pay the benefit if the Accident causing the Hospitalisation of the Insured Person resulted from:
   a) warfare or martial law,
   b) active and voluntary participation of the Insured Person in acts of violence, disturbances, riots, acts of terror,
   c) events related to a mass chemical, biological or radioactive contamination caused by weapons or equipment using nuclear fission energy or radioactivity,
   d) remaining intoxicated or under the influence of alcohol within the meaning of the Polish Upbringing in Sobriety and Alcoholism Prevention Act or under the influence of intoxicants, psychotropic substances, substitute substances within the meaning of the Polish Act on the Prevention of Drug Abuse, with the exception of medicines prescribed by a Physician and used as instructed by the same,
   e) the Insured Person driving a mechanical vehicle or another means of transport without being entitled to do so or where the vehicle or another means of transport did not meet the public road traffic admission criteria imposed by the provisions of the applicable laws,
   f) involvement of the Insured Person in risky sport activities: motorsports, air sports, motorboating, mountain climbing, rock climbing, diving, potholing, martial arts and sports, water jumps, parachuting, bungee jumping,
   g) the Insured Person deliberately committing or attempting to commit an offence.
2. Nationale-Nederlanden shall not be liable if Hospitalisation occurs after the Premium due date where any prior outstanding Total Premiums were not fully paid until that

date. However, the benefit shall be paid if Hospitalisation begins within 14 days from the Premium due date and all Total Premiums are covered in full within the period of those 14 days.

3. Nationale-Nederlanden shall not pay the benefit if the Hospitalisation begins during the Premium suspension period or in the circumstances excluding the liability of Nationale-Nederlanden.

Article 7. When does the insurance cover expire?

The insurance cover shall expire in the following cases:

a) expiry of the Additional Contract,

b) expiry of insurance cover under the Master Contract.

Article 8. Miscellaneous

To all matters not regulated herein, relevant General Terms and Conditions of Group Life Insurance TRM17 shall apply.

Article 9. Effective date of the Terms and Conditions

The Terms and Conditions, approved by the Management Board of Nationale-Nederlanden Towarzystwo Ubezpieczeń na Życie S.A. by Resolution No. 66/2019 of 28 November 2019, shall be effective as of 1 December 2019.

Michał Hucał

Member of the Management Board

Jacek Koronkiewicz

Member of the Management Board

Information concerning:

General Terms and Conditions of the Additional Contract for Hospitalisation of the Insured Person as a result of a Traffic Accident ATHDB17 (GTCI)

Information included in the GTCI	Article No.
1. Grounds for the payment of indemnity and other benefits or the Insurance surrender value.	Article 1, Article 2, Article 4, Article 5
2. Limitations and exclusions of the insurance company's liability based whereon the payment of the indemnity or other benefits may be refused or reduced.	Article 6, Article 7
3. Costs and other charges deducted from insurance premiums, from the assets of unit-linked insurance funds or through the redemption of units in unit-linked insurance funds.	Not applicable
4. The surrender value in particular periods of insurance cover and the period in which the claim for payment of the surrender value does not apply.	Not applicable

General Terms and Conditions of the Additional Contract for Hospitalisation of the Insured Person as a result of a Traffic Accident ATHDB17

General Terms and Conditions of the Additional Contract for Hospitalisation of the Insured Person as a result of a Traffic Accident shall apply in relation to the Additional Contract specified in the policy and other documents issued by Nationale-Nederlanden and marked with the code ATHDB17.

Article 1. Definitions

Any expressions not defined hereunder but defined in the General Terms and Conditions of Group Life Insurance TRM17 shall have the same meanings in these Terms and Conditions. In the General Terms and Conditions of the Additional Contract for Hospitalisation of the Insured Person as a result of a Traffic Accident (hereinafter: Terms and Conditions) and any other documents related to the Additional Contract marked with the code ATHDB17, the following terms shall have the meanings as set forth below:

1. **"Hospital"** – a public or non-public inpatient healthcare facility which provides the patients with round-the-clock medical care and treatment based on relevant diagnostic and treatment equipment as well as medical staff, i.e. a qualified nursing personnel and at least one Physician on a permanent basis and keeping full medical records for each patient. For the purposes of the Terms and Conditions of the Additional Contract, a Hospital is not a nursing home, a mental institution, a hospice, a facility which treats alcoholism or other types of addiction, a rehabilitation hospital, a rehabilitation ward, a convalescence or rehabilitation centre, sanatorium, a recreation centre, a spa centre.
2. **"Hospital Stay" ("Hospitalisation")** – a permanent and uninterrupted stay of the Insured Person in a Hospital, documented in the manner as specified herein, aimed at keeping, restoring or improving the Insured Person's health. Hospitalisation shall also be regarded as uninterrupted if the Insured Person is transferred to another Hospital. A stay aimed at rehabilitation or convalescence of the Insured Person shall not be considered as Hospitalisation.
3. **"Day of Hospitalisation"** – each ended calendar day of Hospitalisation of the Insured Person. The first day of Hospitalisation shall be the time between the admission to Hospital until the end of that day (until 12 p.m.).
4. **"Physician"** – a person who has the required qualifications authorising them to provide medical assistance, confirmed by relevant documents, and in particular to: check the health condition, diagnose and prevent diseases, treat and rehabilitate patients, provide medical advice, and issue opinions and medical certificates within their speciality.
5. **"Disease"** – a reaction of the body to a pathogenic factor, internal or external, diagnosed by a Physician and leading to functional disorders, organic changes in tissues, organs, systems or the entire body; within the meaning of the Terms and Conditions, pregnancy, childbirth and puerperium shall not be regarded as a Disease.
6. **"Mental Illness"** – mental disorder or behavioural disorder as specified in the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
7. **"Congenital Defects"** – any deviation from the normal structure of tissues, organs or the entire body developed during foetal life and diagnosed in line with the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
8. **"Accident"** – a sudden, external event beyond control of the Insured Person that was the direct and sole cause of their Hospitalisation and took place during the period in which the Insured Person was provided with insurance cover by Nationale-Nederlanden. Within the meaning of the GTCI, a Disease, a Mental Illness or psychical bodily injuries suffered by the Insured Person due to an overload, effort, lifting or bending shall not be considered an external cause of the Accident.
9. **"Traffic Accident"** – an accident in road, air or water traffic suffered by the person provided with insurance cover as:
   a) passenger or driver of a motor vehicle within the meaning of the Road Traffic Act,
   b) a passenger of a rail vehicle, passenger aircraft or vessel which was involved in an accident or a catastrophe,
   c) cyclist,
   d) pedestrian.
10) **"Vessel"** – a ship understood as a mechanically-propelled vehicle moving in water traffic. Within the meaning of these Terms and Conditions, Vessels shall also comprise ferries, hydrofoils, and hovercraft.
11. **"Aircraft"** – a vehicle understood as equipment capable of hovering in the atmosphere as a result of any impact other than the impact of air deflected from the ground, with the exclusion of balloons, zeppelins, gliders, powered gliders, ornithopters, and personal parachutes.
12. **"Daily Hospital Benefit"** – an amount defined in the Policy and used to calculate the amount of the Benefit payable under the Additional Contract.

Article 2. What is the scope of cover?

1. The insurance shall cover the Insured Person's health.
2. The scope of insurance shall cover Hospitalisation of the Insured Person caused by a Traffic Accident which took place in the period in which the Insured Person was provided with insurance cover under the Additional Contract, on condition that Hospitalisation began not later than 180 days from the Traffic Accident counting from the date of the Traffic Accident.
3. During Hospitalisation, the Insured Person must be provided with insurance cover on a continuous basis. The fulfilment of the above condition is not required if the following takes place before the end of the Hospitalisation:
   a) the insurance cover provided to the Insured Person expired due to the termination of the legal relationship between the Insured Person and the Policyholder – the employment referred to in Article 10 sec. 1(b) of the Terms and Conditions of the Master Contract,
   b) the Additional Contract has expired.
4. Nationale-Nederlanden shall bear liability under the Additional Contract round-the-clock and worldwide.

Article 3. What is the Daily Hospital Benefit?

1. A Daily Hospital Benefit under the Additional Contract is defined in the Policy and in the Confirmation of membership in the insurance.
2. The Daily Hospital Benefit is a fixed amount during the term of the Additional Contract, subject to sec. 3.
3. The Daily Hospital Benefit may change on each Policy Anniversary at request of the Policyholder once the suggested change is accepted by Nationale-Nederlanden, subject to the Terms and Conditions defined in the Master Contract.
4. The amount of Daily Hospital Benefit may be specified individually for each Subgroup.

Article 4. Who has the right to receive the benefit and what is the amount of the benefit?

1. The benefit amounting to a multiple of the Daily Hospital Benefit shall be paid out to the Insured Person.
2. The calculation of the benefit due to the Insured Person for Hospitalisation shall be based on the Daily Hospital Benefit applicable on the first day of the Insured Person's Hospitalisation.
3. Nationale-Nederlanden shall pay the benefit where the Hospitalisation of the Insured Person was caused by a Traffic Accident and lasted at least 1 day, on condition that Hospitalisation began no later than 180 days from the Traffic Accident. In such a case, the benefit shall be paid as of the first day of Hospitalisation and shall be twice the amount of Daily Hospital Benefit for each day of Hospitalisation.
4. A one-off Hospitalisation Benefit is payable for no more than 180 days of Hospitalisation per Policy Year.
5. Throughout the Policy Year, the Insured Person is eligible for a total benefit for a period not longer than 360 days of Hospitalisation, counting as an aggregate of one-time stays. The benefit is calculated according to the rules defined in sec. 3.
6. If Hospitalisation was caused by more than one event covered under the Additional Contract, Nationale-Nederlanden shall only pay one benefit for each of those events (whichever is higher).
7. Temporary absence of the Insured Person in a Hospital (upon a prior consent of the Physician authorised to grant it) shall not interrupt the Insured Person's Hospitalisation. Nationale-Nederlanden shall not pay the Daily Hospital Benefit for the time temporary absence of the Insured Person in a Hospital.

Article 5. What are the requirements for benefit payment?

1. Receiving the benefit shall require submitting the following documents to Nationale-Nederlanden:
   a) an insurance benefit payment request;
   b) Insured Person's official identification document,
   c) hospital discharge report,
   d) a police report or other documents confirming the occurrence and circumstances of the Traffic Accident, on condition that Hospitalisation was caused by a Traffic Accident,
   e) any other documents, including medical documents, opinions, lab test results that can be obtained by legal and customary means, which are related to the event and are necessary to establish the grounds for benefit payment.
2. The benefit shall be paid not later than 14 days after Nationale-Nederlanden has been notified of the Insured Event. If it is not possible to clarify the circumstances necessary to determine the liability of Nationale-Nederlanden within that time limit, the benefit shall be paid within 14 days from the date on which it was possible to clarify these circumstances while exercising due care.

Article 6. Exclusions of liability of Nationale-Nederlanden

1. Nationale-Nederlanden shall not be liable and shall not pay the benefit if the Traffic Accident causing the Hospitalisation of the Insured Person resulted from:
   a) warfare or martial law,
   b) active and voluntary participation of the Insured Person in acts of violence, disturbances, riots, acts of terror,
   c) an event related to a mass chemical, biological or radioactive contamination caused by weapons or equipment using nuclear fission energy or radioactivity,
   d) remaining intoxicated or under the influence of alcohol within the meaning of the Polish Upbringing in Sobriety and Alcoholism Prevention Act or under the influence of intoxicants, psychotropic substances, substitute substances within the meaning of the Polish Act on the Prevention of Drug Abuse, with the exception of medicines prescribed by a Physician and used as instructed by the same,

e) the Insured Person driving a mechanical vehicle or another means of transport without being entitled to do so or where the vehicle or another means of transport did not meet the public road traffic admission criteria imposed by the provisions of the applicable laws,

f) an aviation accident which took place while the person was aboard a plane other than that of a licensed passenger airlines,

g) an accident in water traffic occurring while the person stayed on a vessel other than that of licensed passenger lines,

h) involvement of the Insured Person in risky sport activities: motorsports, air sports, motorboating, mountain climbing, rock climbing, diving, potholing, martial arts and sports, water jumps, parachuting, bungee jumping,

i) the Insured Person deliberately committing or attempting to commit an offence.

2. Nationale-Nederlanden shall not be liable if Hospitalisation occurs after the Premium due date where any prior outstanding Total Premiums were not fully paid until that date. However, the benefit shall be paid if Hospitalisation begins within 14 days from the Premium due date and all Total Premiums are covered in full within the period of those 14 days.
3. Nationale-Nederlanden shall not pay the benefit if the Hospitalisation begins during the Premium suspension period or in the circumstances excluding the liability of Nationale-Nederlanden.

Article 7. When does the insurance cover expire?

The insurance cover shall expire in the following cases:

a) expiry of the Additional Contract,

b) expiry of insurance cover under the Master Contract.

Article 8. Miscellaneous

To all matters not regulated herein, relevant General Terms and Conditions of Group Life Insurance TRM17 shall apply.

Article 9. Effective date of the Terms and Conditions

The Terms and Conditions, approved by the Management Board of Nationale-Nederlanden Towarzystwo Ubezpieczeń na Życie S.A. by Resolution No. 66/2019 of 28 November 2019, shall be effective as of 1 December 2019.

Michał Hucał

Member of the Management Board

Jacek Koronkiewicz

Member of the Management Board

Information concerning:

General Terms and Conditions of the Additional Contract for Hospitalisation of the Insured Person as a result of an Accident at Work WAHDB17 (GTCI)

Information included in the GTCI	Article No.
1. Grounds for the payment of indemnity and other benefits or the Insurance surrender value.	Article 1, Article 2, Article 4, Article 5
2. Limitations and exclusions of the insurance company's liability based whereon the payment of the indemnity or other benefits may be refused or reduced.	Article 6, Article 7
3. Costs and other charges deducted from insurance premiums, from the assets of unit-linked insurance funds or through the redemption of units in unit-linked insurance funds.	Not applicable
4. The surrender value in particular periods of insurance cover and the period in which the claim for payment of the surrender value does not apply.	Not applicable

General Terms and Conditions of the Additional Contract for Hospitalisation of the Insured Person as a result of an Accident at Work WAHDB17

General Terms and Conditions of the Additional Contract for Hospitalisation of the Insured Person as a result of an Accident at Work shall apply in relation to the Additional Contract specified in the policy and other documents issued by Nationale-Nederlanden and marked with the code WAHDB17.

Article 1. Definitions

Any expressions not defined hereunder but defined in the General Terms and Conditions of Group Life Insurance TRM17 shall have the same meanings in these Terms and Conditions. In the General Terms and Conditions of the Additional Contract for Hospitalisation of the Insured Person as a result of an Accident at Work (hereinafter: Terms and Conditions) and any other documents related to the Additional Contract marked with the code WAHDB17, the following terms shall have the meanings as set forth below:

1. **"Hospital"** – a public or non-public inpatient healthcare facility which provides the patients with round-the-clock medical care and treatment based on relevant diagnostic and treatment equipment as well as medical staff, i.e. a qualified nursing personnel and at least one Physician on a permanent basis and keeping full medical records for each patient. For the purposes of the Terms and Conditions of the Additional Contract, a Hospital is not a nursing home, a mental institution, a hospice, a facility which treats alcoholism or other types of addiction, a rehabilitation hospital, a rehabilitation ward, a convalescence or rehabilitation centre, sanatorium, a recreation centre, a spa centre.
2. **"Hospital Stay" ("Hospitalisation")** – a permanent and uninterrupted stay of the Insured Person in a Hospital, documented in the manner as specified herein, aimed at keeping, restoring or improving the Insured Person's health. Hospitalisation shall also be regarded as uninterrupted if the Insured Person is transferred to another Hospital. A stay aimed at rehabilitation or convalescence of the Insured Person shall not be considered as Hospitalisation.
3. **"Day of Hospitalisation"** – each ended calendar day of Hospitalisation of the Insured Person. The first day of Hospitalisation shall be the time between the admission to Hospital until the end of that day (until 12 p.m.).
4. **"Physician"** – a person who has the required qualifications authorising them to provide medical assistance, confirmed by relevant documents, and in particular to: check the health condition, diagnose and prevent diseases, treat and rehabilitate patients, provide medical advice, and issue opinions and medical certificates within their speciality.
5. **"Disease"** – a reaction of the body to a pathogenic factor, internal or external, diagnosed by a Physician and leading to functional disorders, organic changes in tissues, organs, systems or the entire body; within the meaning of the Terms and Conditions, pregnancy, childbirth and puerperium shall not be regarded as a Disease.
6. **"Mental Illness"** – mental disorder or behavioural disorder as specified in the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
7. **"Congenital Defects"** – any deviation from the normal structure of tissues, organs or the entire body developed during foetal life and diagnosed in line with the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
8. **"Accident"** – a sudden, external event beyond control of the Insured Person that was the direct and sole cause of their Hospitalisation and took place during the period in which the Insured Person was provided with insurance cover by Nationale-Nederlanden. Within the meaning of the GTCI, a Disease, a Mental Illness or psychical bodily injuries suffered by the Insured Person due to an overload, effort, lifting or bending shall not be considered an external cause of the Accident.
9. **"Accident at Work"** – an accident involving the Insured Person due to an employment or civil law relationship between the Insured Person and their Employer that took place:

   a) during or in connection with ordinary tasks performed for the Employer in accordance with the scope of duties or the instructions of the superiors,

   b) in the period in which they remained at the disposal of the Employer on the way between the Employer's registered office and the place in which the duties under the employment relationship are performed,

   c) during a business trip.

   Within the meaning of these Terms and Conditions, an accident that occurred on the way to or from work shall not be considered an Accident at Work.
10. **"Daily Hospital Benefit"** – an amount defined in the Policy and used to calculate the amount of the Benefit payable under the Additional Contract.

Article 2. What is the scope of cover?

1. The insurance shall cover the Insured Person's health.
2. The scope of insurance shall cover Hospitalisation of the Insured Person caused by an Accident at Work which took place in the period in which the Insured Person was provided with insurance cover under the Additional Contract, on condition that Hospitalisation began not later than 180 days from the Accident at Work counting from the date of the Accident at Work.
3. During Hospitalisation, the Insured Person must be provided with insurance cover on a continuous basis. The fulfilment of the above condition is not required if the following takes place before the end of the Hospitalisation:
   a) the insurance cover provided to the Insured Person expired due to the termination of the legal relationship between the Insured Person and the Policyholder – the employment referred to in Article 10 sec. 1(b) of the Terms and Conditions of the Master Contract,
   b) the Additional Contract has expired.
4. Nationale-Nederlanden shall bear liability under the Additional Contract round-the-clock and worldwide.

Article 3. What is the Daily Hospital Benefit?

1. A Daily Hospital Benefit under the Additional Contract is defined in the Policy and in the Confirmation of membership in the insurance.
2. The Daily Hospital Benefit is a fixed amount during the term of the Additional Contract, subject to sec. 3.
3. The Daily Hospital Benefit may change on each Policy Anniversary at request of the Policyholder once the suggested change is accepted bynNationale-Nederlanden, subject to the Terms and Conditions defined in the Master Contract.
4. The amount of Daily Hospital Benefit may be specified individually for each Subgroup.

Article 4. Who has the right to receive the benefit and what is the amount of the benefit?

1. The benefit amounting to a multiple of the Daily Hospital Benefit shall be paid out to the Insured Person.
2. The calculation of the benefit due to the Insured Person for Hospitalisation shall be based on the Daily Hospital Benefit applicable on the first day of the Insured Person's Hospitalisation.
3. Nationale-Nederlanden shall pay the benefit where the Hospitalisation of the Insured Person was caused by an Accident at Work and lasted at least 1 day, on condition that Hospitalisation began no later than 180 days from the Accident at Work. In such a case, the benefit shall be paid as of the first day of Hospitalisation and shall be twice the amount of Daily Hospital Benefit for each day of Hospitalisation.
4. A one-off Hospitalisation Benefit is payable for no more than 180 days of Hospitalisation per Policy Year.
5. Throughout the Policy Year, the Insured Person is eligible for a total benefit for a period not longer than 360 days of Hospitalisation, counting as an aggregate of one-time stays. The benefit is calculated according to the rules defined in sec. 3.
6. If Hospitalisation was caused by more than one event covered under the Additional Contract, Nationale-Nederlanden shall only pay one benefit for each of those events (whichever is higher).
7. Temporary absence of the Insured Person in a Hospital (upon a prior consent of the Physician authorised to grant it) shall not interrupt the Insured Person's Hospitalisation. Nationale-Nederlanden shall not pay the Daily Hospital Benefit for the time temporary absence of the Insured Person in a Hospital.

Article 5. What are the requirements for benefit payment?

1. Receiving the benefit shall require submitting the following documents to Nationale-Nederlanden:
   a) an insurance benefit payment request;
   b) Insured Person's official identification document,
   c) hospital discharge report,
   d) a post-accident report on the circumstances of and reasons for the accident or accident report form prepared in line with generally applicable provisions of law concerning benefits paid due to Accidents at Work or other documents concerning the Accident at Work,
   e) any other documents, including medical documents, opinions, lab test results that can be obtained by legal and customary means, which are related to the event and are necessary to establish the grounds for benefit payment.
2. The benefit shall be paid not later than 14 days after Nationale-Nederlanden has been notified of the Insured Event.

   If it is not possible to clarify the circumstances necessary to determine the liability of Nationale-Nederlanden within that time limit, the benefit shall be paid within 14 days from the date on which it was possible to clarify these circumstances while exercising due care.

Article 6. Exclusions of liability of Nationale-Nederlanden

1. Nationale-Nederlanden shall not be liable and shall not pay the benefit if the Accident at Work causing the Hospitalisation of the Insured Person resulted from:
   a) warfare or martial law,
   b) active and voluntary participation of the Insured Person in acts of violence, disturbances, riots, acts of terror,
   c) actions of the Insured Person which were not related to the tasks entrusted to them by the Employer.
   d) an event related to a mass chemical, biological or radioactive contamination caused by weapons or equipment using nuclear fission energy or radioactivity,
   e) remaining intoxicated or under the influence of alcohol within the meaning of the Polish Upbringing in Sobriety

and Alcoholism Prevention Act or under the influence of intoxicants, psychotropic substances, substitute substances within the meaning of the Polish Act on the Prevention of Drug Abuse, with the exception of medicines prescribed by a Physician and used as instructed by the same,

f) the Insured Person driving a mechanical vehicle or another means of transport without being entitled to do so or where the vehicle or another means of transport did not meet the public road traffic admission criteria imposed by the provisions of the applicable laws,

g) self-mutilation or mutilation on request, regardless of the state of sanity,

h) involvement of the Insured Person in risky sport activities: motorsports, air sports, motorboating, mountain climbing, rock climbing, diving, potholing, martial arts and sports, water jumps, parachuting, bungee jumping,

i) the Insured Person deliberately committing or attempting to commit an offence.

2. Nationale-Nederlanden shall not be liable if Hospitalisation occurs after the Premium due date where any prior outstanding Total Premiums were not fully paid until that date. However, the benefit shall be paid if Hospitalisation begins within 14 days from the Premium due date and all Total Premiums are covered in full within the period of those 14 days.
3. Nationale-Nederlanden shall not pay the benefit if the Hospitalisation begins during the Premium suspension period or in the circumstances excluding the liability of Nationale-Nederlanden.

Article 7. When does the insurance cover expire?

The insurance cover shall expire in the following cases:

a) expiry of the Additional Contract,

b) expiry of insurance cover under the Master Contract.

Article 8. Miscellaneous

To all matters not regulated herein, relevant General Terms and Conditions of Group Life Insurance TRM17 shall apply.

Article 9. Effective date of the Terms and Conditions

The Terms and Conditions, approved by the Management Board of Nationale-Nederlanden Towarzystwo Ubezpieczeń na Życie S.A. by Resolution No. 66/2019 of 28 November 2019, shall be effective as of 1 December 2019.

Michał Hucał

Member of the Management Board

Jacek Koronkiewicz

Member of the Management Board

Information concerning:

General Terms and Conditions of the Additional Contract for a Surgery of the Insured Person MSR17_A+ (GTCI)

Information included in the GTCI	Article No.
1. Grounds for the payment of indemnity and other benefits or the Insurance surrender value.	Article 1, Article 2, Article 4, Article 5
2. Limitations and exclusions of the insurance company's liability based whereon the payment of the indemnity or other benefits may be refused or reduced.	Article 6, Article 7
3. Costs and other charges deducted from insurance premiums, from the assets of unit-linked insurance funds or through the redemption of units in unit-linked insurance funds.	Not applicable
4. The surrender value in particular periods of insurance cover and the period in which the claim for payment of the surrender value does not apply.	Not applicable

General Terms and Conditions of the Additional Contract for a Surgery of the Insured Person MSR17_A+

General Terms and Conditions of the Additional Contract for a Surgery of the Insured Person shall apply in relation to the Additional Contract specified in the policy and other documents issued by Nationale-Nederlanden and marked with the code MSR17_A+.

Article 1. Definitions

Any expressions not defined hereunder but defined in the General Terms and Conditions of Group Life Insurance TRM17 shall have the same meanings in these Terms and Conditions. In the General Terms and Conditions of the Additional Contract for a Surgery of the Insured Person (hereinafter: Terms and Conditions) and any other documents related to the Additional Contract marked with the code MSR17_A+, the following terms shall have the meanings as set forth below:

1. **"Surgery"** – a procedure which requires incision of skin or other tissues, performed under general or regional anaesthesia at a Hospital by a licensed Physician in the presence of an anaesthesiologist. From a medical point of view, a Surgery must be critical in order to cure or reduce the symptoms of a disease or injury. For the purposes of the Terms and Conditions, a surgery performed for diagnostic purposes only shall not be regarded as an Insured Event (Surgery), except for Surgeries listed in the Annex. Nationale-Nederlanden shall bear liability solely on account of the Surgeries specified in the Annex attached to the Terms and Conditions.
2. **"Hospital"** – a public or non-public inpatient healthcare facility which provides the patients with round-the-clock medical care and treatment based on relevant diagnostic and treatment equipment as well as medical staff, i.e. a qualified nursing personnel and at least one Physician on a permanent basis and keeping full medical records for each patient. For the purposes of the Terms and Conditions of the Additional Contract, a Hospital is not a nursing home, a mental institution, a hospice, a facility which treats alcoholism or other types of addiction, a rehabilitation hospital, a rehabilitation ward, a convalescence or rehabilitation centre, sanatorium, a recreation centre, a spa centre.
3. **"Physician"** – a person who has the required qualifications authorising them to provide medical assistance, confirmed by relevant documents, and in particular to: check the health condition, diagnose and prevent diseases, treat and rehabilitate patients, provide medical advice, and issue opinions and medical certificates within their speciality.
4. **"Accident"** – a sudden, external event beyond control of the Insured Person that was the direct and sole cause of a Surgery and took place during the period in which the Insured Person was provided with insurance cover by Nationale-Nederlanden. Within the meaning of the GTCI, a Disease, a Mental Illness or psychical bodily injuries suffered by the Insured Person due to an overload, effort, lifting or bending shall not be considered an external cause of the Accident.
5. **"Date of Insured Event"** – the date on which the Surgery is performed.
6. **"Disease"** – reaction of the body to a pathogenic factor, internal or external, diagnosed by a Physician and leading to functional disorders, organic changes in tissues, organs, systems or the entire body. Within the meaning of the GTCI, a Disease shall not comprise pregnancy, birth or puerperium.
7. **"Mental Illness"** – mental disorder or behavioural disorder as specified in the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
8. **"Congenital Defects"** – any deviation from the normal structure of tissues, organs or the entire body developed during foetal life and diagnosed in line with the International Statistical Classification of Diseases and Related Health Problems (ICD-10).

Article 2. What is the scope of cover?

1. The insurance shall cover the Insured Person's health.
2. The scope of insurance shall cover the following events, provided that they took place in the period in which the Insured Person was covered by insurance under the Additional Contract:
   a) Surgery of the Insured Person caused by a Disease,
   b) Surgery of the Insured Person caused by an Accident.
3. Nationale-Nederlanden shall bear liability under the Additional Contract round-the-clock and worldwide.

Article 3. When does Nationale-Nederlanden apply Grace Periods?

1. In the case of conclusion of an Additional Contract, only the 2-month Grace Period shall apply, subject to sec. 2 and 3.
2. A 6-month Grace Period shall apply where the premium is paid on a monthly basis and the Insured Person joined the insurance during the term of the Additional Contract in the 4th or subsequent Settlement Period counting from the liability commencement date or from the date on which the Insured Person met the insurance membership criteria.

3. A 6-month Grace Period shall apply where the premium is paid on a basis other than monthly and the Insured Person joined the insurance during the term of the Additional Contract in the 2nd or subsequent Settlement Period counting from the date of commencement of liability or from the date on which the Insured Person met the insurance membership criteria.
4. During the Grace Period referred to in sec. 1, 2, and 3, Nationale-Nederlanden shall be liable for the Insured Person's Surgery in a Hospital only if it was caused by an Accident, subject to Article 6 sec. 3.
5. The Grace Period referred to in sec. 1 shall be waived if the Insured Person meets any and all conditions stipulated below on the coverage commencement date:
   a) before joining the insurance the Insured was covered for a period of at least one month by insurance based on a group life insurance contract concluded by the Policyholder with another insurance company providing for the same or similar scope of insurance to the cover provided under the Additional Contract, which means that the benefit under the present Contract would have been payable under the contract concluded with the previous insurer.
   b) the insurance cover referred to in item a) above expired in relation to that Insured Person not earlier than on the 30th day before the Insurance Cover commencement date and not later than on the 30th day after the Insurance Cover commencement date.
6. If an Insured Event takes place within 2 months from the date of commencement of the Insurance Cover, then an Insured Person meeting the criteria referred to in sec. 5 shall be obliged to provide a declaration (along with all the documents necessary for payment of the benefit referred to in the policy) to the insurance company. The declaration shall contain the following information:
   a) the list of Insured Events applicable in relation to the Insured Person and their corresponding Sums Insured as at the last date of the cover provided to the Insured Person by the insurance company that issued the declaration,
   b) the date of commencement and end of the insurance cover provided to the Insured Person.

Article 4. Who has the right to receive the benefit and what is the amount of the benefit?

1. An Insurance Benefit due to a Surgery of the Insured Person is an appropriate percentage of the Sum Insured as at the date of occurrence of the Insured Event corresponding to the category of the Surgery in line with the table below:

Surgery category*	Percentage of the Sum Insured
1	100%
2	75%
3	50%
4	25%
5	10%

* The highest category – "1". The division of Surgeries into categories is set forth in the Annex to the Terms and Conditions.

2. Where on the 30th day at the latest from the first Surgery on the Insured Person specified in the Annex to the Terms and Conditions marked with a code another Surgery is performed that consists in the same procedures and marked with the same code and caused by the same Accident or the same Disease, Nationale-Nederlanden shall pay the benefit only for one of those Surgeries. If more than one medical procedure is performed as part of a single Surgery, Nationale-Nederlanden shall pay one benefit only for the medical procedure for which the highest benefit is due. The aggregate of benefits due to the Insured Person's Surgery within one policy year cannot exceed 200% of the Sum Insured under relevant Additional Contract effective as at the date of the last Surgery.

Article 5. What are the requirements for benefit payment?

1. Receiving the benefit shall require submitting the following documents to Nationale-Nederlanden:
   a) an insurance benefit payment request;
   b) Insured Person's official identification document,
   c) hospital discharge report,
   d) a police report or other documents confirming the occurrence and circumstances of the Accident if the Surgery was caused by an Accident,
   e) any other documents, including medical documents, opinions, lab test results that can be obtained by legal and customary means, which are related to the event and are necessary to establish the grounds for benefit payment.
2. The benefit shall be paid not later than 30 days after Nationale-Nederlanden has been notified of the Insured Event. If it is not possible to clarify the circumstances necessary to determine the liability of Nationale-Nederlanden within that time limit, the benefit shall be paid within 14 days from the date on which it was possible to clarify these circumstances while exercising due care.
3. If a Surgery was related to the treatment of the consequences of an Accident, Nationale-Nederlanden shall pay the benefit if the Accident took place during the period in which insurance cover was provided under this Additional Contract.

Article 6. Exclusions of liability of Nationale-Nederlanden

1. Nationale-Nederlanden shall not be held liable and it shall refuse to pay the benefit if the Accident or Disease which gave rise to the Surgery on the Insured Person was directly caused by or resulted from:
   a) warfare or martial law,
   b) active and voluntary participation of the Insured Person in acts of violence, disturbances, riots, acts of terror,
   c) an event related to a mass chemical, biological or radioactive contamination caused by weapons or equipment using nuclear fission energy or radioactivity,
   d) the Insured Person being intoxicated or under the influence of alcohol within the meaning of the Polish

Upbringing in Sobriety and Alcoholism Prevention Act or under the influence of intoxicants, psychotropic substances, substitute substances within the meaning of the Polish Act on the Prevention of Drug Abuse, with the exception of medicines prescribed by a Physician and used as instructed by the same,

e) Diseases resulting from alcohol consumption,

f) the Insured Person driving a mechanical vehicle or another means of transport without being entitled to do so or where the vehicle or another means of transport did not meet the public road traffic admission criteria imposed by the provisions of the applicable laws,

g) a suicide attempt,

h) any mental illnesses, congenital defects and resulting conditions,

i) involvement of the Insured Person in risky sport activities: motorsports, air sports, motorboating, mountain climbing, rock climbing, diving, potholing, martial arts and sports, water jumps, parachuting, bungee jumping,

j) the Insured Person deliberately committing or attempting to commit an offence,

k) failure to use medical assistance or to observe medical advice or where the Insured Person undergoes a medical procedure without the supervision of a Physician or other authorised persons.

2. Nationale-Nederlanden shall not be held liable and it shall refuse to pay the benefit due to:

a) plastic surgery (including breast augmentation or reduction), with the exception of removal of the effects of Accidents,

b) dental surgery, with the exception of removal of the effects of Accidents,

c) routine or preventive medical or diagnostic examinations unrelated to an Accident or Disease,

d) treatment related to infertility, sterilisation, artificial insemination, abortion or miscarriage,

e) sex change, circumcision, phimosis surgery, uterine curettage,

f) genetic therapy, experimental surgery, alternative therapy,

g) an event in which the Insured Person took part as a donor of organs or tissues.

3. Nationale-Nederlanden shall not be held liable and it shall refuse to pay the benefit due to a Surgery if the purpose of that surgery was to remedy or reconstruct ligaments. The liability of Nationale-Nederlanden shall be excluded also if the remedy or reconstruction of ligaments involves Surgery on tendons referred to in the Annex to the Terms and Conditions.

4. Nationale-Nederlanden shall not be held liable and it shall refuse to pay the Operation benefit if the reason for that Surgery consisted in failure to use medical assistance or to observe medical advice or where the Insured Person underwent a Surgery without the supervision of a Physician or other authorised persons.

5. Nationale-Nederlanden shall not be held liable for a Surgery if it is a consequence of a Disease diagnosed or treated within 24 months before the date on which the Insured Person was provided with insurance cover under this Additional Contract.

6. The limitations of liability referred to in sec. 5 shall not apply if the Surgery occurred more than two years from the date on which the Insured Person was provided with insurance cover under this Additional Contract.

7. Nationale-Nederlanden shall not be liable if an Insured Event that was the reason for Surgery occurs after the Premium due date where any prior, outstanding Total Premium was not covered in full until that date. However, the benefit shall be paid if an Insured Event that was the reason for a Surgery occurs within 14 days from the Premium due date and all Total Premiums are covered in full within the period of those 14 days.

8. Nationale-Nederlanden shall not pay the benefit if the Insured Event that was the reason for the Surgery on the Insured Person occurs within the Premium suspension period or in the circumstances excluding the liability of Nationale-Nederlanden.

9. Nationale-Nederlanden shall not be held liable and it shall refuse to pay the benefit if the Insured Person died during the Surgery.

Article 7. When does the insurance cover expire?

1. The insurance cover shall expire in the following cases:

a) expiry of the Additional Contract,

b) expiry of insurance cover under the Master Contract.

c) payment of the benefits amounting to 200% of the Sum Insured effective as at the date of the last event covered by insurance.

2. In the case defined in sec. 1 item c), the insurance cover shall expire without a possibility of being resumed.

Article 8. Miscellaneous

To all matters not regulated herein, relevant General Terms and Conditions of Group Life Insurance TRM17 shall apply.

Article 9. Effective date of the Terms and Conditions

The Terms and Conditions, approved by the Management Board of Nationale-Nederlanden Towarzystwo Ubezpieczeń na Życie S.A. by Resolution No. 66/2019 of 28 November 2019, shall be effective as of 1 December 2019.

Michał Hucał

Member of the Management Board

Jacek Koronkiewicz

Member of the Management Board

Information concerning:

General Terms and Conditions of the Additional Contract for a Surgery of the Insured Person – MSR17_2A+ (GTCI)

Information included in the GTCI	Article No.
1. Grounds for the payment of indemnity and other benefits or the Insurance surrender value.	Article 1, Article 2, Article 4, Article 5 of the GTCI
2. Limitations and exclusions of the insurance company's liability based whereon the payment of the indemnity or other benefits may be refused or reduced.	Article 1, Article 3, Article 6, Article 7 of the GTCI
3. Costs and other charges deducted from insurance premiums, from the assets of unit-linked insurance funds or through the redemption of units in unit-linked insurance funds.	Not applicable
4. The surrender value in particular periods of insurance cover and the period in which the claim for payment of the surrender value does not apply.	Not applicable

General Terms and Conditions of the Additional Contract for a Surgery of the Insured Person MSR17_2A+

General Terms and Conditions of the Additional Contract for a Surgery of the Insured Person shall apply in relation to the Additional Contract specified in the policy and other documents issued by Nationale-Nederlanden and marked with the code MSR17_2A+.

Article 1. Definitions

Any expressions not defined hereunder but defined in the General Terms and Conditions of Group Life Insurance TRM17 shall have the same meanings in these Terms and Conditions. In the General Terms and Conditions of the Additional Contract for a Surgery of the Insured Person (hereinafter: Terms and Conditions) and any other documents related to the Additional Contract marked with the code MSR17_2A+, the following terms shall have the meanings as set forth below:

1. **"Surgery"** – a procedure which requires incision of the skin or other tissues, comprising one or more medical procedures specified in the Appendix – Medical procedures, performed under general, perineural or regional anaesthesia at a Hospital by an authorised Physician in the presence of an anaesthesiologist. From a medical point of view, a Surgery must be critical in order to cure or reduce the symptoms of a disease or injury. Within the meaning of the Terms and Conditions, a surgery made for diagnostic purposes only shall not be regarded as an Insured Event (Surgery), except where it comprises one or more medical procedures specified in the Appendix: Medical procedures.
2. **"Hospital"** – a public or non-public inpatient healthcare facility which provides the patients with round-the-clock medical care and treatment based on relevant diagnostic and treatment equipment as well as medical staff, i.e. a qualified nursing personnel and at least one Physician on a permanent basis and keeping full medical records for each patient.

   For the purposes of the Terms and Conditions of the Additional Contract, a Hospital is not a nursing home, a mental institution, a hospice, a facility which treats alcoholism or other types of addiction, a rehabilitation hospital, a rehabilitation ward, a convalescence or rehabilitation centre, a sanatorium, a recreation centre, a spa centre.
3. **"Physician"** – a person who has the required qualifications authorising them to provide medical assistance, confirmed by relevant documents, and in particular to: check the health condition, diagnose and prevent diseases, treat and rehabilitate patients, provide medical advice, and issue opinions and medical certificates within their speciality.
4. **"Accident"** – a sudden, external event beyond control of the Insured Person that was the direct and sole cause of a Surgery and took place during the period in which the Insured Person was provided with insurance cover by Nationale-Nederlanden. Within the meaning of the GTCI, a Disease, a Mental Illness or psychical bodily injuries suffered by the Insured Person due to an overload, effort, lifting or bending shall not be considered an external cause of the Accident.
5. **"Date of Insured Event"** – the date on which the Surgery is performed.
6. **"Disease"** – reaction of the body to a pathogenic factor, internal or external, diagnosed by a Physician and leading to functional disorders, organic changes in tissues, organs, systems or the entire body. Within the meaning of the GTCI, a Disease shall not comprise pregnancy, birth or puerperium.
7. **"Mental Illness"** – mental disorder or behavioural disorder as specified in the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
8. **"Congenital Defects"** – any deviation from the normal structure of tissues, organs or the entire body developed during foetal life and diagnosed in line with the International Statistical Classification of Diseases and Related Health Problems (ICD-10).

Article 2. What is the scope of cover?

1. The insurance shall cover the Insured Person's health.
2. The scope of insurance shall cover the following events, provided that they took place in the period in which the Insured Person was covered by insurance under the Additional Contract:

   a) Surgery of the Insured Person caused by a Disease,

   b) Surgery of the Insured Person caused by an Accident.
3. Nationale-Nederlanden shall bear liability under the Additional Contract round-the-clock and worldwide.

Article 3. When does Nationale-Nederlanden apply Grace Periods?

1. In the case of conclusion of an Additional Contract, only the 2-month Grace Period shall apply, subject to sec. 2 and 3.

2. A 6-month Grace Period shall apply where the Total Premium is paid on a monthly basis and the Insured Person joined the insurance during the term of the Additional Contract in the 4th or subsequent Settlement Period counting from the liability commencement date or from the date on which the Insured Person met the insurance membership criteria.
3. A 6-month Grace Period shall apply where the premium is paid on a basis other than monthly and the Insured Person joined the insurance during the term of the Additional Contract in the 2nd or subsequent Settlement Period counting from the liability commencement date or from the date on which the Insured Person met the insurance membership criteria.
4. During the Grace Period referred to in sec. 1, 2, and 3, Nationale-Nederlanden shall be liable for the Insured Person's Surgery caused by an Accident.
5. The Grace Period referred to in sec. 1 shall be waived if the Insured Person meets any and all conditions stipulated below on the coverage commencement date:

a) before joining the insurance the Insured was covered for a period of at least one month by insurance based on a group life insurance contract concluded by the Policyholder with another insurance company providing for the same or similar scope of insurance to the cover provided under the Additional Contract, which means that the benefit under this Additional Contract would have been payable under the contract concluded with the previous insurer,

b) the insurance cover referred to in item a) above expired in relation to that Insured Person not earlier than on the 30th day before the Insurance Cover commencement date and not later than on the 30th day after the Insurance Cover commencement date.

6. If an Insured Event takes place within 2 months from the date of commencement of the Insurance Cover, an Insured Person meeting the criteria referred to in sec. 5 shall be obliged to provide a declaration (along with all the documents necessary for payment of the benefit) to the insurance company. The declaration shall contain the following information:

a) the list of Insured Events applicable in relation to the Insured Person and their corresponding Sums Insured as at the last date of the cover provided to the Insured Person by the insurance company that issued the declaration,

b) the date of commencement and end of the insurance cover provided to the Insured Person.

7. If Total Premium payment is suspended for more than 3 months, the insurance cover under this Additional Contract shall be reintroduced 6 months from the first date of the settlement period for which the Policyholder paid once again the Basic Premium. During the Grace Period, Nationale-Nederlanden shall be liable for the Insured Person's Surgery caused by an Accident.

Article 4. Who has the right to receive the benefit and what is the amount of the benefit?

1. A benefit due to a Surgery of the Insured Person is an appropriate percentage of the Sum Insured as at the date of occurrence of the Insured Event corresponding to the category of the Surgery in line with the table below:

Surgery category*	Percentage of the Sum Insured
I	100%
II	75%
III	50%
IV	25%
V	10%

* The highest category – "1". The division of Surgeries into categories is set forth in the Annex: Medical Procedures to the Terms and Conditions.

2. Where on the 30th day at the latest from the first Surgery on the Insured Person covering one of the medical procedures specified in the Annex: Medical Procedures marked with a specific code the Insured Person undergoes another Surgery covering the same medical procedure as during the first Surgery of the Insured Person and marked with the same code and caused by the same Accident or the same Disease, Nationale-Nederlanden shall pay the Benefit only for one of these Surgeries. If more than one medical procedure specified in the Annex: Medical Procedures is performed as part of a single Surgery,

   Nationale-Nederlanden shall pay one benefit only for one medical procedure for which the highest benefit is due. The aggregate of benefits due to the Insured Person's Surgery within one policy year cannot exceed 200% of the Sum Insured under relevant Additional Contract effective as at the date of the last Surgery.
3. If the Insured Person undergoes a Surgery due to an Accident or Disease which does not comprise any of the medical procedures specified in the Annex: Medical Procedures to the General, Nationale- Nederlanden shall pay the Insured Person a benefit amounting to 10% of the Sum Insured as at the date of Insured Event.
4. The benefit referred to in sec. 3 may be paid only once within the entire Policy Year.

Article 5. What are the requirements for benefit payment?

1. Receiving the benefit shall require submitting the following documents to Nationale-Nederlanden:

a) a benefit payment request,0

b) Insured Person's official identification document,

c) hospital discharge report,

d) a police report or other documents confirming the occurrence and circumstances of the Accident if the Surgery was caused by an Accident,

e) any other documents, including medical documents, opinions, lab test results that can be obtained by legal and customary means, which are related to the event and are necessary to establish the grounds for benefit payment.

2. The benefit shall be paid not later than 30 days after Nationale-Nederlanden has been notified of the Insured Event. If it is not possible to clarify the circumstances necessary to determine the liability of Nationale-Nederlanden within that time limit, the

benefit shall be paid within 14 days from the date on which it was possible to clarify these circumstances while exercising due care.

3. If a Surgery was related to the treatment of the consequences of an Accident, Nationale-Nederlanden shall pay the benefit if the Accident took place during the period in which insurance cover was provided under this Additional Contract.

Article 6. Exclusions of liability of Nationale-Nederlanden

1. Nationale-Nederlanden shall not be held liable and it shall refuse to pay the benefit if the Accident or Disease which gave rise to the Surgery on the Insured Person was caused by or resulted from:
   a) warfare or martial law,
   b) active and voluntary participation of the Insured Person in acts of violence, disturbances, riots, acts of terror,
   c) an event related to a mass chemical, biological or radioactive contamination caused by weapons or equipment using nuclear fission energy or radioactivity,
   d) the Insured Person being intoxicated or under the influence of alcohol within the meaning of the Polish Upbringing in Sobriety and Alcoholism Prevention Act or under the influence of intoxicants, psychotropic substances, substitute substances within the meaning of the Polish Act on the Prevention of Drug Abuse, with the exception of medicines prescribed by a Physician and used as instructed by the same,
   e) Diseases resulting from alcohol consumption,
   f) the Insured Person driving a mechanical vehicle or another means of transport without being entitled to do so or where the vehicle or another means of transport did not meet the public road traffic admission criteria imposed by the provisions of the applicable laws,
   g) a suicide attempt,
   h) any mental illnesses, congenital defects and resulting conditions,
   i) involvement of the Insured Person in risky sport activities: motorsports, air sports, motorboating, mountain climbing, rock climbing, diving, potholing, martial arts and sports, water jumps, parachuting, bungee jumping,
   j) the Insured Person attempting to commit or intentionally committing an offence,
   k) failure to use medical assistance or to observe medical advice or where the Insured Person undergoes a medical procedure without the supervision of a Physician or other authorised persons.
   l) self-mutilation or mutilation on request, regardless of the state of sanity.
2. Nationale-Nederlanden shall not be held liable and it shall refuse to pay the benefit due to:
   a) plastic surgery (including breast augmentation or reduction), with the exception of removal of the effects of Accidents,
   b) dental surgery, with the exception of removal of the effects of Accidents,
   c) routine or preventive medical or diagnostic examinations unrelated to an Accident or Disease,
   d) treatment related to infertility, sterilisation, artificial insemination, abortion or miscarriage,
   e) sex change, circumcision, phimosis surgery, uterine curettage,
   f) genetic therapy, experimental surgery, alternative therapy,
   g) an event in which the Insured Person took part as a donor of organs or tissues,
   h) Caesarean section and incising and sewing crotch at birth,
   i) skin or subcutaneous tissue injury/ wound.
3. Nationale-Nederlanden shall not be held liable and it shall refuse to pay the benefit due to a Surgery if the purpose of that surgery was to remedy or reconstruct ligaments. The liability of Nationale-Nederlanden shall be excluded also if the remedy or reconstruction of ligaments involves Surgery on tendons referred to in the Annex to the Terms and Conditions.
4. Nationale-Nederlanden shall not be held liable for a Surgery if it is a consequence of a Disease diagnosed or treated within 24 months before the date on which the Insured Person was provided with insurance cover under this Additional Contract.
5. The limitations of liability referred to in sec. 4 shall not apply if the Surgery occurred more than two years from the date on which the Insured Person was provided with insurance cover under this Additional Contract.
6. Nationale-Nederlanden shall not be liable if an Insured Event that was the reason for Surgery occurs after the Premium due date where any prior, outstanding Total Premium was not covered in full until that date. However, the benefit shall be paid if an Insured Event that was the reason for a Surgery occurs within 14 days from the Premium due date and all Total Premiums are covered in full within the period of those 14 days.
7. Nationale-Nederlanden shall not pay the benefit if the Insured Event that was the reason for the Surgery on the Insured Person occurs within the Premium suspension period or in the circumstances excluding the liability of Nationale-Nederlanden.
8. Nationale-Nederlanden shall not be held liable and it shall refuse to pay the benefit if the Insured Person died during the Surgery.

Article 7. When does the insurance cover expire?

1. The insurance cover shall expire in the following cases:
   a) expiry of the Additional Contract,
   b) expiry of insurance cover under the Master Contract.
   c) payment of the benefits amounting to 200% of the Sum Insured effective as at the date of the last event covered by the Additional Contract.
2. In the case defined in sec. 1 item c), the insurance cover shall expire without a possibility of being resumed.

Article 8. Miscellaneous

To all matters not regulated herein, relevant General Terms and Conditions of Group Life Insurance TRM17 shall apply.

Article 9. Effective date of the Terms and Conditions

The Terms and Conditions, approved by the Management Board of Nationale-Nederlanden Towarzystwo Ubezpieczeń na Życie S.A. by Resolution No. 66/2019 of 28 November 2019, shall be effective as of 1 December 2019.

Michał Hucał

Member of the Management Board

Jacek Koronkiewicz

Member of the Management Board

Information concerning:

General Terms and Conditions of the Additional Contract for a Surgery of the Insured Person caused by an Accident MSR17_A (GTCI)

Information included in the GTCI	Article No.
1. Grounds for the payment of indemnity and other benefits or the Insurance surrender value.	Article 1, Article 2, Article 3, Article 4
2. Limitations and exclusions of the insurance company's liability based whereon the payment of the indemnity or other benefits may be refused or reduced.	Article 5, Article 6
3. Costs and other charges deducted from insurance premiums, from the assets of unit-linked insurance funds or through the redemption of units in unit-linked insurance funds.	Not applicable
4. The surrender value in particular periods of insurance cover and the period in which the claim for payment of the surrender value does not apply.	Not applicable

General Terms and Conditions of the Additional Contract for a Surgery of the Insured Person caused by an Accident MSR17_A

General Terms and Conditions of the Additional Contract for a Surgery of the Insured Person caused by an Accident shall apply in relation to the Additional Contract specified in the policy and other documents issued by Nationale-Nederlanden and marked with the code MSR17_A.

Article 1. Definitions

Any expressions not defined hereunder but defined in the General Terms and Conditions of Group Life Insurance TRM17 shall have the same meanings in these Terms and Conditions. In the General Terms and Conditions of the Additional Contract for a Surgery of the Insured Person caused by an Accident (hereinafter: Terms and Conditions) and any other documents related to the Additional Contract marked with the code MSR17_A, the following terms shall have the meanings as set forth below:

1. **"Surgery"** – a procedure which requires incision of skin or other tissues, performed under general or regional anaesthesia at a Hospital by a licensed Physician in the presence of an anaesthesiologist. From a medical point of view, a Surgery must be critical in order to cure or reduce the symptoms of a disease or injury. For the purposes of the Terms and Conditions, a surgery performed for diagnostic purposes only shall not be regarded as an Insured Event (Surgery), except for Surgeries listed in the Annex. Nationale-Nederlanden shall bear liability solely on account of the Surgeries specified in the Annex attached to the Terms and Conditions.
2. **"Hospital"** – a public or non-public inpatient healthcare facility which provides the patients with round-the-clock medical care and treatment based on relevant diagnostic and treatment equipment as well as medical staff, i.e. a qualified nursing personnel and at least one Physician on a permanent basis and keeping full medical records for each patient. For the purposes of the Terms and Conditions of the Additional Contract, a Hospital is not a nursing home, a mental institution, a hospice, a facility which treats alcoholism or other types of addiction, a rehabilitation hospital, a rehabilitation ward, a convalescence or rehabilitation centre, sanatorium, a recreation centre, a spa centre.
3. **"Physician"** – a person who has the required qualifications authorising them to provide medical assistance, confirmed by relevant documents, and in particular to: check the health condition, diagnose and prevent diseases, treat and provide medical advice, and issue opinions and medical certificates within their speciality.
4. **"Accident"** – a sudden, external event beyond control of the Insured Person that was the direct and sole cause of a Surgery and took place during the period in which the Insured Person was provided with insurance cover by Nationale-Nederlanden. Within the meaning of the Terms and Conditions, a Disease, a Mental Illness or psychical bodily injuries suffered by the Insured Person due to an overload, effort, lifting or bending shall not be considered an external cause of the Accident.
5. **"Date of Insured Event"** – the date on which the Surgery is performed.

Article 2. What is the scope of cover?

1. The insurance shall cover the Insured Person's health.
2. The scope of insurance covers the Insured Person's Surgery caused by an Accident that occurred during the period of insurance cover provided to the Insured Person under the Additional Contract, on condition that the Insured Person's Surgery began not later than 60 days from the date of the Accident.
3. Nationale-Nederlanden shall bear liability under the Additional Contract round-the-clock and worldwide.

Article 3. Who has the right to receive the benefit and what is the amount of the benefit?

1. An Insurance Benefit due to a Surgery of the Insured Person is an appropriate percentage of the Sum Insured as at the date of occurrence of the Insured Event corresponding to the category of the Surgery in line with the table below:

Surgery category*	Percentage of the Sum Insured
1	100%
2	75%
3	50%
4	25%
5	10%

* The highest category – "1". The division of Surgeries into categories is set forth in the Annex to the Terms and Conditions.

2. Where on the 30th day at the latest from the first Surgery on the Insured Person specified in the Annex to the Terms and Conditions marked with a code another Surgery is performed that consists in the same procedures and marked with the same code and caused by the same Accident, Nationale-Nederlanden shall pay the benefit only for one of those Surgeries. If more than one medical procedure is performed as part of a single Surgery, Nationale-Nederlanden shall pay one benefit only for the medical procedure for which the highest benefit is due. The aggregate of benefits due to the Insured Person's Surgery within one policy year cannot exceed 200% of the Sum Insured under relevant Additional Contract effective as at the date of the last Surgery.

Article 4. What are the requirements for benefit payment?

1. Receiving the benefit shall require submitting the following documents to Nationale-Nederlanden:
   a) an insurance benefit payment request;
   b) Insured Person's official identification document,
   c) hospital discharge report,
   d) a police report or other documents confirming the occurrence and circumstances of the Accident,
   e) any other documents, including medical documents, opinions, lab test results that can be obtained by legal and customary means, which are related to the event and are necessary to establish the grounds for benefit payment.
2. The benefit shall be paid not later than 30 days after Nationale-Nederlanden has been notified of the Insured Event. If it is not possible to clarify the circumstances necessary to determine the liability of Nationale-Nederlanden within that time limit, the benefit shall be paid within 14 days from the date on which it was possible to clarify these circumstances while exercising due care.
3. If a Surgery was related to the treatment of the consequences of an Accident, Nationale-Nederlanden shall pay the benefit if the Accident took place during the period in which insurance cover was provided under this Additional Contract.

Article 5. Exclusions of liability of Nationale-Nederlanden

1. Nationale-Nederlanden shall not be held liable and it shall refuse to pay the benefit if the Accident which gave rise to the Surgery on the Insured Person was directly caused by or resulted from:
   a) warfare or martial law,
   b) active and voluntary participation of the Insured Person in acts of violence, disturbances, riots, acts of terror,
   c) an event related to a mass chemical, biological or radioactive contamination caused by weapons or equipment using nuclear fission energy or radioactivity,
   d) remaining intoxicated or under the influence of alcohol within the meaning of the Polish Upbringing in Sobriety and Alcoholism Prevention Act or under the influence of intoxicants, psychotropic substances, substitute substances within the meaning of the Polish Act on the Prevention of Drug Abuse, with the exception of medicines prescribed by a Physician and used as instructed by the same,
   e) the Insured Person driving a mechanical vehicle or another means of transport without being entitled to do so or where the vehicle or another means of transport did not meet the public road traffic admission criteria imposed by the provisions of the applicable laws,
   f) involvement of the Insured Person in risky sport activities: motorsports, air sports, motorboating, mountain climbing, rock climbing, diving, potholing, martial arts and sports, water jumps, parachuting, bungee jumping,
   g) the Insured Person deliberately committing or attempting to commit an offence.
2. Nationale-Nederlanden shall not be held liable and it shall refuse to pay the benefit due to a Surgery if the purpose of that surgery was to remedy or reconstruct ligaments. The liability of Nationale-Nederlanden shall be excluded also if the remedy or reconstruction of ligaments involves Surgery on tendons referred to in the Annex to the Terms and Conditions.
3. Nationale-Nederlanden shall not be held liable and it shall refuse to pay the Operation benefit if the reason for that Surgery consisted in failure to use medical assistance or to observe medical advice or where the Insured Person underwent a Surgery without the supervision of a Physician or other authorised persons.
4. Nationale-Nederlanden shall not be liable if an Insured Event that was the reason for Surgery occurs after the Premium due date where any prior, outstanding Total Premium was not covered in full until that date. However, the benefit shall be paid if an Insured Event that was the reason for a Surgery occurs within 14 days from the Premium due date and all Total Premiums are covered in full within the period of those 14 days.
5. Nationale-Nederlanden shall not pay the benefit if the Insured Event that was the reason for the Surgery on the Insured Person occurs within the Premium suspension period or in the circumstances excluding the liability of Nationale-Nederlanden.
6. Nationale-Nederlanden shall not be held liable and it shall refuse to pay the benefit if the Insured Person died during the Surgery.
7. Nationale-Nederlanden shall not be held liable and it shall refuse to pay the benefit if the Surgery was performed after the period of 60 days from the date of the Accident.

Article 6. When does the insurance cover expire?

1. The insurance cover shall expire in the following cases:
a) expiry of the Additional Contract,
b) expiry of insurance cover under the Master Contract.
c) payment of the benefits amounting to 200% of the Sum Insured effective as at the date of the last event covered by insurance.

2. In the case defined in sec. 1 item c), the insurance cover shall expire without a possibility of being resumed.

Article 7. Miscellaneous

To all matters not regulated herein, relevant General Terms and Conditions of Group Life Insurance TRM17 shall apply.

Article 8. Effective date of the Terms and Conditions

The Terms and Conditions, approved by the Management Board of Nationale-Nederlanden Towarzystwo Ubezpieczeń na Życie S.A. by Resolution No. 66/2019 of 28 November 2019, shall be effective as of 1 December 2019.

Michał Hucał

Member of the Management Board

Jacek Koronkiewicz

Member of the Management Board

Appendix: Medical Procedures to the General Terms and Conditions of the Additional Contract for a Surgery of the Insured Person MSR17_A+, the Additional Contract for a Surgery of the Insured Person caused by an Accident MSR17_A, and the General Terms and Conditions of the Additional Contract for a Surgery of the Insured Person MSR17_2A+

List of Medical Procedures covered by insurance:

Brain tissue (A01 – A09)

A01	Massive removal of brain tissue	Category I
A02	Removal of lesion in brain tissue	Category I
A03	Stereotactic ablative removal of brain tissue	Category I
A05	Drainage of lesion in brain tissue	Category II
A09	Brain neurostimulation	Category II

Brain ventricles and subarachnoid space (A12 – A22)

A12	Ventriculostomy	Category III
A13	Revision of ventriculostomy	Category III
A17	Endoscopic therapeutic procedures on brain ventricles	Category III
A22	Procedures related to subarachnoid space	Category II

Cranial nerves (A24 – A33)

A24	Transplantation of cranial nerves	Category I
A25	Intracranial neurotomy of cranial nerve	Category I
A28	Extracranial neurotomy of cranial nerve	Category II
A29	Removal of a lesion within a cranial nerve	Category I
A30	Cranial nerve repair	Category I
A31	Intracranial stereotactic nerve release	Category II
A33	Neurostimulation of a cranial nerve	Category III

Meninges (A38 – A42)

A38	Removal of lesion within meninges	Category I
A39	Dura mater repair surgery	Category I
A40	Extrameningeal space drainage	Category I
A41	Subdural space drainage	Category I
A42	Surgeries of subdural and extradural hematoma	Category II

Spinal cord and other parts of the spinal canal (A44 – A57)

A44	Partial cordectomy	Category I
A56	Spinal nerve roots decompression	Category III
A57	Spinal nerve roots surgeries	Category I

Peripheral nerves (A59 – A67)

A59	Peripheral neurectomy	Category IV
A60	Destruction of a peripheral nerve	Category IV
A61	Removal of a lesion within a peripheral nerve	Category IV
A62	Microsurgery repair of a peripheral nerve	Category III
A67	Peripheral nerve decompression	Category IV

Other parts of the nervous system (A75)

A75	Sympathetic ganglion removal	Category III

Pituitary and pineal gland (B01 – B06)

B01	Hypophysectomy	Category I
B02	Destruction of hypophysis	Category II
B04	Removal of a pituitary lesion	Category II
B06	Pineal gland surgeries	Category I

Thyroid and parathyroid glands (B08 – B14)

B08	Complete or partial thyroidectomy	Category III
B09	Surgeries concerning mislocated thyroid tissue	Category II
B10	Surgeries concerning thyroglossal duct	Category III
B14	Parathyroidectomy	Category II

Other endocrine glands (B18 – B23)

B18	Thymectomy	Category III
B22	Adrenalectomy	Category III
B23	Surgeries related to abnormal adrenal tissue	Category III

Nipple (B27 – B35)

B27	Simple mastectomy	Category III
B28	Tylectomy	Category IV
B29	Nipple reconstruction surgeries	Category I
B34	Lactic ducts surgeries	Category IV
B35	Nipple surgeries	Category IV

Eye socket (C01 – C06)

C01	Enucleation	Category III
C02	Removal of orbital lesion	Category III

C03	Eye prosthesis transplantation	Category IV
C04	Eye prosthesis revision	Category IV
C05	Plastic orbital surgery repair	Category III
C06	Eye orbit incision	Category IV

Eyelid and lachrymal gland (C12 – C24)

C12	Removal of eyelid lesion	Category V
C14	Eyelid reconstruction	Category IV
C15	Correction of eyelid deformation	Category IV
C24	Lacrimal gland surgery	Category IV

Eye muscles (C31 – C34)

C31	Surgical joining of eye muscles	Category III
C32	Eye muscle retreat	Category IV
C33	Eye muscle removal	Category IV
C34	Partial separation of eye muscle tendon	Category IV

Conjunctiva and cornea (C39 – C49)

C39	Removal of conjunctival lesion	Category V
C40	Conjunctiva repair surgery	Category IV
C45	Corneal lesion excision	Category IV
C47	Cornea suturing	Category IV
C48	Removal of corneal foreign body	Category V
C49	Corneal incision	Category IV

Sclera and iris (C53 – C62)

C53	Removal of scleral lesion	Category IV
C54	Surgeries on retinal detachment with putting in a filling or scleral buckle	Category III
C55	Scleral incision	Category IV
C57	Removal of foreign body	Category V
C59	Iris removal	Category IV
C60	Filtrating operations on iris	Category III
C62	Iris incision	Category IV

Anterior chamber of the eyeball and lens (C66 – C73)

C66	Ciliarectomy	Category IV
C71	Extracapsular lensectomy	Category IV
C72	Intracapsular lensectomy	Category IV
C73	Lens capsule incision	Category V

Retina and other parts of the eye (C79 – C82)

C79	Surgeries on vitreous humour	Category III
C81	Retinal detachment – photocoagulation therapy	Category IV
C82	Destruction of retinal lesion	Category IV

The outer ear and external acoustic meatus (D02 – D04)

D02	Removal of outer ear	Category IV
D03	Plasty of outer ear	Category III
D04	Drainage of outer ear	Category V

Mastoid process and middle ear (D10 – D19)

D10	Evisceration of mastoid process air cells	Category II
D14	Eardrum repair surgeries	Category III
D15	Drainage of middle ear	Category V
D16	Reconstruction of ossicles	Category III
D19	Middle ear lesion removal	Category IV

Nose (E01 – E09)

E01	Nose resection	Category III
E02	Nose plastic surgeries	Category III
E03	Nasal septum surgeries	Category V
E04	Nasal concha surgeries	Category V
E05	Surgical arrest of bleeding from nasal cavity	Category IV
E06	Posterior nasal packing	Category V
E09	External nose surgeries	Category V

Paranasal sinuses (E12 – E17)

E12	Nonendoscopic sublabial surgeries of maxillary sinus	Category IV
E13	Nonendoscopic sublabial surgery of other sinus	Category V
E14	Frontal sinus surgeries	Category IV
E15	Sphenoid sinus surgeries	Category IV
E17	Ethmoidal sinus surgeries	Category V

Throat (E19 – E24)

E19	Pharynxectomy	Category I
E21	Throat repair surgeries	Category III
E24	Therapeutic endoscopic pharynxal procedures	Category III

Larynx (E29 – E34)

E29	Laryngectomy	Category III
E30	Open removal of laryngeal lesion	Category III
E31	Laryngeal reconstruction	Category I
E34	Endoscopic microtherapeutic laryngeal procedures	Category IV

Trachea and bronchi (E39 – E48)

E39	Partial tracheoctomy	Category I
E40	Plastic surgeries on trachea	Category III
E41	Open implantation of tracheal prosthesis	Category III
E42	Tracheostomy	Category IV
E44	Open surgeries on tracheal carina	Category III
E46	Partial bronchoctomy	Category III
E48	Endoscopic therapeutic surgeries on the lower respiratory tract	Category III

Lungs and mediastinum (E53 – E63)

E53	Lung transplantation	Category I
E54	Lung resection	Category I
E55	Open removal of lung lesion	Category I
E61	Open surgeries on mediastinum	Category IV
E62	Therapeutic endoscopic mediastinal procedures	Category III
E63	Endoscopic diagnostic mediastinal procedures	Category IV

Lips (F02 – F03)

F02	Removal of lip lesion	Category V
F03	Correction of lip deformation	Category V

Tongue and palate (F22 – F29)

F22	Linguaectomy	Category III
F23	Removal of lingual lesion	Category V
F24	Tongue incision	Category V
F26	Tongue repair surgery	Category V
F28	Removal of palatal lesion	Category V
F29	Correction of distorted palate	Category IV

Tonsils and other parts of the oral cavity (F34 – F39)

F34	Removal of palatine tonsils	Category V
F36	Removal of pharyngeal tonsil	Category V
F38	Removal of lesion within other parts of mouth	Category V
F39	Reconstruction of other part of oral cavity	Category IV

Salivary glands (F44 – F55)

F44	Resection of salivary gland	Category IV
F45	Removal of salivary gland lesion	Category IV
F50	Translocation of salivary duct (transplantation of salivary duct opening)	Category IV
F51	Removal of salivary duct stone	Category IV
F52	Salivary duct ligation	Category V
F55	Salivary duct widening	Category V

Oesophagus (G01 – G14)

G01	Esophagectomy and gastrectomy	Category I
G02	Total esophagectomy	Category I
G03	Partial esophagectomy	Category III
G04	Open removal of esophageal lesion	Category III
G05	Esophageal by-pass	Category II
G06	Esophageal by-pass revision	Category III
G07	Repair surgeries on esophagus	Category I
G08	Esophagostomy	Category III
G10	Open surgeries of esophageal varices	Category III
G11	Open implantation of esophageal prosthesis	Category III
G14	Endoscopic removal of esophageal lesion	Category V

Pyloric stomach and endoscopy of the upper part of the gastrointestinal tract (G23 – G43)

G23	Esophageal hiatal hernia surgery	Category IV
G27	Total gastrectomy	Category I
G28	Partial gastrectomy	Category II
G29	Open removal of gastric lesion	Category III
G30	Plastic surgeries on stomach	Category III
G31	Esophagoduodenostomy	Category III
G32	Gastrostomy with jejunal displacement	Category III
G34	Gastrostomy	Category III
G35	Gastric ulcer surgery	Category III
G40	Pyrolar dissection	Category III
G43	Endoscopic removal of a lesion within the upper section of the gastrointestinal tract	Category V

Duodenum (G49 – G54)

G49	Duodenectomy	Category III
G50	Open removal of duodenal lesion	Category II
G51	Duodenal by-pass	Category III
G52	Duodenal ulcer surgeries	Category III
G54	Endoscopic therapeutic procedures within duodenum	Category V

Jejunum (G58 – G64)

G58	Jejunectomy	Category III
G59	Removal of jejunal lesion	Category III
G60	Jejunostomy	Category III
G61	Jejunal by-pass	Category III
G64	Endoscopic therapeutic procedures within jejunum	Category III

Ileum (G69 – G82)

G69	Ileectomy	Category III
G70	Open removal of ileal lesion	Category III
G71	Ileal by-pass	Category III
G73	Ileual by-pass revision	Category III
G74	Ileostomy	Category III
G75	Ileostomy revision	Category III
G76	Intra-abdominal manipulations within ileum	Category III
G79	Endoscopic therapeutic procedures within ileum	Category III
G82	Removal of Meckel's diverticulum	Category IV

Appendix (H01)

H01	Emergency appendectomy	Category IV

Colon (H04 – H20)

H04	Total colonectomy and proctectomy	Category I
H05	Total colonectomy	Category I
H06	Right-hand colonectomy	Category II
H08	Transversal colonectomy	Category II
H09	Left-hand colonectomy	Category II
H10	Sigmoidectomy	Category II
H12	Surgical removal of colonal lesion	Category III
H13	Colonal by-pass	Category III
H14	Cecostomy	Category III
H16	Colonal incision	Category III
H17	Intra-abdominal manipulations within colon	Category III
H18	Open surgeries on colon with the use of endoscope	Category III
H20	Endoscopic removal of large intestine lesion	Category V

Rectum (H33 – H42)

H33	Proctectomy	Category II
H34	Open removal of rectal lesion	Category III
H40	Transsphincteric rectal surgeries	Category III
H42	Rectal prolapse repair surgeries	Category III

Anus and perianal area (H48 – H59)

H48	Anal fissure surgery	Category V
H49	Perianal abscess surgery	Category V
H51	Haemorrhoid removal	Category IV
H52	Haemorrhoid destruction	Category V
H55	Anal fistula surgery	Category V
H59	Pilonidal cyst removal	Category IV

Liver (J01 – J10)

J01	Liver transplantation	Category I
J02	Removal of liver lobe or segment	Category I
J03	Removal of lesions within liver	Category III
J04	Liver repair surgery	Category II
J05	Liver incision	Category IV
J08	Therapeutic procedures within the liver with the use of laparoscope	Category IV
J10	Procedures related to liver blood vessels	Category IV

Gall bladders (J18 – J24)

J18	Excision of gall bladder	Category IV
J19	Anastomosis of gall bladder	Category II

J21	Gallbladder dissection	Category IV
J24	Transdermal therapeutic procedures related to gall bladder	Category IV

Bile ducts (J27 – J49)

J27	Bile duct removal	Category II
J28	Removal of lesion within bile duct	Category III
J29	Anastomosis of hepatic duct	Category I
J30	Common bile duct by-pass	Category III
J31	Open implantation of bile duct prosthesis	Category III
J32	Bile duct repair surgery	Category II
J33	Bile duct incision	Category III
J34	Transduodenal surgery of the sphincter of ampulla	Category III
J38	Endoscopic dissection of the sphincter of ampulla (endoscopic sphincterotomy)	Category IV
J40	Endoscopic reversal (i.e. from duodenum) prosthetics of bile ducts	Category IV
J42	Endoscopic prosthetics of pancreatic ducts	Category IV
J46	Transdermal revision of bile duct by-pass	Category IV
J47	Transdermal implantation of bile duct prosthesis	Category IV
J49	Therapeutic procedures within bile ducts with T-tube	Category IV

Pancreas (J54 – J66)

J54	Pancreas transplantation	Category I
J55	Total pancreatectomy	Category I
J56	Removal of the head of pancreas	Category I
J58	Removal of pancreatic lesion	Category III
J59	Pancreatic duct by-pass	Category II
J61	Open drainage of pancreatic lesion	Category II
J62	Pancreas incision	Category III
J66	Therapeutic procedures related to pancreas	Category V

Spleen (J69)

J69	Total splenectomy	Category III

Heart walls, ventricles and septums (K01 – K20)

K01	Transplantation of heart and lungs	Category I
K04	Repair surgery of tetralogy of Fallot	Category I
K05	Intra-vestibular corrected transposition of the great arteries	Category I
K07	Correction of total anomalous pulmonary venous connection	Category I
K09	Atrial and ventricular septal defect closure	Category I
K10	Atrial septal defect closure	Category I
K11	Ventricular septal defect closure	Category I
K12	Defect closure in unspecified septum	Category I
K15	Septum surgeries without opening the heart	Category II
K16	Therapeutic procedures related to cardiac septum accessed from the side of ventricles	Category I
K18	Creation of outflow tracts from the heart	Category I
K20	Atrium plasty	Category I

Heart valves and accompanying structures (K25 – K37)

K25	Mitral valvuloplasty	Category I
K26	Aortic valvuloplasty	Category I
K27	Tricuspid valve plasty	Category I
K28	Pulmonary arterial valve plasty	Category I
K29	Plasty of heart valve	Category I
K30	Revision of heart valve plasty	Category I
K31	Valvulotomy	Category I
K35	Therapeutic procedures related to a heart valve accessed from the side of the lumen	Category II
K37	Removal of stenosis within structures accompanying heart valve	Category I

Coronary arteries (K40 – K49)

K40	Aortocoronary bypass	Category I
K43	Coronary artery bypass grafting with the use of vascular prosthetic graft	Category I
K45	Single internal mammary-coronary artery bypass	Category I
K47	Coronary artery repair surgery	Category I
K49	Transdermal coronary angioplasty	Category II

Other parts of the heart and pericardium (K52 – K69)

K52	Open surgical procedures related to the electrical conduction system of the heart	Category I
K56	Implantation of heart support system	Category II
K57	Transvascular surgeries related to the electrical conduction system of the heart	Category III
K60	Transvenous implantation of cardiac pacemaker	Category III
K61	Other cardiac pacemaker system	Category I
K67	Pericardiectomy	Category I
K68	Pericardium drainage	Category II
K69	Pericardium dissection	Category IV

Great vessels and pulmonary artery (L01 – L13)

L01	Surgeries of complex defects of the great vessels performed on open heart	Category I
L02	Surgeries of patent ductus arteriosus performed on open heart	Category I
L03	Therapeutic procedures related to the defects of great heart vessels accessed from the side of ventricles with the use of a vessel insert	Category I
L05	Creation of pulmonary artery vascular anastomosis with aorta with the use of a vessel insert	Category I
L07	Creation of vascular connection of subclavian artery and pulmonary artery with the use of a vascular prosthetic graft	Category I
L10	Pulmonary artery repair surgery	Category I
L13	Surgical procedures related to the pulmonary artery performed from the side of the vascular lumen	Category II

Coronary artery (aorta) (L16 – L26)

L16	Extra-anatomic aortic bypass	Category I
L18	Replacement of a section of aorta with aneurysmatic lesions	Category I
L22	Aortic prosthetic graft revision	Category I
L23	Aorta repair surgery	Category I
L26	Surgical procedures on aorta performed from the side of aortic lumen	Category II

Carotid artery, cerebral arteries, subclavian artery (L29 – L39)

L29	Carotid artery repair surgery	Category I
L31	Surgical procedures on carotid artery performed from the side of carotid artery lumen	Category II
L33	Surgeries of cerebral artery aneurysm	Category I
L35	Surgical procedures on cerebral artery performed from the side of cerebral artery lumen	Category II

L37	Reconstruction of subclavian artery	Category I
L39	Surgical procedures on subclavian artery performed from the side of subclavian artery lumen	Category II

Abdominal aorta debranching (L41 – L47)

L41	Reconstruction of renal artery	Category I
L43	Surgical procedures on renal artery performed from the side of renal artery lumen	Category II
L45	Reconstruction of other coelic branches of abdominal aorta	Category I
L47	Surgical procedures on other coelic branches of aorta performed from the side of lumen of these vessels	Category II

Iliac artery and femoral aorta (L48 – L63)

L48	Emergency replacement of a section of iliac aorta with aneurysmatic lesions	Category I
L52	Reconstruction of iliac artery	Category I
L54	Surgical procedures on iliac aorta performed from the side of iliac aorta lumen	Category II
L56	Emergency replacement of a section of femoral aorta with aneurysmatic lesions	Category I
L60	Reconstruction of femoral aorta	Category I
L63	Surgical procedures on femoral aorta performed from the side of femoral aorta lumen	Category III

Other arteries (L65 – L75)

L65	Revision of reconstructed artery	Category II
L67	Removal of other artery	Category II
L68	Repair surgery of other artery	Category II
L71	Surgical procedures on other artery performed from the side of the lumen of that artery	Category IV
L74	Arteriovenous anastomosis	Category IV
L75	Removal of arteriovenous anastomosis	Category IV

Veins (L82 – L90)

L82	Creation of a peripheral vein valve	Category IV
L90	Open removal of blood clot from the lumen of the vein	Category III

Kidneys (M02 – M15)

M02	Total nephrectomy	Category II
M03	Partial nephrectomy	Category III
M04	Removal of renal lesion	Category III
M05	Kidney repair surgery	Category III
M06	Renal dissection	Category III
M09	Endoscopic therapeutic procedures related to kidney stones	Category III
M15	Nephrostomic therapeutic procedures within kidneys	Category III

Ureter (M18 – M32)

M18	Ureterectomy	Category III
M19	Urinary diversion with shunt	Category II
M20	Ureter reimplantation	Category III
M22	Ureter repair surgery	Category III
M23	Ureter incision	Category III
M26	Therapeutic procedures related to the ureter with the use of nephroscopy	Category III
M27	Therapeutic procedures related to the ureter with the use of ureteroscopy	Category IV
M32	Ureter outlet surgeries	Category IV

Bladder (M34 – M43)

M34	Total cystectomy	Category I
M35	Partial cystectomy	Category III
M36	Enlargement of urinary bladder	Category II
M38	Open drainage of urinary bladder	Category IV
M42	Removal of lesion in urinary bladder	Category III
M43	Endoscopic surgeries aimed at increasing the capacity of urinary bladder	Category IV

Surgeries related to outflow from urinary bladder

Prostate (M51 – M65)

M51	Surgeries facilitating outflow from urinary bladder performed among women	Category III
M56	Endoscopic therapeutic surgeries of urinary bladder outlet performed among women	Category IV
M61	Prostatectomy	Category III
M65	Endoscopic resection of urinary bladder outlet performed among men	Category III

Urethra and other parts of the urinary system (M72 – M81)

M72	Excision of urethra	Category III
M73	Urethral repair surgery	Category III
M76	Endoscopic therapeutic procedures related to urethra	Category IV
M81	Urethra outlet surgeries	Category V

Scrotum and testicles (N01 – N11)

N01	Scrotectomy	Category IV
N05	Bilateral orchidectomy	Category III
N06	Unilateral orchidectomy	Category IV
N07	Removal of lesions within testicle	Category IV
N08	Bilateral implantation of testicle to scrotum	Category III
N10	Testicular prosthesis	Category IV
N11	Hydrocele testis surgery	Category IV

Spermatic cord and crotch (men) (N15 – N24)

N15	Epididymal surgery	Category IV
N17	Vasectomy	Category V
N18	Spermatic cord repair surgery	Category II
N19	Spermatic cord varices surgery	Category IV
N22	Seminal vesicle surgeries	Category III
N24	Crotch surgeries performed among men	Category V

Penis and other masculine reproductive organs (N26 – N30)

N26	Penectomy	Category III
N27	Removal of lesion within penis	Category IV
N28	Penis plastic surgery	Category IV
N29	Penile prosthesis	Category V
N30	Foreskin surgery	Category V

Vulva and female perineum (P01 – P11)

P01	Clitoris surgery	Category V
P03	Surgeries on Bartholin's glands	Category IV
P05	Vulva removal	Category III
P06	Removal of lesion within vulva	Category V
P07	Vulva repair surgery	Category V
P11	Removal of perineal lesion performed among women	Category V

Vagina (P14 – P31)

P14	Vaginal canal incision	Category V
P17	Vaginectomy	Category V
P19	Vaginal adhesiolysis	Category IV
P20	Removal of vaginal lesion	Category IV
P21	Vaginal plastic surgery	Category V
P22	Repair surgery of vaginal prolapse with cervix amputation	Category IV
P24	Vaginal fornix repair surgery	Category V
P29	Surgical treatment of urinary incontinence (UI)	Category IV
P31	Recto-uterine pouch surgeries	Category V

Uterus (Q01 – Q20)

Q01	Cervix amputation	Category IV
Q02	Destruction of lesion within cervix	Category V
Q05	Partial cervix amputation	Category V
Q07	Hysterectomy	Category III
Q09	Open removal of uterine fibroids	Category III
Q16	Histeroscopic therapeutic procedures related to uterus	Category IV
Q20	Laparoscopic removal of uterine fibroids	Category IV

Fallopian tube (Q22 – Q32)

Q22	Bilateral removal of uterus adnexa	Category III
Q23	Unilateral removal of uterus adnexa	Category IV
Q24	Total oviductomy	Category IV
Q25	Partial oviductomy	Category V
Q26	Implantation of oviduct prosthesis	Category V
Q27	Open bilateral closure of oviduct lumen	Category V
Q31	Oviduct dissection	Category III
Q32	Oviduct fimbriae surgeries	Category V

Ovary. Broad ligament of the uterus (Q43 – Q47)

Q43	Partial oophorectomy	Category V
Q44	Destruction of ovarian lesion	Category III
Q45	Ovarian repair surgery	Category V
Q47	Total ovariectomy	Category IV

Skin (S30 – S37)

S30	Transplantation of skin within face or neck	Category IV
S31	Transplantation of skin in other part	Category V
S37	Scar release surgery with the use of skin flap	Category V

Chest wall, pleura, and diaphragm (T01 – T15)

T01	Partial removal of chest wall	Category II
T02	Reconstruction of chest wall	Category II
T07	Open pleurectomy	Category II
T08	Pleural drainage	Category III
T10	Endoscopic pleural therapeutic procedures	Category IV
T12	Pleural puncture	Category V
T13	Introduction of substance into pleura	Category V
T15	Diaphragmatic rupture repair surgery	Category I

Abdominal wall (T20 – T30)

T20	Inguinal hernia first-look surgery	Category IV
T21	Recurrent inguinal hernia surgery	Category III
T22	Femoral hernia first-look surgery	Category III
T23	Recurrent femoral hernia surgery	Category III
T24	Umbilical hernia surgery	Category IV
T25	Incisional hernia first-look surgery	Category IV
T26	Recurrent incisional hernia surgery	Category III
T27	Surgery of other hernia of the abdominal wall	Category IV
T29	Navel surgeries	Category III
T30	Diagnostic opening of the abdominal cavity	Category IV

Peritoneum (T33 – T42)

T33	Removal of peritoneal lesion	Category IV
T34	Peritoneal drainage	Category IV
T36	Omental apron surgeries	Category III
T37	Mesentery surgeries	Category III
T38	Mesocolon surgeries	Category III
T39	Surgeries on back abdominal peritoneal wall	Category IV
T42	Endoscopic therapeutic procedures on the peritoneum	Category IV

Fascia, tendon sheath, and bursa (T50 – T62)

T50	Fascia implantation	Category V
T51	Resection of abdominal fascia	Category V
T52	Resection of other fascia	Category IV
T53	Removal of fascial lesion	Category V
T54	Separation of fascia	Category V
T55	Release of fascia	Category V
T59	Excision of tendon sheath ganglion cyst	Category IV
T60	Repeated excision of tendon sheath ganglion cyst	Category IV
T62	Bursa surgery	Category IV

Tendons (T65 – T71)

T65	Tendonectomy	Category IV
T67	Tendon repair surgery	Category IV
T69	Release of tendon	Category IV
T70	Change of tendon's length	Category V
T71	Excision of tendon sheath	Category IV

Muscles (T76 – T80)

T76	Muscle transplantation	Category I
T77	Musculectomy	Category V
T79	Muscle repair surgery	Category III
T80	Muscular contracture release	Category IV

Lymphatic system (T85 – T94)

T85	Resection of a group of lymph nodes (excision of regional lymph nodes)	Category III
T88	Drainage of lymph node lesion	Category V
T89	Lymph duct surgeries	Category II
T94	Bronchial pouch surgeries	Category IV

Cranial and facial bones and joints (V01 – V20)

V01	Cranioplasty	Category II
V03	Craniotomy	Category I
V07	Facial bone resection	Category IV
V08	Reduction of maxillary fracture	Category IV
V09	Other reduction of facial fracture	Category III
V10	Facial bone separation	Category III
V11	Facial bone stabilisation	Category IV

V13	Reduction of nasal fracture	Category IV
V14	Mandibulectomy	Category III
V15	Reduction of mandibular fracture	Category IV
V16	Mandible separation	Category IV
V17	Mandible stabilisation	Category IV
V20	Temporomandibular joint plasty	Category III

Spine bones and joints (V22 – V52)

V22	First-look decompression of cervical spinal cord	Category I
V23	Follow-up decompression surgery of cervical spinal cord	Category II
V24	Decompression of thoracic spinal cord	Category I
V25	Decompression of lumbar spinal cord	Category I
V26	Follow-up decompression surgery of spinal cord	Category I
V27	Decompression of the spinal cord on any section	Category II
V29	First-look resection of a cervical intervertebral disc	Category I
V30	Revision of resection of a cervical intervertebral disc	Category I
V31	First-look resection of a thoracic intervertebral disc	Category II
V32	Revision of resection of a thoracic intervertebral disc	Category I
V33	First-look resection of a lumbar intervertebral disc	Category III
V34	Revision of resection of a lumbar intervertebral disc	Category I
V35	Resection of a intervertebral disc on any spinal section	Category III
V37	Cervical arthrodesis	Category I
V38	Arthrodesis on another spinal section	Category II
V39	Arthrodesis revision	Category II
V41	Correction of spine distortion with the use of mechanical devices	Category I
V43	Resection of spinal lesion	Category II
V44	Decompression of spine fracture	Category II
V46	Stabilisation of spine fracture	Category II
V52	Minimally-invasive surgeries on intervertebral disc	Category IV

Reconstructive surgeries on hand and foot (W01 – W04)

W01	Total thumb reconstruction	Category III
W03	Total forefoot reconstruction	Category III
W04	Total hindfoot reconstruction	Category III

Bones (W05 – W67)

W05	Bone transplantation	Category III
W06	Total osteotomy	Category IV
W07	Ectopic bone osteotomy	Category V
W08	Bunion surgery	Category IV
W09	Removal of osseous lesion	Category III
W10	Open osteoclasis	Category III
W12	Angular periarticular bone separation	Category III
W14	Bone shaft separation	Category III
W15	Foot bone separation	Category IV
W18	Bone drainage	Category IV
W19	Open reduction of bone fracture with intramedullary (internal) stabilisation of bone fragments	Category III
W20	First-look open reduction of bone fracture with external fixator on bone fragments	Category III
W21	First-look reduction of intra-articular bone fracture	Category III
W23	Second-look open reduction of bone fracture	Category III
W24	Closed surgical reduction of bone fracture with intramedullary (internal) stabilisation of bone fragments	Category III
W25	Closed surgical reduction of bone fracture with external fixator on bone fragments	Category III
W27	Stabilisation of separated epiphysis	Category IV
W29	Skeletal traction	Category V
W34	Bone marrow transplantation	Category IV
W35	Therapeutic bone puncture	Category V
W37	Complete implantation of hip joint prosthesis	Category III
W40	Complete implantation of knee joint prosthesis	Category III
W43	Complete implantation of prosthesis for other joint	Category III
W46	Implantation of femoral head prosthesis	Category III
W49	Implantation of humeral head prosthesis	Category III
W52	Implantation of prosthesis of the head of another bone	Category III
W54	Implantation of prosthesis of another bone	Category III
W59	First-look interphalangeal joint arthrodesis	Category IV
W60	First-look ankle joint arthrodesis	Category III
W65	First-look surgical reduction of traumatic joint dislocation	Category III
W67	Second-look surgical reduction of traumatic joint dislocation	Category III

Surgeries related to many systems (X01 – X14)

X01	Reimplantation of upper limb	Category III
X02	Reimplantation of lower limb	Category III
X03	Reimplantation of another organ	Category III
X05	Limb prosthesis implantation	Category I
X07	Amputation within arm	Category III
X08	Hand amputation	Category IV
X09	Leg amputation	Category III
X10	Foot amputation	Category IV
X11	Big toe amputation	Category IV
X12	Surgeries in the scope of post-surgery stump	Category IV
X13	Partial or total amputation of fingers	Category V
X14	Abdominal-pelvic amputation	Category II

Information concerning:

General Terms and Conditions of the Additional Contract for Specialised Treatment of the Insured Person STB17 (GTCI)

Information included in the GTCI	Article No.
1. Grounds for the payment of indemnity and other benefits or the Insurance surrender value.	Article 1, Article 2, Article 4, Article 5
2. Limitations and exclusions of the insurance company's liability based whereon the payment of the indemnity or other benefits may be refused or reduced.	Article 3, Article 6, Article 7
3. Costs and other charges deducted from insurance premiums, from the assets of unit-linked insurance funds or through the redemption of units in unit-linked insurance funds.	Not applicable
4. The surrender value in particular periods of insurance cover and the period in which the claim for payment of the surrender value does not apply.	Not applicable

General Terms and Conditions of the Additional Contract for Specialised Treatment of the Insured Person
STB17

General Terms and Conditions of the Additional Contract for Specialised Treatment of the Insured Person shall apply in relation to the Additional Contract specified in the policy and other documents issued by Nationale-Nederlanden and marked with the code STB17.

Article 1. Definitions

Any expressions not defined hereunder but defined in the General Terms and Conditions of Group Life Insurance TRM17 shall have the same meanings in these Terms and Conditions. In the General Terms and Conditions of the Additional Contract for Specialised Treatment of the Insured Person (hereinafter: Terms and Conditions) and any other documents related to the Additional Contract marked with the code STB17, the following terms shall have the meanings as set forth below:

1) **"Physician"** – a person who has the required qualifications authorising them to provide medical assistance, confirmed by relevant documents, and in particular to: check the health condition, diagnose and prevent diseases, treat and rehabilitate patients, provide medical advice, and issue opinions and medical certificates within their speciality.
2) **"Specialised Treatment"** – a medical procedure underwent by the Insured Person which consists in one of the following procedures or treatment methods: ablation, chemotherapy or radiotherapy, interferon treatment, cardioverter/defibrillator implantation, implantation of pacemaker.
3) **"Ablation"** – a procedure performed with the use of a radio frequency current to treat arrhythmia.
4) **"Chemotherapy"** – a method of treating a malignant neoplasm with at least one anti-cancer medicine of the L group according to the ATC classification.
5) **"Radiotherapy"** – treatment of a neoplastic disease by means of ionising radiation.
6) **"Interferon Therapy"** – parenteral administration of an interferon as a method of treating chronic hepatitis C.
7) **"Cardioverter/Defibrillator"** – an electronic device with detection and defibrillation function implanted in a person suffering from serious ventricular arrhythmias or episodes of a sudden cardiac arrest.
8) **"Cardiac Pacemaker"** – (pacemaker, heart pacemaker) – an electronic device aimed at stimulating the cardiac rhythm implanted in the body of a patient.

Article 2. What is the scope of cover?

1. The insurance shall cover the Insured Person's health.
2. The insurance shall cover Specialised Treatment provided to the Insured Person within the scope of liability of Nationale-Nederlanden that consists of:
   a) chemotherapy or radiotherapy,
   b) interferon therapy,
   c) implantation of a cardioverter/defibrillator,
   d) implantation of a cardiac pacemaker,
   e) ablation.
3. The insurance shall cover Specialised Treatment provided worldwide.
4. Nationale-Nederlanden shall consider the following day as the date of Insured Event:
   a) the date on which the first dose of medication was administered – in the case of chemotherapy or interferon therapy,
   b) the date on which the first dose of ionising radiation was administered,
   c) the date on which the cardioverter/defibrillator or cardiac pacemaker was implanted or on which ablation was performed.

Article 3. When does Nationale-Nederlanden apply Grace Periods?

1. In the case of conclusion of an Additional Contract, the 3-month Grace Period shall apply, subject to sec. 2 and 3.
2. A 6-month Grace Period shall apply where the premium is paid on a monthly basis and the Insured Person joined the insurance during the term of the Additional Contract in the 4th or subsequent Settlement Period counting from the liability commencement date or from the date on which the Insured Person met the insurance membership criteria.
3. A 6-month Grace Period shall apply where the premium is paid on a basis other than monthly and the Insured Person joined the insurance during the term of the Additional Contract in the 2nd or subsequent Settlement Period counting from the date of commencement of liability or from the date on which the Insured Person met the insurance membership criteria.
4. During the Grace Period referred to in sec. 1, 2, and 3, Nationale-Nederlanden shall be liable for the Insured

Person's Specialised Treatment caused by an Accident, subject to Article 6 sec. 4.

5. The Grace Period referred to in sec. 1 shall be waived if the Insured Person meets any and all conditions stipulated below on the coverage commencement date:
   a) before joining the insurance the Insured was covered for a period of at least one month by insurance based on a group life insurance contract concluded by the Policyholder with another insurance company providing for the same or similar scope of insurance to the cover provided under the Additional Contract, which means that the benefit under the present Contract would have been payable under the contract concluded with the previous insurer.
   b) the insurance cover referred to in item a) above expired in relation to that Insured Person not earlier than on the 30th day before the Insurance Cover commencement date and not later than on the 30th day after the Insurance Cover commencement date.
6. If an Insured Event takes place within 3 months from the date of commencement of the Insurance Cover, then an Insured Person meeting the criteria referred to in sec. 5 shall be obliged to provide a declaration (along with all the documents necessary for payment of the benefit referred to in the policy) to the insurance company. The declaration shall contain the following information:
   a) the list of Insured Events applicable in relation to the Insured Person and their corresponding Sums Insured as at the last date of the cover provided to the Insured Person by the insurance company that issued the declaration,
   b) the date of commencement and end of the insurance cover provided to the Insured Person.

Article 4. Who has the right to receive the benefit and what is the amount of the benefit?

1. The benefit amounting to the Sum Insured shall be paid out to the Insured Person, except for the situation referred to in sec. 3.
2. The benefit under the Additional Contract shall be determined on the basis of the Sum Insured effective as at the date referred to in Article 2 sec. 4.
3. If Nationale-Nederlanden pays the benefit due to Specialised Treatment specified in Article 2 sec. 2, the liability of Nationale-Nederlanden shall expire with regard to that Specialised Treatment. If the Insured Person undergoes both radiotherapy and chemotherapy, Nationale-Nederlanden shall only pay one benefit.

Article 5. What are the requirements for benefit payment?

1. Receiving the benefit shall require submitting the following documents to Nationale-Nederlanden:
   a) an insurance benefit payment request;
   b) Insured Person's official identification document,
   c) medical records confirming the occurrence of the insured event, in particular: hospital discharge certificate as well as outpatient treatment records,
   d) any other documents, including medical documents, opinions, lab test results that can be obtained by legal and customary means, which are related to the event and are necessary to establish the grounds for benefit payment,
2. The benefit shall be paid not later than 30 days after Nationale-Nederlanden has been notified of the Insured Event. If it is not possible to clarify with due diligence the circumstances necessary to determine the liability of Nationale-Nederlanden during said period, the benefit shall be paid within 14 days from the date on which it was possible to clarify these circumstances.
3. Nationale-Nederlanden shall pay the benefit under Specialised Treatment which gave rise to diseases recognised or diagnosed during the period of insurance cover provided under this Additional Contract.

Article 6. Exclusions of liability of Nationale-Nederlanden

1. Nationale-Nederlanden shall not be held liable and it shall refuse to pay the benefit if Specialised Treatment was directly caused by or resulted from:
   a) warfare or martial law,
   b) active and voluntary participation of the Insured Person in acts of violence, disturbances, riots, acts of terror,
   c) an event related to a mass chemical, biological or radioactive contamination caused by weapons or equipment using nuclear fission energy or radioactivity.
2. Nationale-Nederlanden shall not be held liable where Specialised Treatment is a consequence of a Disease diagnosed or treated within 24 months before the date on which the Insured Person was provided with insurance cover under this Additional Contract.
3. The limitations of liability referred to in sec. 2 shall not apply if the Specialised Treatment occurred more than two years from the date on which the Insured Person was provided with insurance cover under this Additional Contract.
4. Nationale-Nederlanden shall not be liable if an Insured Event occurs after the Premium due date where any prior, outstanding Total Premium was not covered in full until that date. However, the benefit shall be paid if Hospitalisation begins within 14 days from the Premium due date and all Total Premiums are covered in full within the period of those 14 days.
5. Nationale-Nederlanden shall not pay the benefit if an Insured Event occurs within the Premium suspension period or in the circumstances excluding the liability of Nationale-Nederlanden.

Article 7. When does the insurance cover expire?

The insurance cover shall expire in the following cases:

a) expiry of the Additional Contract,
b) expiry of insurance cover under the Master Contract.
c) expiry of the insurance cover referred to in Article 4 sec. 3.

Article 8. Miscellaneous

To all matters not regulated herein, relevant General Terms and Conditions of Group Life Insurance TRM17 shall apply.

Article 9. Effective date of the Terms and Conditions

The Terms and Conditions, approved by the Management Board of Nationale-Nederlanden Towarzystwo Ubezpieczeń na Życie S.A. by Resolution No. 56/2021 of 23 August 2021, shall be effective as of 15 September 2021.

Edyta Fundowicz

Member of the Management Board

Jacek Koronkiewicz

Member of the Management Board

Information concerning:

General Terms and Conditions of the Additional Contract for Permanent Damage to Health of the Insured Person due to a heart attack or stroke LHSD17 (GTCI)

Information included in the GTCI	Article No.
1. Grounds for the payment of indemnity and other benefits or the Insurance surrender value.	Article 1, Article 2, Article 4, Article 5
2. Limitations and exclusions of the insurance company's liability based whereon the payment of the indemnity or other benefits may be refused or reduced.	Article 3, Article 6, Article 7
3. Costs and other charges deducted from insurance premiums, from the assets of unit-linked insurance funds or through the redemption of units in unit-linked insurance funds.	Not applicable
4. The surrender value in particular periods of insurance cover and the period in which the claim for payment of the surrender value does not apply.	Not applicable

General Terms and Conditions of the Additional Contract for Permanent Damage to Health of the Insured Person due to a heart attack or stroke LHSD17

General Terms and Conditions of the Additional Contract for Permanent Damage to Health due to a heart attack or stroke shall apply in relation to the Additional Contract specified in the policy and other documents issued by Nationale-Nederlanden and marked with the code LHSD17.

Article 1. Definitions

Any expressions not defined hereunder but defined in the General Terms and Conditions of Group Life Insurance TRM17 shall have the same meanings in these Terms and Conditions. In the General Terms and Conditions of the Additional Contract for Permanent Damage to Health of the Insured Person due to a heart attack or stroke (hereinafter: Terms and Conditions) and any other documents related to the Additional Contract marked with the code LHSD17, the following terms shall have the meanings as set forth below

1. **"Permanent Damage to Health"** – the body's function being affected in a way impairing its functions without any prognosis of improvement.
2. **"Heart Attack"** – a diagnosed necrosis of a part of myocardium caused by a sudden disruption of blood flow to a specific area of the myocardium. The diagnosis has to be based on an observation of a typical increase or decrease in the concentration of cardiac biomarkers in blood (troponin I, troponin T or CK-MB), with at least one value exceeding the 99th per centile of the upper reference range limit co-existing with at least two of the following clinical symptoms of myocardial ischaemia:
   - Typical clinical symptoms of myocardial infarction,
   - One of the following symptoms revealed by ECG indicating a recent myocardial ischaemia: new ST-T segment elevation or depression, T-wave inversion, new pathological Q waves or new block of the His bundle left branch. The insurance cover does not include other acute coronary syndromes.
3. **"Stroke"** – necrosis of brain tissue caused by the disruption of blood flow to a particular area of the brain or bleeding into the brain tissue, along with all of the circumstances mentioned below:
   - development of new clinical neurological symptoms corresponding to a stroke,
   - presence of objective neurological deficits revealed in neurological examination for a period of at least 60 days since the diagnosis of the stroke,
   - presence of new lesions that are typical in the case of a stroke in the image of computed tomography or nuclear magnetic resonance.

The insurance cover does not include:

- transient ischemic attacks (TIA),
- cerebral infarction or intracranial bleeding caused by an external injury,
- secondary haemorrhage to existing post-stroke foci,
- any other brain lesions which can be diagnosed with imaging techniques without concomitant clinical symptoms corresponding to these lesions.

4. **"Disease"** – reaction of the body to a pathogenic factor, internal or external, diagnosed by a Physician and leading to functional disorders, organic changes in tissues, organs, systems or the entire body. Within the meaning of the GTCI, a Disease shall not comprise pregnancy, birth or puerperium.
5. **"Physician"** – a person who has the required qualifications authorising them to provide medical assistance, confirmed by relevant documents, and in particular to: check the health condition, diagnose and prevent diseases, treat and rehabilitate patients, provide medical advice, and issue opinions and medical certificates within their speciality.

Article 2. What is the scope of cover?

1. The insurance shall cover the Insured Person's health.
2. The scope of insurance covers the Insured Person's Permanent Damage to Health caused by a Heart Attack or Stroke being the direct and sole cause of the Permanent Damage to Health that occurred during the period of insurance cover provided to the Insured Person under the Additional Contract.
3. The Insured Person shall be provided with insurance cover under the Additional Contract round-the-clock, regardless of the place of their stay.

Article 3. When does Nationale-Nederlanden apply Grace Periods?

1. A 6-month Grace Period shall apply where the premium is paid on a monthly basis and the Insured Person joined the insurance during the term of the Additional Contract in the 4th or subsequent Settlement Period counting from the liability commencement date or from the date on which the Insured Person met the insurance membership criteria.

2. A 6-month Grace Period shall apply where the premium is paid on a basis other than monthly and the Insured Person joined the insurance during the term of the Additional Contract in the 2nd or subsequent Settlement Period counting from the date of commencement of liability or from the date on which the Insured Person met the insurance membership criteria.

Article 4. Who has the right to receive the benefit and what is the amount of the benefit?

1. The benefit corresponding to relevant percentage amount of the Sum Insured will be specified in the Damage-to-Health Table for Heart Attack and Stroke specified in these Terms and Conditions and paid to the Insured Person.
2. The Benefit due to Permanent Damage to Health shall be determined on the basis of the Sum Insured effective as at the date of an event included in the scope of insurance.
3. The benefit referred to in sec. 2 shall be paid if Permanent Damage to Health occurred prior to the lapse of 180 days after the Heart Attack and Stroke.
4. Nationale-Nederlanden shall decide whether the claim is justified based on the documentation referred to in Article 5 and based on the results of medical examinations which the Insured Person is obliged to undergo at the request and cost of Nationale-Nederlanden in the Medical Facilities authorised by Nationale-Nederlanden to determine whether Permanent Damage to Health suffered by the Insured Person is an Insured Event covered under the Additional Contract.
5. The degree of Permanent Damage to Health is determined after the end of treatment, rehabilitation, and stabilisation of the Insured Person's health, but not later than 3 years after the date of the Heart Attack or Stroke.
6. Once the degree of Permanent Damage to Health is established and the benefit is paid, it is no longer possible to decrease or increase the degree of damage.
7. The aggregate benefits paid to the Insured Person under this Additional Contract cannot exceed 100% of the Sum Insured effective as at the date of the last covered Accident.

Article 5. What are the requirements for benefit payment?

1. Receiving the benefit shall require submitting the following documents to Nationale-Nederlanden:
   a) an insurance benefit payment request;
   b) Insured Person's identity document,
   c) medical records related to the course of treatment with a confirmation of Permanent Damage to Health caused by a Heart Attack or Stroke.
   d) any other documents, including medical documents, opinions, lab test results that can be obtained by legal and customary means, which are related to the event and are necessary to establish the grounds for benefit payment,
2. The benefit shall be paid not later than 30 days after Nationale-Nederlanden has been notified of the Insured Event.
   If it is not possible to clarify the circumstances necessary to determine the liability of Nationale-Nederlanden within that time limit, the benefit shall be paid within 14 days from the date on which it was possible to clarify these circumstances while exercising due care.

Article 6. Exclusions of liability of Nationale-Nederlanden

1. Nationale-Nederlanden shall not be held liable and it shall refuse to pay the benefit if the Heart Attack or Stroke which gave rise to the Damage to Health of the Insured Person was directly caused by or resulted from:
   a) warfare, martial law,
   b) active and voluntary participation of the Insured Person in acts of violence, disturbances, riots, acts of terror,
   c) an event related to a mass chemical, biological or radioactive contamination caused by weapons or equipment using nuclear fission energy or radioactivity,
   d) involvement of the Insured Person in risky sport activities: motorsports, air sports, motorboating, mountain climbing, rock climbing, diving, potholing, martial arts and sports, water jumps, parachuting, bungee jumping.
2. Nationale-Nederlanden shall not be held liable if the Heart Attack or Stroke that gave rise to the Permanent Damage to Health of the Insured Person took place before the date on which the Insured Person was provided with insurance cover under this Additional Contract.
3. Nationale-Nederlanden shall not be held liable if the Heart Attack or Stroke that gave rise to the Permanent Damage to Health of the Insured Person is a consequence of a Disease diagnosed or treated within 24 months before the date on which the Insured Person was provided with insurance cover under this Additional Contract.
4. The limitations of liability referred to in sec. 3 shall not apply if the Heart Attack or Stroke that gave rise to the Permanent Damage to Health of the Insured Person took place after the period of 2 years from the date on which the Insured Person was provided with insurance cover under this Additional Contract
5. Nationale-Nederlanden shall not be held liable or pay the benefit for any events resulting in the deterioration of the Insured Person's health that came into being as part of Permanent Damage to Health but were not caused directly by it.
6. Nationale-Nederlanden shall not be liable if the Heart Attack or Stroke that gave rise to the Permanent Damage to Health of the Insured Person took place after the Premium due date where any prior, outstanding Total Premium was not covered in full until that date. However, the benefit shall be paid if the Heart Attack or Stroke that gave rise to the Permanent Damage to Health of the Insured Person took place within 14 days of the Premium due date, and all outstanding Total Premiums were fully paid during the period of those 14 days.
7. Nationale-Nederlanden shall not pay the benefit if Heart Attack or Stroke that gave rise to the Permanent Damage

to Health of the Insured Person took place within the Premium suspension period or in the circumstances excluding the liability of Nationale-Nederlanden.

Article 7. When does the insurance cover expire?

1. The insurance cover shall expire in the following cases:
   a) expiry of the Additional Contract,
   b) expiry of insurance cover under the Master Contract.
   c) payment of the benefits amounting to 100% of the Sum Insured effective as at the date of the last event covered by insurance.
2. In the case defined in sec. 1 (c), the insurance cover shall expire in relation to the Insured Person without a possibility of being resumed.

Article 8. Miscellaneous

To all matters not regulated herein, relevant General Terms and Conditions of Group Life Insurance TRM17 shall apply.

Article 9. Effective date of the Terms and Conditions

The Terms and Conditions, approved by the Management Board of Nationale-Nederlanden Towarzystwo Ubezpieczeń na Życie S.A. by Resolution No. 66/2019 of 28 November 2019, shall be effective as of 1 December 2019.

Damage-to-Health Table for Heart Attack and Stroke

Heart Attack	**Percentage of the Permanent Damage to Health**
Documented myocardial infarction with viable cardiovascular system, class I according to NYHA, depending on the occurrence of permanent changes on the ECG record or in imaging examinations	10 – 15%
Documented myocardial infarction with symptoms of relative viability of the cardiovascular system, class II according to NYHA	20 – 40%
Documented myocardial infarction with symptoms of inviability of the cardiovascular system, class III or IV according to NYHA	40 – 90%
Stroke	**Percentage of the Permanent Damage to Health**
Permanent Damage to Health as a result of a stroke is evaluated on the basis of existing symptoms or neurological deficits affecting the Insured Person's Ability to Live Independently. Damage from a range of 5% to 100% is evaluated on the basis of the results of neurological and imagining examinations.	5 – 100%

Michał Hucał
Member of the Management Board

Jacek Koronkiewicz
Member of the Management Board

Information concerning:

General Terms and Conditions of the Additional Contract for Permanent Damage to Health due to an Accident LHB17 (GTCI)

Information included in the GTCI	Article No.
1. Grounds for the payment of indemnity and other benefits or the Insurance surrender value.	Article 1, Article 2, Article 3, Article 4
2. Limitations and exclusions of the insurance company's liability based whereon the payment of the indemnity or other benefits may be refused or reduced.	Article 5, Article 6
3. Costs and other charges deducted from insurance premiums, from the assets of unit-linked insurance funds or through the redemption of units in unit-linked insurance funds.	Not applicable
4. The surrender value in particular periods of insurance cover and the period in which the claim for payment of the surrender value does not apply.	Not applicable

General Terms and Conditions of the Additional Contract for incapacity Permanent Damage to Health due to an Accident LHB17

General Terms and Conditions of the Additional Contract for Permanent Damage to Health due to an Accident shall apply in relation to the Additional Contract specified in the policy and other documents issued by Nationale-Nederlanden and marked with the code LHB17.

Article 1. Definitions

Any expressions not defined hereunder but defined in the General Terms and Conditions of Group Life Insurance TRM17 shall have the same meanings in these Terms and Conditions. In the General Terms and Conditions of the Additional Contract for Permanent Damage to Health due to an Accident (hereinafter: Terms and Conditions) and any other documents related to the Additional Contract marked with the code LHB17, the following terms shall have the meanings as set forth below:

1. **"Permanent Damage to Health"** – the body's function being affected in a way impairing its functions without any prognosis of improvement.
2. **"Accident"** – a sudden, external event beyond control of the Insured Person that was the direct and sole cause of their Bodily Injury and took place during the term of the Additional Contract for Permanent Damage to Health due to an Accident. Within the meaning of the Terms and Conditions, a Disease, a Mental Illness or psychical bodily injuries suffered by the Insured Person due to an overload, effort, lifting or bending shall not be considered an external cause of the Accident.
3. **"Disease"** – reaction of the body to a pathogenic factor, internal or external, diagnosed by a Physician and leading to functional disorders, organic changes in tissues, organs, systems or the entire body. Within the meaning of the General Terms and Conditions of the Additional Contract for Permanent Damage to Health due to an Accident, a Disease shall not mean in particular pregnancy, birth, confinement.
4. **"Mental Illness"** – a mental disorder or behavioural disorder as specified in the International Statistical Classification of Diseases and Related Health Problems (ICD-10).

Article 2. What is the scope of cover?

1. The insurance shall cover the Insured Person's health.
2. The scope of insurance covers the Insured Person's Permanent Damage to Health due to an Accident that occurred during the period of insurance cover provided to the Insured Person under the Additional Contract.
3. The Insured Person shall be provided with insurance cover under the Additional Contract round-the-clock, regardless of the place of their stay.

Article 3. Who has the right to receive the benefit and what is the amount of the benefit?

1. The benefit corresponding to relevant percentage amount of the Sum Insured defined on the basis of the table specified in sec. 5 shall be paid to the Insured Person.
2. The benefit due to Permanent Damage to Health shall be determined based on the Sum Insured effective as at the date of the Accident.
3. Nationale-Nederlanden shall decide whether the claim is justified based on the documentation referred to in Article 4 sec. 1 and based on the results of medical examinations which the Insured Person is obliged to undergo at the request and cost of Nationale-Nederlanden in the Medical Facilities authorised by Nationale-Nederlanden to determine whether Permanent Damage to Health suffered by the Insured Person is an Insured Event covered under the Additional Contract.
4. The degree of Permanent Damage to Health is determined after the end of treatment, rehabilitation, and stabilisation of the Insured Person's health, but not later than 3 years after the date of the Accident. If the Insured Person suffered any loss of or damage to an organ, body part or a system before the Accident, the percentage of Permanent Damage to Health shall be calculated as the difference between health condition post-accident and pre-accident.
5. The degree of Permanent Damage to Health shall be established based on the Table of Post-Accident Permanent Damage to Health approved by Nationale-Nederlanden and attached to the Terms and Conditions.
6. The aggregate benefits paid to the Insured Person under this Additional Contract cannot exceed 100% of the Sum Insured effective as at the date of the last covered Accident.
7. Once the degree of Permanent Damage to Health is established and the benefit is paid, it is no longer possible to decrease or increase the degree of damage.

Article 4. What are the requirements for benefit payment?

1. Receiving the benefit shall require submitting the following documents to Nationale-Nederlanden:
   a) an insurance benefit payment request;
   b) documents confirming the occurrence and circumstances of the Accident and an official document confirming the identity of the Insured Person,
   c) medical records related to the course of treatment with a confirmation of Permanent Damage to Health.
   d) any other documents, including medical documents, opinions, lab test results that can be obtained by legal and customary means, which are related to the event and are necessary to establish the grounds for benefit payment,
   e) statement of the Insured Person confirming the occurrence and circumstances of the Accident.
2. It is recommended for the Insured Person to seek medical care within 7 days following the date of the Accident and to take actions to mitigate its results by complying with medical instructions.
3. The benefit shall be paid not later than 30 days after Nationale-Nederlanden has been notified of the Insured Event. If it is not possible to clarify the circumstances necessary to determine the liability of Nationale-Nederlanden within that time limit, the benefit shall be paid within 14 days from the date on which it was possible to clarify these circumstances while exercising due care.

Article 5. Exclusions of liability of Nationale-Nederlanden

1. Nationale-Nederlanden shall not be held liable and it shall refuse to pay the benefit if the Accident which gave rise to the Permanent Damage to Health of the Insured Person was directly caused by or resulted from:
   a) warfare, martial law,
   b) active and voluntary participation of the Insured Person in acts of violence, disturbances, riots, acts of terror,
   c) an event related to a mass chemical, biological or radioactive contamination caused by weapons or equipment using nuclear fission energy or radioactivity,
   d) self-mutilation or harm inflicted at the Insured Person's request, irrespective of their sanity,
   e) remaining intoxicated or under the influence of alcohol within the meaning of the Polish Upbringing in Sobriety and Alcoholism Prevention Act or under the influence of intoxicants, psychotropic substances, substitute substances within the meaning of the Polish Act on the Prevention of Drug Abuse, with the exception of medicines prescribed by a Physician and used as instructed by the same,
   f) involvement of the Insured Person in risky sport activities: motorsports, air sports, motorboating, mountain climbing, rock climbing, diving, potholing, martial arts and sports, water jumps, parachuting, bungee jumping,
   g) committing or attempting to commit an offence deliberately by the Insured Person,
   h) the Insured Person driving a mechanical vehicle or another means of transport without being entitled to do so or where the vehicle or another means of transport did not meet the public road traffic admission criteria imposed by the provisions of the applicable laws.
2. Nationale-Nederlanden shall not be liable if Permanent Damage to Health is caused by an occupational disease.
3. Nationale-Nederlanden shall not be liable if the Accident which gave rise to the Permanent Damage to Health of the Insured Person took place after the Premium due date where any prior, outstanding Total Premium was not covered in full until that date. However, the benefit shall be paid if the Accident that caused the Damage to Health of the Insured Person took place within 14 days of the Premium due date, and all outstanding Total Premiums were fully paid during the period of those 14 days.
4. Nationale-Nederlanden shall not pay the benefit if the Accident which gave rise to the Permanent Damage to Health of the Insured Person took place within the Premium suspension period or in the circumstances excluding the liability of Nationale-Nederlanden.

Article 6. When does the insurance cover expire?

1. The insurance cover shall expire in the following cases:
   a) expiry of the Additional Contract,
   b) expiry of insurance cover under the Master Contract.
   c) payment of the benefits amounting to 100% of the Sum Insured effective as at the date of the last event covered by insurance.
2. In the case defined in sec. 1 (c), the insurance cover shall expire in relation to the Insured Person without a possibility of being resumed.

Article 7. Miscellaneous

To all matters not regulated herein, relevant General Terms and Conditions of Group Life Insurance TRM17 shall apply.

Article 8. Effective date of the Terms and Conditions

The Terms and Conditions, approved by the Management Board of Nationale-Nederlanden Towarzystwo Ubezpieczeń na Życie S.A. by Resolution No. 66/2019 of 28 November 2019, shall be effective as of 1 December 2019.

Michał Hucał
Member of the Management Board

Jacek Koronkiewicz
Member of the Management Board

Information concerning:

General Terms and Conditions of the Additional Contract for Permanent Damage to Health due to an Accident with Post-Accident Treatment LHBH17 (GTCI)

Information included in the GTCI	Article No.
1. Grounds for the payment of indemnity and other benefits or the Insurance surrender value.	Article 1, Article 2, Article 3, Article 4, Annex 1 “List of Medical Benefits”
2. Limitations and exclusions of the insurance company’s liability based whereon the payment of the indemnity or other benefits may be refused or reduced.	Article 1, Article 5, Article 6, Annex 1 “List of Medical Benefits”
3. Costs and other charges deducted from insurance premiums, from the assets of unit-linked insurance funds or through the redemption of units in unit-linked insurance funds.	Not applicable
4. The surrender value in particular periods of insurance cover and the period in which the claim for payment of the surrender value does not apply.	Not applicable

General Terms and Conditions of the Additional Contract for Permanent Damage to Health due to an Accident with Post-Accident Treatment LHBH17

General Terms and Conditions of the Additional Contract for Permanent Damage to Health due to an Accident with Post-Accident Treatment shall apply in relation to the Additional Contract marked in the policy and other documents issued by Nationale-Nederlanden with the code LHBH17.

Article 1. Definitions

Any expressions not defined hereunder but defined in the General Terms and Conditions of Group Life Insurance TRM17 shall have the same meanings in these Terms and Conditions. In the General Terms and Conditions of the Additional Contract for Permanent Damage to Health due to an Accident with post-accident treatment (hereinafter: Terms and Conditions) and any other documents related to the Additional Contract marked with the code LHBH17, the following terms shall have the meanings as set forth below:

1. **"Permanent Damage to Health"** – the body's function being affected in a way impairing its functions without any prognosis of improvement.
2. **"Accident"** – a sudden, external event beyond control of the Insured Person that was the direct and sole cause of their Bodily Injury and took place during the term of the Additional Contract for Permanent Damage to Health as a result of an Accident with Post-Accident Treatment that was the direct and sole cause of an event for which Nationale-Nederlanden bears liability. Within the meaning of the Terms and Conditions, a Disease, a Mental Illness or psychical bodily injuries suffered by the Insured Person due to an overload, effort, lifting or bending shall not be considered an external cause of the Accident.
3. **"Disease"** – reaction of the body to a pathogenic factor, internal or external, diagnosed by a Physician and leading to functional disorders, organic changes in tissues, organs, systems or the entire body. Within the meaning of the General Terms and Conditions of the Additional Contract for Permanent Damage to Health due to an Accident with Post-Accident Treatment, a Disease shall not mean in particular pregnancy, birth, confinement.
4. **"Mental Illness"** – a mental disorder or behavioural disorder as specified in the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
5. **"Sum Insured for Medical Benefits"** – the maximum amount of the Medical Benefit for every Medical Service as specified in the List of Medical Benefits, expressed in Polish zloty, that may be paid to the Insured Person in money based on the principles defined in the Terms and Conditions if the event mentioned in Article 2 sec. 2 (b) occurs;
6. **"List of Medical Benefits"** – list of Medical Services to which the Insured Person has a right, included in Annex 1 hereto, provided to the Insured Person in the case of the event specified in Article 2 sec. 2 (b);
7. **"Medical Consultant"** – a healthcare professional working with a Medical Benefits Centre, arranging Medical Services for the Insured Person, on their own or in consultation with the Physician treating the Insured Person.
8. **"Medical Facility"** – a legally operating treatment facility that provides Medical Services within Poland;
9. **"Health Programme"** – the scope of Medical Services as described in the List of Medical Benefits, fully coordinated by the Medical Consultant, used to restore or keep the health of the Insured Person;
10. **"Medical Service"** – medical advice, diagnostic tests, nursing treatments, rehabilitation treatments and other actions fully coordinated by the Medical Consultant, included on the List of Medical Benefits.
11. **"Medical Benefit"** an insurance benefit provided to the Insured Person in the case of the Insured Event referred to in Article 2 sec. 2 (b), which involves in particular arranging the provision of a Medical Service (medical benefit) or payment of a specific amount of money (cash benefit) in line with the List of Medical Benefits;
12. **"Medical Benefits Centre"** – Towarzystwo Ubezpieczeń ZDROWIE S.A. with its registered office in Gdynia, ul. Śląska 17 – representative of Nationale-Nederlanden, handling the arrangement and provision of Medical Benefits on behalf of Nationale-Nederlanden.
13. **"Fracture"** – interruption of the continuity of skeletal tissue caused by an Accident. Pathological fractures, i.e. fractures connected with a pre-existing condition, shall not be regarded as Fractures.
14. **"Dislocation"** – dislocation of adjacent joint surfaces that was caused by Accident and that requires setting and then stabilising with plaster for at least 10 days. Habitual dislocations shall not be regarded as Dislocations.
15. **"Website for the Insured"** – an application where the Insured Person may, after logging in, file a claim for a Medical Benefit, fill out the medical records, check the history of benefits, and make a service appointment using e-registration.

16. **"Medical Helpline"** – a Poland-wide helpline available at the following number: (58) 500 55 12, where the Insured Person can set up or confirm a date of Medical Services. The Medical Helpline is also referred to as the Medical Benefits Centre. Change of the Medical Helpline number shall not constitute an amendment to the Insurance Contract;

Article 2. What is the scope of cover?

1. The insurance shall cover the Insured Person's health.
2. The scope of insurance covers:
   a) the Insured Person's Permanent Damage to Health resulting from an Accident that occurred during the period of insurance cover provided to the Insured Person under this Additional Contract, and
   b) bone Fracture or joint Dislocation resulting from an Accident that occurred during the period of insurance cover.
3. The Insured Person shall be provided with insurance cover under the Additional Contract round-the-clock, regardless of the place of their stay; however, the Medical Services shall only be provided in the Republic of Poland.

Article 3. Who has the right to receive the benefit for Permanent Damage to Health of the Insured Person and what is the amount of the benefit?

1. The benefit for Permanent Damage to Health caused by an Accident payable to the Insured Person shall represent the percentage of the Sum Insured defined based on the table specified in Article 3(5).
2. The benefit due to Permanent Damage to Health shall be determined based on the Sum Insured effective as at the date of the Accident.
3. Nationale-Nederlanden shall decide whether the claim is justified based on the documentation referred to in sec. 8 and based on the results of medical examinations which the Insured Person is obliged to undergo at the request and cost of Nationale-Nederlanden in the Medical Facilities authorised by Nationale-Nederlanden to determine whether Permanent Damage to Health suffered by the Insured Person is an Insured Event covered under the Additional Contract.
4. The degree of Permanent Damage to Health is determined after the end of treatment, rehabilitation, and stabilisation of the Insured Person's health, but not later than 3 years after the date of the Accident. If the Insured Person suffered any loss of or damage to an organ, body part or a system before the Accident, the percentage of Permanent Damage to Health shall be calculated as the difference between health condition post-accident and pre-accident.
5. The degree of Permanent Damage to Health shall be established based on the Table of Post-Accident Permanent Damage to Health approved by Nationale-Nederlanden and attached to the Terms and Conditions.
6. The aggregate of benefits paid to the Insured Person for Permanent Damage to Health cannot exceed 100% of the Sum Insured effective as at the date of the last covered Accident.
7. Once the degree of Permanent Damage to Health is established and the benefit is paid, it is no longer possible to decrease or increase the degree of damage.
8. Receiving the benefit shall require submitting the following documents to Nationale-Nederlanden:
   a) an insurance benefit payment request;
   b) documents confirming the occurrence and circumstances of the Accident and an official document confirming the identity of the Insured Person,
   c) medical records related to the course of treatment with a confirmation of Permanent Damage to Health.
   d) any other documents, including medical documents, opinions, lab test results that can be obtained by legal and customary means, which are related to the event and are necessary to establish the grounds for benefit payment,
   e) statement of the Insured Person confirming the occurrence and circumstances of the Accident.
9. It is recommended for the Insured Person to seek medical care within 7 days following the date of the Accident and to take actions to mitigate its results by complying with medical instructions.
10. The benefit shall be paid not later than 30 days after Nationale-Nederlanden has been notified of the Insured Event. If it is not possible to clarify the circumstances necessary to determine the liability of Nationale-Nederlanden within that time limit, the benefit shall be paid within 14 days from the date on which it was possible to clarify these circumstances while exercising due care.

Article 4. How do I obtain Medical Benefit due to bone fracture or joint dislocation?

1. For a bone fracture or joint dislocation resulting from an Accident that occurred in the period of insurance cover, the Insured Person shall have the right to the Medical Benefits established within the Health Programme.
2. The Medical Benefits are only provided throughout the duration of insurance cover and are fully coordinated by the Medical Consultant.
3. Notification of the Medical Benefits Centre in the event of bone fracture or joint dislocation as a result of Accident:
   3.1. To commence the Health Programme, the Insured Person must send the following documents to nn_ubezpieczenia@tuzdrowie.pl:
      a) a signed Health Programme Commencement Application, available at: www.tuzdrowie.pl, and
      b) copy of the medical records confirming the bone fracture or joint dislocation, or
      c) submit the above documents online after logging in to the Website of the Insured Person.
   3.2. Within 3 working days, a Medical Consultant will contact the Insured Person by calling the phone number specified in the application in order to:

a) provide information on the acceptance of the submitted application and the commencement of the Health Programme; or

b) request additional medical records; or

c) provide information on requesting the medical records to the Medical Facilities where the Insured Person has been treated thus far; or

d) provide information that the Insured Person's claim has been declined.

3.3. After obtaining the additional medical records referred to in sec. 1.2, the Medical Consultant shall decide within 3 working days to commence the Health Programme or state that the Insured Person's claim has been declined.

3.4. The decision to decline the Insured Person's claim along with a statement of grounds is sent to the address for deliveries specified in the Health Programme Commencement Application not later than within 1 working day upon first contacting the Insured Person on the phone.

3.5. The Insured Person is eligible for Medical Benefits from the List of Medical Benefits contained in Annex 1 hereto, provided that they are justified from a medical point of view, to be fully coordinated by the Medical Consultant.

4. Choosing the form of providing Medical Benefits

4.1. After the Medical Consultant issues a decision on initiation of the Health Programme, the Insured Person may choose the form in which Medical Benefits will be provided:

a) in a cashless form of Medical Services, the Medical Benefit is provided through the Medical Benefits Centre;

b) as a cash benefit in the amount corresponding to the costs of provision of the Medical Service incurred by the Insured Person – up to the Sum Insured for the respective Medical Benefit;

4.2. The Insured Person shall inform the Medical Benefits Centre about the decision as to the form of provision of Medical Benefits. The Insured Person may change the form of provision of Medical Benefits at any time during the term of the Additional Contract.

4.3. If the Insured Person receives Medical Benefits in a cashless form and has agreed on the provision of the Medical Service through the Medical Benefits Centre and has received it in the Medical Facility specified by the Medical Consultant, they shall not incur any additional cost of that service.

4.4. If the Insured Person switches from cashless provision of Medical Services to a cash benefit, they may obtain a benefit in the amount corresponding to the cost, incurred by the Insured Person, of the provision of the Medical Service from the List of Medical Benefits up to the Sum Insured for the respective Medical Benefit.

5. Provision of Medical Benefits in the form of a cash benefit

5.1. To receive Medical Benefits as a cash benefit, the Insured Person must send the following to the Medical Benefits Centre:

a) an original or a legible copy of the invoice/bill issued in connection with the provision of the Medical Service,

b) a filled out "Benefit Payment Request" using the form available at www.tuzdrowie.pl, or

c)submit the above documents online after logging in to the Website of the Insured Person.

5.2. Receiving a cash benefit online in a Medical Facility having access to the online benefit award system requires the Insured Person to sign and accept the "Benefit Receipt Form" or to submit the received text message code.

5.3. Through the Medical Benefits Centre, Nationale- Nederlanden may request the Insured Person to send additional explanations or medical documents confirming the medically justified need for and safety of the provision of such services or to undergo a physical examination by a Physician, specified by the Medical Benefits Centre, specialising in the relevant medical field. The cost of such a physical shall be borne by the Medical Benefits Centre.

5.4. In the case mentioned in sec. 5.3, Nationale- Nederlanden shall, through the Medical Benefits Centre, issue a decision within 2 working days of receiving the additional documents or of the physical examination.

5.5. The awarded Medical Benefit in the form of cash benefit, up to the Sum Insured for Medical Benefits, shall be transferred to the bank account specified by the Insured Person and provided in the "Benefit Payment Request". The maximum amount of all Medical Benefits provided in the form of cash benefit paid out in the Policy Year may not exceed PLN 100,000.

5.6. The decision on refusal to pay or the Medical Benefit in the form of cash benefit, on reducing the amount of benefit and on awarding the Medical Benefit in the form of cash benefit referred to in sec. 5.5, along with the statement of grounds, shall be delivered to the Insured Person or submitted in writing by registered letter to the Insured Person's correspondence address or to the e-mail address specified in the Request within 4 working days of receipt of the Benefit Payment Request.

6. Provision of Medical Benefits in a cashless form

6.1. To receive a Medical Benefit in a cashless form, which involves arranging and incurring the costs of Medical Services, the Insured Person should:

a) contact the Medical Helpline;

b) make an appointment and arrive at the Medical Facility specified by the Medical Consultant;

c) present at the Medical Facility a valid document that clearly confirms the identity of the Insured Person;

d) follow the instructions and guidelines received from the Medical Facility;

e) come to the appointments and contact the Medical Helpline in advance of the appointed date and time, if they are unable to use the appointed benefit.

6.2. Contacting the Medical Helpline, the Insured Person should provide the Medical Consultant with the following information:

a) full name, date of birth or PESEL (Polish Personal Identification Number) of the Insured Person;

b) telephone number of the Insured Person;

c) type of assistance required;

d) date of medical referral and specialty of the referring Physician;

e) other information requested by the Medical Consultant as required for arrangement of the services due under the Insurance Contract.

6.3. Arrangement of the Medical Benefit in a cashless form is confirmed by a text message sent to the Insured Person's phone number specified during the contact with the Medical Helpline.

Article 5. Exclusions of liability of Nationale-Nederlanden

1. Nationale-Nederlanden shall not be liable and shall not pay the benefit if the bone Fracture, joint Dislocation or Permanent Damage to Health results from:

a) active participation of the Insured Person in warfare or acts of martial law, staying in areas subject to martial law or warfare;

b) active and voluntary participation of the Insured Person in acts of violence, disturbances, riots, acts of terror,

c) an event related to a mass chemical, biological or radioactive contamination caused by weapons or equipment using nuclear fission energy or radioactivity,

d) self-mutilation or harm inflicted at the Insured Person's request, irrespective of their sanity,

e) remaining intoxicated or under the influence of alcohol within the meaning of the Polish Upbringing in Sobriety and Alcoholism Prevention Act or under the influence of intoxicants, psychotropic substances, substitute substances within the meaning of the Polish Act on the Prevention of Drug Abuse, with the exception of medicines prescribed by a Physician and used as instructed by the same,

f) involvement of the Insured Person in risky sport activities: motorsports, air sports, motorboating, mountain climbing, rock climbing, diving, potholing, martial arts and sports, water jumps, parachuting, bungee jumping,

g) committing or attempting to commit an offence deliberately by the Insured Person,

h) the Insured Person driving a mechanical vehicle or another means of transport without being entitled to do so or where the vehicle or another means of transport did not meet the public road traffic admission criteria imposed by the provisions of the applicable laws.

2. Nationale-Nederlanden shall not be liable if the bone Fracture or joint Dislocation was treated or diagnosed before the commencement of coverage or if the Insured Person used a medical service connected with that bone Fracture or joint Dislocation before the commencement of insurance cover.

3. Nationale-Nederlanden shall not be liable if the Accident which gave rise to the Permanent Damage to Health, bone Fracture or joint Dislocation suffered by the Insured Person took place after the Premium due date where any prior, outstanding Total Premium was not covered in full until that date. However, the benefit shall be paid if the Accident that caused the Damage to Health of the Insured Person took place within 14 days of the Premium due date, and all outstanding Total Premiums were fully paid during the period of those 14 days.

4. Nationale-Nederlanden shall not pay the benefit if the Accident which caused the Permanent Damage to Health, bone Fracture or joint Dislocation suffered by the Insured Person took place within the Premium suspension period or in the circumstances excluding the liability of Nationale-Nederlanden.

5. Nationale-Nederlanden shall not provide a Medical Benefit in a cash and non-cash form for any Medical Services performed at the Insured Person's request without first consulting the Medical Consultant.

Article 6. When does the insurance cover expire?

1. The insurance cover shall expire in the following cases:

a) expiry of the Additional Contract,

b) expiry of insurance cover under the Master Contract.

c) payment of the benefits amounting to 100% of the Sum Insured for Permanent Damage to Health effective as at the date of the last event covered by insurance.

2. In the case defined in sec. 1 (c), the insurance cover shall expire in relation to the Insured Person without a possibility of being resumed.

Article 7. Miscellaneous

To all matters not regulated herein, relevant General Terms and Conditions of Group Life Insurance TRM17 shall apply.

Article 8. Effective date of the Terms and Conditions

The Terms and Conditions, approved by the Management Board of Nationale-Nederlanden Towarzystwo Ubezpieczeń na Życie S.A. by Resolution No. 66/2019 of 28 November 2019, shall be effective as of 1 December 2019.

Michał Hucał

Member of the Management Board

Jacek Koronkiewicz

Member of the Management Board

Appendix No. 1 List of Medical Benefits

General Terms and Conditions of the Additional Contract for Permanent Damage to Health due to an Accident with Post-Accident Treatment LHBH17

The maximum amount of all Medical Benefits provided in the form of cash benefit paid out in the Policy Year may not exceed PLN 100,000.

Name of service provided within the Health Programme	Detailed description	SI of Medical Benefits (in PLN)
Basic care		
Outpatient nursing care after receiving a referral from a medical specialist		
urine strip test		PLN 6.00
intravenous drip		PLN 35.00
intramuscular injection		PLN 15.00
intravenous injection		PLN 25.00
subcutaneous injection		PLN 15.00
dressing minor wounds (sprains, dislocations)		PLN 35.00
material sampling for tests		PLN 5.00
measurement of blood pressure		PLN 10.00
measurement of height and body weight		PLN 2.00
drug allergy test		PLN 15.00
application or removal of simple dressing		PLN 15.00
stitch removal		PLN 15.00
Specialist care – medical consultations, including consultations with professors		
Anaesthesiologist medical consultation		PLN 80.00
Vascular surgeon medical consultation		PLN 85.00
General surgeon medical consultation		PLN 70.00
Dermatologist medical consultation		PLN 80.00
Cardiologist medical consultation		PLN 80.00
ENT Specialist medical consultation		PLN 80.00
Medical Rehabilitation Physician medical consultation		PLN 75.00
Neurosurgeon medical consultation		PLN 85.00
Neurologist medical consultation		PLN 70.00
Ophthalmologist medical consultation		PLN 50.00
Orthopaedist medical consultation		PLN 80.00
Orthopaedic Traumatologist medical consultation		PLN 80.00
Pulmonologist medical consultation		PLN 80.00
Rheumatologist medical consultation		PLN 85.00
Thoracic Surgeon medical consultation		PLN 85.00
Urologist medical consultation		PLN 80.00

Name of service provided within the Health Programme	Detailed description	SI of Medical Benefits (in PLN)
Specialist care – medical procedures and other services provided by medical specialists		
Surgery		
intra-articular injection		PLN 40.00
treatment of skin ulcerations		PLN 60.00
treatment of surface whitlow		PLN 60.00
furuncle incision and drainage		PLN 60.00
abscess, haematoma incision and drainage		PLN 80.00
dressing minor wounds (sprains, dislocations)		PLN 40.00
arthrocentesis		PLN 35.00
wound stitching		PLN 30.00
immobilisation of limbs and joints		PLN 50.00
removal of foreign bodies from the skin		PLN 30.00
removal of skin lesion up to 5 mm		PLN 160.00
removal of skin lesion above 5 mm (lipomas excluded)		PLN 240.00
drain insertion		PLN 30.00
putting/taking off a cast		PLN 80.00
putting/taking off a synthetic dressing		PLN 50.00
stitch removal		PLN 30.00
change of wound dressing		PLN 30.00
change/insertion of catheter in the urinary bladder		PLN 30.00
local anaesthesia for a procedure		PLN 30.00
Laryngology (Otolaryngology)		
nasal septal cautery		PLN 75.00
nasal administration of a vasoconstrictor drug		PLN 10.00
sucking out secretion from the nose or from nasal ducts		PLN 30.00
ear dressing with medication		PLN 30.00
throat, oral cavity painting		PLN 30.00
ear irrigation		PLN 30.00
nosebleed conservative treatment		PLN 75.00
ear trumpet clearing		PLN 75.00
sinus puncture		PLN 30.00
removal of foreign bodies from ear, nose, throat		PLN 35.00

Name of service provided within the Health Programme	Detailed description	SI of Medical Benefits (in PLN)
insertion and removal of posterior nasal pack		PLN 120.00
stitch removal		PLN 30.00
Ophthalmology		
dark adaptation		PLN 35.00
funduscopic examination		PLN 5.00
slit lamp examination		PLN 5.00
visual acuity test		PLN 5.00
visual field test (perimetry)		PLN 35.00
spatial vision test		PLN 35.00
exophthalmometry		PLN 15.00
gonioscopy		PLN 35.00
subconjunctival injection		PLN 20.00
digital eye exam		PLN 5.00
tear duct irrigation		PLN 20.00
drug administration to conjunctival sac		PLN 20.00
measurement of intraocular pressure		PLN 5.00
retinoscopy		PLN 35.00
removal of foreign body from an eye		PLN 30.00
Orthopaedics		
Intra-articular and periarticular block		PLN 40.00
intra-articular injection (patient's medication)		PLN 40.00
puncture (traumatic lesions)		PLN 35.00
puncture (inflammatory lesions)		PLN 35.00
immobilisation of limbs and joints		PLN 50.00
rib immobilisation with plaster dressing		PLN 40.00
putting and removal of a cast – upper and lower extremity		PLN 80.00
putting an elastic band and a sling		PLN 30.00
Kramer splinting		PLN 30.00
Zimmer splinting		PLN 30.00
orthosis attachment/adjustment (the orthosis cost excluded)		PLN 30.00
change of wound dressing		PLN 30.00
local anaesthesia for a procedure		PLN 30.00
Urology		
change/insertion of catheter in the urinary bladder		PLN 30.00
bladder irrigation		PLN 30.00
Laboratory tests		
Biochemical tests		
albumin		PLN 6.00
alpha-1-antitrypsin		PLN 45.00
amino acids		PLN 30.00
alanine aminotransferase (ALT, ALAT, GPT)		PLN 6.00
aspartate aminotransferase		PLN 6.00
(AspAT, AST, GOT) amylase		PLN 6.00
antistreptolysin (ASO/ASLO/ASO latex)		PLN 6.00
apolipoprotein	apo A1	PLN 50.00
apolipoprotein	apo B	PLN 50.00
C-reactive protein (CRP)		PLN 6.00
total protein		PLN 6.00
total protein – electrophoretic separation (proteinogram)		PLN 25.00
direct bilirubin		PLN 6.00
total bilirubin		PLN 6.00
indirect bilirubin		PLN 6.00
caeruloplasmin		PLN 25.00
chlorides		PLN 6.00
cholesterol		PLN 6.00
HDL cholesterol	assayed directly	PLN 6.00
HDL cholesterol	calculated	PLN 6.00
LDL cholesterol		PLN 6.00
cholinesterase	blood cells	PLN 30.00
cholinesterase	liver	PLN 30.00
cyanocobalamin (vitamin B12)		PLN 20.00
zinc (Zn)		PLN 20.00
cystine/homocystine		PLN 35.00
rheumatoid factor (RF)		PLN 10.00
lactate dehydrogenase (LDH)		PLN 10.00
digoxin		PLN 14.00
ferritin		PLN 20.00
leukocyte alkaline phosphatase (LAP)		PLN 6.00
phosphorus		PLN 6.00
inorganic phosphate		PLN 6.00
alkaline phosphatase (ALP)		PLN 10.00
total acid phosphatase (ACP)		PLN 10.00
prostatic acid phosphatase (PAP)		PLN 10.00
GGTP – gamma glutamyl transferase		PLN 10.00
glucose	20 min. after meal	PLN 6.00
glucose	60 min. after meal	PLN 6.00
glucose	empty stomach	PLN 6.00
Oral Glucose Tolerance Test	50 g glucose after 1 hour	PLN 20.00
Oral Glucose Tolerance Test	50 g glucose after 2 hours	PLN 20.00
Oral Glucose Tolerance Test	75 g glucose after 4 hours	PLN 20.00
Oral Glucose Tolerance Test	75 g glucose after 5 hours	PLN 20.00
Oral Glucose Tolerance Test	empty stomach	PLN 20.00
homocysteine		PLN 35.00
ionogram (Na, K)		PLN 5.00
creatine phosphokinase (CPK)		PLN 6.00
creatine phosphokinase isoenzyme CK-MB (CKMB)		PLN 10.00

Name of service provided within the Health Programme	Detailed description	SI of Medical Benefits (in PLN)
endogenous creatinine clearance		PLN 10.00
creatinine		PLN 6.00
folic acid		PLN 20.00
homovanillic acid (HVA)		PLN 35.00
uric acid		PLN 6.00
valproic acid		PLN 28.00
bile acids		PLN 50.00
lipase		PLN 12.00
lipid profile		PLN 24.00
magnesium		PLN 6.00
methemoglobin		PLN 30.00
myoglobin		PLN 28.00
urea, blood urea (non-protein) nitrogen, BUN		PLN 6.00
Rose-Waaler reaction		PLN 10.00
lead (Pb)		PLN 55.00
natriuretic peptide (BNP)		PLN 35.00
natriuretic peptide (NT pro-BNP)		PLN 35.00
potassium (K)		PLN 6.00
liver function tests (ALT, AST, ALP, BIL, GGTP)		PLN 32.00
seromucoid		PLN 12.00
sodium (Na)		PLN 6.00
transferrin		PLN 10.00
triglycerides		PLN 6.00
troponin quantitative		PLN 15.00
troponin I/T		PLN 15.00
thyroglobulin		PLN 30.00
tyrosine		PLN 35.00
USR (VDRL)		PLN 10.00
total calcium		PLN 6.00
vitamin D – metabolite 1.25(OH)		PLN 70.00
vitamin D – metabolite 25(OH)		PLN 70.00
iron		PLN 6.00
iron – total iron binding capacity (TIBC)		PLN 10.00
iron – absorption curve	120 min after ingestion	PLN 18.00
iron – absorption curve	180 min after ingestion	PLN 18.00
iron – absorption curve	240 min after ingestion	PLN 18.00
iron – absorption curve	300 min after ingestion	PLN 18.00
iron – absorption curve	60 min after ingestion	PLN 18.00
Haematological tests		
antithrombin III (AT III)		PLN 45.00
direct Coombs test, indirect antiglobulin test (IAT)		PLN 20.00
protein C		PLN 45.00
free protein S		PLN 45.00
activated partial thromboplastin time (APTT)		PLN 9.00
bleeding time		PLN 9.00
coagulation time		PLN 9.00
prothrombin time (PT) (INR)		PLN 45.00
thrombin time (TT)		PLN 9.00
coagulation factors	II – prothrombin,	PLN 45.00
coagulation factors	IX – antihemophilic factor B	PLN 45.00
coagulation factors	V – proaccelerin	PLN 45.00
coagulation factors	VII – proconvertin	PLN 45.00
coagulation factors	VIII – antihemophilic factor A,	PLN 45.00
coagulation factors	X – Stuart – Prower factor,	PLN 45.00
coagulation factors	XI – antihemophilic factor C	PLN 45.00
coagulation factors	XII – Hageman factor	PLN 45.00
coagulation factors	XIII – fibrin stabilising factor	PLN 45.00
D-dimers		PLN 35.00
absolute eosinophilia		PLN 6.00
fibrinogen		PLN 10.00
haptoglobin		PLN 30.00
free haemoglobin		PLN 6.00
haemolysins		PLN 20.00
complement system C1 inhibitor		PLN 45.00
coagulation inhibitors		PLN 35.00
LE cells		PLN 17.00
leukocytes		PLN 6.00
peripheral blood test without smear		PLN 9.00
peripheral blood test with smear (with full granulocyte differential)		PLN 12.00
erythrocyte sedimentation rate (ESR)		PLN 6.00
blood osmolarity		PLN 25.00
assay of blood types AB0 and Rh		PLN 30.00
plasminogen		PLN 10.00
blood platelets		PLN 6.00
indirect Coombs test, indirect antiglobulin test (IAT)		PLN 20.00
fibrinogen and fibrin degradation products (FDP)		PLN 35.00
reticulocytes		PLN 6.00
Urine tests		
urine 17-hydroxycorticosteroids (17-OHCS)		PLN 30.00
urine albumins		PLN 6.00
urine amylase		PLN 6.00
urinalysis		PLN 6.00
urinalysis plus sediment		PLN 6.00
urine Bence Jones protein		PLN 50.00
urine bilirubin		PLN 6.00
urine chlorides		PLN 6.00
urine ketone bodies		PLN 6.00
urine 24-hour volume test		PLN 3.00
urine 24-hour volume test aldosterone		PLN 40.00

Name of service provided within the Health Programme	Detailed description	SI of Medical Benefits (in PLN)
urine 24-hour volume test – protein		PLN 6.00
urine 24-hour volume test – chlorides		PLN 6.00
urine 24-hour volume test – cortisol		PLN 6.00
urine 24-hour volume test – 5-hydroxyindoleacetic acid (5-HIAA)		PLN 30.00
urine 24-hour volume test – hippuric acid		PLN 30.00
urine 24-hour volume test – magnesium		PLN 6.00
urine 24-hour volume test – sodium and potassium		PLN 6.00
urine 24-hour volume test – oxalates		PLN 40.00
urine 24-hour volume test – 17-hydroxycorticosteroids (17- OHCS)		PLN 40.00
urine inorganic phosphate		PLN 6.00
urine glucose/sugar		PLN 3.00
urine free haemoglobin		PLN 15.00
Urine immunofixation (A, G, M, KAP, LAM)		PLN 80.00
urine cadmium		PLN 80.00
urine catecholamines		PLN 30.00
creatinine clearance (from urine 24-hour volume test GHR)		PLN 20.00
urine coproporphyrins		PLN 40.00
urine cortisol		PLN 30.00
urine creatinine		PLN 6.00
urine delta-aminolevulinic acid		PLN 50.00
urine uric acid		PLN 6.00
urine vanillylmandelic acid		PLN 50.00
urine Addis count		PLN 10.00
urine kappa light chains		PLN 50.00
urine lambda light chains		PLN 50.00
urine magnesium		PLN 6.00
urine metoxycatecholamines		PLN 50.00
urine copper		PLN 45.00
microalbuminuria		PLN 6.00
urine urea		PLN 6.00
urine noradrenalin/adrenalin		PLN 30.00
lead in urine 24-hour volume test		PLN 45.00
urine osmolarity		PLN 10.00
urine potassium		PLN 6.00
urine mercury (Hg)		PLN 50.00
kidney stone chemical composition		PLN 50.00
urine sodium		PLN 6.00
pregnancy test/chorionic gonadotropin (alpha-HCG)		PLN 15.00
total urine calcium		PLN 6.00
Microbiological tests		
antibiotic susceptibility test		PLN 20.00
fungal culture test, antifungal susceptibility test	stool	PLN 35.00
fungal culture test, antifungal susceptibility test	blood	PLN 35.00
fungal culture test, antifungal susceptibility test	urethra material	PLN 35.00
fungal culture test, antifungal susceptibility test	pharyngeal material	PLN 35.00
fungal culture test, antifungal susceptibility test	oral cavity material	PLN 35.00
fungal culture test, antifungal susceptibility test	nasal material	PLN 35.00
fungal culture test, antifungal susceptibility test	nasopharyngeal material	PLN 35.00
fungal culture test, antifungal susceptibility test	rectal material	PLN 35.00
fungal culture test, antifungal susceptibility test	bronchial material	PLN 35.00
fungal culture test, antifungal susceptibility test	toe nail ma	PLN 35.00
fungal culture test, antifungal susceptibility test	finger nail ma	PLN 35.00
fungal culture test, antifungal susceptibility test	wound material	PLN 35.00
fungal culture test, antifungal susceptibility test	cervical material	PLN 35.00
fungal culture test, antifungal susceptibility test	ear material	PLN 35.00
fungal culture test, antifungal susceptibility test	conjunctival sac material	PLN 35.00
fungal culture test, antifungal susceptibility test	dermal material	PLN 35.00
fungal culture test, antifungal susceptibility test	vulvar material	PLN 35.00
fungal culture test, antifungal susceptibility test	urine	PLN 35.00
fungal culture test, antifungal susceptibility test	semen	PLN 35.00
fungal culture test, antifungal susceptibility test	spit	PLN 35.00
fungal culture test, antifungal susceptibility test	pus	PLN 35.00
fungal culture test, antifungal susceptibility test	hair	PLN 35.00
fungal culture test, antifungal susceptibility test	conjunctival sac	PLN 35.00
nasal exfoliative cytology		PLN 30.00
stool culture		PLN 28.00
stool culture for the presence of parasites		PLN 28.00
stool culture for the presence of Salmonella – Shigella		PLN 28.00
blood culture	aerobic culture	PLN 28.00
urine culture		PLN 28.00
semen culture		PLN 30.00
spit culture	anaerobic culture	PLN 28.00
spit culture	aerobic culture	PLN 28.00
pus culture	anaerobic culture	PLN 28.00
pus culture	aerobic culture	PLN 28.00
culture for Streptococcus agalactiae (GBS)	anaerobic culture	PLN 28.00
vaginal culture	anaerobic cukture	PLN 28.00

Name of service provided within the Health Programme	Detailed description	SI of Medical Benefits (in PLN)
vaginal culture	aerobic culture	PLN 28.00
urethral swab	anaerobic culture	PLN 28.00
urethral swab	aerobic culture	PLN 28.00
pharyngeal swab	anaerobic culture	PLN 28.00
pharyngeal swab	aerobic culture	PLN 28.00
oral cavity swab	anaerobic culture	PLN 28.00
oral cavity swab	aerobic culture	PLN 28.00
cervical swab	anaerobic culture	PLN 28.00
cervical swab	aerobic culture	PLN 28.00
tonsillar swab	anaerobic culture	PLN 28.00
tonsillar swab	aerobic culture	PLN 28.00
nasal swab	anaerobic culture	PLN 28.00
nasal swab	aerobic culture	PLN 28.00
nasopharyngeal swab	anaerobic culture	PLN 28.00
nasopharyngeal swab	aerobic culture	PLN 28.00
eye swab		PLN 28.00
vaginal swab (vaginal cleanliness)	vaginal biocenosis	PLN 28.00
wound swab	anaerobic culture	PLN 28.00
wound swab	aerobic culture	PLN 28.00
ear swab	anaerobic culture	PLN 28.00
ear swab	aerobic culture	PLN 28.00
skin lesion swab	anaerobic culture	PLN 28.00
skin lesion swab	aerobic culture	PLN 28.00
Diabetes diagnostics		
glycated haemoglobin (HbA1c, glycohaemoglobin, GHB))		PLN 20.00
insulin		PLN 22.00
insulin after ingestion	empty stomach	PLN 50.00
	after 120 minutes	PLN 50.00
	after 60 minutes	PLN 50.00
	after administration of 50 g glucose after 120 minutes	PLN 50.00
	after administration of 50 g glucose after 60 minutes	PLN 50.00
	after administration of 75 g glucose after 120 minutes	PLN 50.00
	after administration of 75 g glucose after 180 minutes	PLN 50.00
	after administration of 75 g glucose after 240 minutes	PLN 50.00
	after administration of 75 g glucose after 300 minutes	PLN 50.00
	after administration of 75 g glucose after 60 minutes	PLN 50.00
C-peptide		PLN 25.00
Radiology tests (x-ray)		
densitometry	of femur	PLN 55.00
densitometry	lumbar spine	PLN 55.00
densitometry	of lumbar spine and femur	PLN 55.00
mammography	targeted	PLN 75.00
mammography	general	PLN 75.00
sella turcica targeted x-ray		PLN 40.00
Skull x-ray	targeted to optic canals	PLN 40.00
Skull x-ray	targeted to temporal bone	PLN 40.00
Skull x-ray	targeted, Rhese method	PLN 40.00
Skull x-ray	targeted, Schuller method (ears)	PLN 40.00
Skull x-ray	targeted, Stenvers method (ears)	PLN 40.00
Skull x-ray	in two projections	PLN 40.00
Skull x-ray	in one projection	PLN 40.00
Skull x-ray	in three projections	PLN 40.00
Hand x-ray	comparative x-ray of both hands	PLN 40.00
Hand x-ray	AP projection	PLN 40.00
Hand x-ray	AP projection + lateral	PLN 40.00
Hand x-ray	AP projection + lateral + diagonal	PLN 40.00
Hand x-ray	lateral projection	PLN 40.00
Chest x-ray	AP projection	PLN 40.00
Chest x-ray	AP projection + lateral	PLN 40.00
Chest x-ray	lateral projection	PLN 40.00
Chest x-ray	X-ray tomogram	PLN 40.00
Chest x-ray with barite	AP projection	PLN 40.00
Chest x-ray with barite	AP projection + lateral	PLN 40.00
Chest x-ray with barite	lateral projection	PLN 40.00
Knee x-ray	targeted to patella, axial	PLN 40.00
Knee x-ray	targeted to patella, tangential	PLN 40.00
Knee x-ray	targeted to patella in three positions	PLN 40.00
Knee x-ray	comparative x-ray of both joints	PLN 40.00
Knee x-ray	AP projection	PLN 40.00
Knee x-ray	AP projection + lateral	PLN 40.00
Knee x-ray	lateral projection	PLN 40.00
Lower extremity x-ray		PLN 40.00
Upper extremity x-ray		PLN 40.00
Sacral bone x-ray		PLN 40.00
Nasal bone x-ray		PLN 40.00
Coccyx x-ray	AP + lateral +	PLN 40.00
Coccyx x-ray	lateral with coccyx	PLN 40.00
Coccyx x-ray	lateral/AP – one projection	PLN 40.00

Name of service provided within the Health Programme	Detailed description	SI of Medical Benefits (in PLN)
Heel bone x-ray	(empty)	PLN 40.00
Shank x-ray	comparative x-ray of both extremities	PLN 40.00
Shank x-ray	with knee, AP projection	PLN 40.00
Shank x-ray	with knee, lateral projection	PLN 40.00
Shank x-ray	with ankle, AP projection	PLN 40.00
Shank x-ray	with ankle, lateral projection	PLN 40.00
Humerus x-ray	comparative x-ray, AP projection of both bones	PLN 40.00
Humerus x-ray	comparative x-ray, axial projection of both bones	PLN 40.00
Humerus x-ray	AP projection	PLN 40.00
Humerus x-ray	AP projection + lateral	PLN 40.00
Humerus x-ray	with shoulder, axial	PLN 40.00
Femur x-ray	with hip, AP projection	PLN 40.00
Femur x-ray	with hip, lateral projection	PLN 40.00
Femur x-ray	with knee, AP projection	PLN 40.00
Femur x-ray	with knee, lateral projection	PLN 40.00
Lumbar spine x-ray	targeted to sacral joints AP projection	PLN 40.00
Lumbar spine x-ray	targeted to sacral Joints, AP projection + lateral	PLN 40.00
Lumbar spine x-ray	targeted to sacral joints, diagonal projection	PLN 40.00
Lumbar spine x-ray	functional	PLN 40.00
Lumbar spine x-ray	AP projection	PLN 40.00
Lumbar spine x-ray	AP projection + lateral	PLN 40.00
Lumbar spine x-ray	AP projection + lateral + diagonal	PLN 40.00
Lumbar spine x-ray	lateral projection	PLN 40.00
Lumbar spine x-ray	diagonal projection	PLN 40.00
Thoracic spine x-ray	AP projection	PLN 40.00
Thoracic spine x-ray	AP projection + lateral	PLN 40.00
Thoracic spine x-ray	AP projection + lateral + diagonal	PLN 40.00
Thoracic spine x-ray	lateral projection	PLN 40.00
Thoracic spine x-ray	diagonal projection	PLN 40.00
Cervical spine x-ray	functional	PLN 40.00
Cervical spine x-ray	AP projection	PLN 40.00
Cervical spine x-ray	AP projection + lateral	PLN 40.00
Cervical spine x-ray	AP projection + lateral + diagonal	PLN 40.00
Cervical spine x-ray	lateral projection	PLN 40.00
Cervical spine x-ray	diagonal projection	PLN 40.00
Cervical, thoracic and lumbar spine x-ray	functional	PLN 40.00
Cervical, thoracic and lumbar spine x-ray	standing position, AP projection (scoliosis)	PLN 40.00
Cervical, thoracic and lumbar spine x-ray	standing position, AP projection + lateral (scoliosis)	PLN 40.00
Cervical, thoracic and lumbar spine x-ray	standing position, AP projection + lateral + diagonal (scoliosis)	PLN 40.00
Cervical, thoracic and lumbar spine x-ray	AP projection	PLN 40.00
Cervical, thoracic and lumbar spine x-ray	AP projection + lateral	PLN 40.00
Cervical, thoracic and lumbar spine x-ray	diagonal projection	PLN 40.00
Atlas and axis x-ray	(empty)	PLN 40.00
Larynx x-ray without dye	layered images	PLN 40.00
Shoulder blade x-ray	AP projection	PLN 40.00
Shoulder blade x-ray	AP projection + lateral	PLN 40.00
Zygomatic arches x-ray		PLN 40.00
Pelvic x-ray		PLN 40.00
Lesser pelvis x-ray		PLN 40.00
Sternum x-ray	AP projection	PLN 40.00
Sternum x-ray	lateral projection	PLN 40.00
Wrist x-ray	targeted to scaphoid bone	PLN 40.00
Wrist x-ray	comparative x-ray of both hands	PLN 40.00
Wrist x-ray	AP projection	PLN 40.00
Wrist x-ray	AP projection + lateral	PLN 40.00
Wrist x-ray	AP projection + lateral + diagonal	PLN 40.00
Wrist x-ray	lateral projection	PLN 40.00
Nose x-ray		PLN 40.00
Nasopharynx x-ray (third tonsil)		PLN 40.00
Collarbone x-ray		PLN 40.00
Orbit x-ray	AP projection	PLN 40.00
Orbit x-ray	AP projection + lateral	PLN 40.00
Finger x-ray	comparative x-ray of both hands	PLN 40.00
Finger x-ray	AP projection	PLN 40.00
Finger x-ray	AP projection + lateral	PLN 40.00
Finger x-ray	AP projection + lateral + diagonal	PLN 40.00
Finger x-ray	lateral projection	PLN 40.00
Skull base x-ray		PLN 40.00
Hypochondrium x-ray		PLN 40.00
Occiput x-ray		PLN 40.00

Name of service provided within the Health Programme	Detailed description	SI of Medical Benefits (in PLN)
Forearm x-ray	comparative x-ray, AP + lateral of both bones	PLN 40.00
Forearm x-ray	AP projection	PLN 40.00
Forearm x-ray	AP projection + lateral	PLN 40.00
Overall abdominal x-ray	other	PLN 40.00
Overall abdominal x-ray	horizontal position	PLN 40.00
Overall abdominal x-ray	standing position, AP projection (scoliosis)	PLN 40.00
Gastrointestinal x-ray with dye	small intestine passage (standard dye)	PLN 40.00
Gastrointestinal x-ray with dye	oesophagus, stomach and duodenum passage (standard asset x-ray dye)	PLN 40.00
Gastrointestinal x-ray with dye	lower gastrointestinal series (standard dye)	PLN 40.00
Tooth bitewing x-ray		PLN 40.00
Hip x-ray	children	PLN 40.00
Hip x-ray	comparative x-ray of both joints – adults	PLN 40.00
Hip x-ray	AP projection – adults	PLN 40.00
Hip x-ray	axial projection – adults	PLN 40.00
CT of sacroiliac joints without contrast	AP projection	PLN 40.00
CT of sacroiliac joints without contrast	AP projection + lateral	PLN 40.00
CT of sacroiliac joints without contrast	diagonal projection	PLN 40.00
Ankle x-ray	comparative x-ray of both joints	PLN 40.00
Ankle x-ray	AP projection	PLN 40.00
Ankle x-ray	AP projection + lateral	PLN 40.00
Ankle x-ray	lateral projection	PLN 40.00
Shoulder x-ray	comparative x-ray of both joints	PLN 40.00
Shoulder x-ray	AP projection	PLN 40.00
Shoulder x-ray	axial projection	PLN 40.00
Elbow x-ray	comparative x-ray of both joints	PLN 40.00
Elbow x-ray	AP projection	PLN 40.00
Elbow x-ray	AP projection + lateral	PLN 40.00
Elbow x-ray	axial projection	PLN 40.00
Sternoclavicular joint x-ray		PLN 40.00
Feet x-ray	targeted to metatarsal bones	PLN 40.00
Feet x-ray	targeted to toes	PLN 40.00
Feet x-ray	targeted to heel, lateral	PLN 40.00
Feet x-ray	targeted to heel, axial	PLN 40.00
Feet x-ray	comparative x-ray of both feet	PLN 40.00
Feet x-ray	AP projection	PLN 40.00
Feet x-ray	AP projection + lateral	PLN 40.00
Feet x-ray	AP projection + lateral + diagonal	PLN 40.00
Feet x-ray	lateral projection	PLN 40.00
Achilles tendon x-ray		PLN 40.00
Salivary gland x-ray		PLN 40.00
Mediastinum x-ray		PLN 40.00
Facial skeleton x-ray		PLN 40.00
Ear x-ray		PLN 40.00
Sinus x-ray		PLN 40.00
Bite x-ray		PLN 40.00
Rib x-ray	AP projection	PLN 40.00
Rib x-ray	lateral projection	PLN 40.00
Rib x-ray	diagonal projection	PLN 40.00
Mandible x-ray	AP projection	PLN 40.00
Mandible x-ray	diagonal projection	PLN 40.00
urography		PLN 120.00
Function tests organ of hearing		
impedance audiometry		PLN 30.00
pure tone audiometry		PLN 30.00
cardiovascular system		
rest-ECG without description		PLN 20.00
rest-ECG with description		PLN 20.00
24-hour ambulatory blood pressure monitoring (Holter monitor)		PLN 65.00
24-hour ambulatory blood pressure monitoring (Holter monitor)		PLN 80.00
echocardiography (ECHO)		PLN 80.00
exercise ECG		PLN 80.00
ECG event monitor		PLN 80.00
respiratory system		
spirometry	standard without medication	PLN 30.00
spirometry	with vasodilator	PLN 30.00
nervous system		
EEG – electroencephalography	vigilance	PLN 60.00
EMG – electromyography	carpal tunnel syndrome	PLN 120.00
EMG – electromyography	quantitative muscle assessment	PLN 120.00
EMG – electromyography	motor neuron disease	PLN 120.00
EMG – electromyography	facial nerve	PLN 120.00
EMG – electromyography	non-traumatic nerve damage	PLN 120.00
EMG – electromyography	assessment of muscle function at rest	PLN 120.00
EMG – electromyography	polyneuropathy / myopathy	PLN 120.00

Name of service provided within the Health Programme	Detailed description	SI of Medical Benefits (in PLN)
EMG – electromyography	post-traumatic nerve damage	PLN 120.00
EMG – electromyography	ischemic test	PLN 120.00
EMG – electromyography	myasthenic test	PLN 120.00
EMG – electromyography	plexus injury	PLN 120.00
ENG – electroneurography	sensory nerve	PLN 80.00
ENG – electroneurography	motor neuron (long)	PLN 80.00
ENG – electroneurography	motor neuron (short sections)	PLN 80.00
ENG – electronystagmography		PLN 80.00
Ultrasound tests		
Ultrasound		
Popliteal fossa ultrasound		PLN 60.00
Ultrasound of eyeballs and orbits		PLN 60.00
Ultrasound of abdomen and retroperitoneal space		PLN 60.00
Testicle and epididymis ultrasound		PLN 60.00
Larynx ultrasound		PLN 60.00
Muscle ultrasound		PLN 60.00
Wrist ultrasound		PLN 60.00
Ultrasound of kidneys, ureters, bladder		PLN 60.00
Eye ultrasound		PLN 110.00
Finger ultrasound		PLN 60.00
Bladder ultrasound		PLN 60.00
Breast ultrasound		PLN 60.00
Hand ultrasound		PLN 60.00
Shoulder ultrasound		PLN 60.00
Hip ultrasound		PLN 60.00
Knee ultrasound		PLN 60.00
Elbow ultrasound		PLN 60.00
Ankle ultrasound		PLN 60.00
Foot ultrasound		PLN 60.00
Achilles tendon ultrasound		PLN 60.00
Ultrasound of intracranial arteries		PLN 60.00
Ultrasound of soft tissues		PLN 60.00
Subcutaneous tissue ultrasound		PLN 60.00
Ligaments ultrasound		PLN 60.00
Doppler ultrasonography		
Doppler ultrasonography of venous and arterial vessels of lower extremities	arterial vessels	PLN 80.00
Doppler ultrasonography of venous and arterial vessels of lower extremities	venous vessels	PLN 80.00
Doppler ultrasonography of venous and arterial vessels of upper extremities	arterial vessels	PLN 80.00
Doppler ultrasonography of venous and arterial vessels of upper extremities	venous vessels	PLN 80.00

Name of service provided within the Health Programme	Detailed description	SI of Medical Benefits (in PLN)
Computer tomography (CT)		
OCT of eyes		PLN 150.00
OCT of eye		PLN 100.00
(head) brain/brainstem CT + angiography	venous vessels and brain sinuses	PLN 230.00
(head) brain/brainstem CT + angiography	arterial vessels	PLN 230.00
(head) brain/brainstem CT without contrast		PLN 180.00
(head) brain/brainstem CT without contrast		PLN 230.00
(spine) spinal canal CT at lumbar/sacral level without contrast		PLN 190.00
(spine) spinal canal CT at lumbar/sacral level with contrast		PLN 250.00
(spine) spinal canal CT at thoracic level without contrast		PLN 190.00
(spine) spinal canal CT at thoracic and lumbar level without contrast		PLN 250.00
(spine) spinal canal CT at thoracic and lumbar level with contrast		PLN 250.00
(spine) spinal canal CT at thoracic level with contrast		PLN 250.00
(spine) spinal canal CT at cervical level without contrast		PLN 190.00
(spine) spinal canal CT at cervical and thoracic level without contrast		PLN 250.00
(spine) spinal canal CT at cervical and thoracic level with contrast		PLN 250.00
(spine) spinal canal CT at cervical level with contrast		PLN 250.00
(spine) spinal canal CT at cervical, thoracic and lumbar level without contrast		PLN 250.00
(spine) spinal canal CT at cervical, thoracic and lumbar level with contrast		PLN 250.00
abdominal CT without contrast		PLN 190.00
abdominal CT with contrast		PLN 250.00
abdominal and lesser pelvic CT without contrast (without aortic CT)		PLN 190.00
abdominal and lesser pelvic CT with contrast (without aortic CT)		PLN 250.00
chest CT without contrast (without CT of the heart, aorta and coronary arteries)		PLN 180.00
chest and abdominal CT without contrast		PLN 250.00
chest and abdominal CT with contrast		PLN 250.00
chest CT with contrast (without CT of the heart, aorta and coronary arteries)		PLN 230.00
chest, abdominal and lesser pelvic CT without contrast		PLN 250.00
chest, abdominal and lesser pelvic CT with contrast		PLN 250.00

Name of service provided within the Health Programme	Detailed description	SI of Medical Benefits (in PLN)
chest, abdominal, lesser pelvic and neck CT without contrast		PLN 250.00
chest, abdominal, lesser pelvic and neck CT with contrast		PLN 250.00
lower extremities CT without contrast	shanks	PLN 180.00
Lower extremities CT without contrast	thighs	PLN 180.00
lower extremities CT with contrast	shanks	PLN 230.00
lower extremities CT with contrast	thighs	PLN 230.00
upper extremities CT without contrast	wrist	PLN 180.00
Upper extremities CT without contrast	forearm	PLN 180.00
Upper extremities CT without contrast	arm	PLN 180.00
Upper extremities CT without contrast	hand	PLN 180.00
upper extremities CT with contrast	wrist	PLN 230.00
upper extremities CT with contrast	forearm	PLN 230.00
upper extremities CT with contrast	arm	PLN 230.00
upper extremities CT with contrast	hand	PLN 230.00
laryngeal CT without contrast		PLN 180.00
laryngeal CT with contrast		PLN 230.00
lesser pelvic CT without contrast		PLN 190.00
lesser pelvic CT with contrast		PLN 250.00
pelvic, bladder, prostate CT without contrast		PLN 190.00
pelvic, bladder, prostate CT with contrast		PLN 250.00
CT of kidneys and adrenal glands without contrast		PLN 190.00
CT of kidneys and adrenal glands with contrast		PLN 250.00
CT of orbits without contrast		PLN 230.00
CT of orbits with contrast		PLN 230.00
CT of petrous part of the temporal bone without contrast		PLN 180.00
CT of petrous part of the temporal bone with contrast		PLN 250.00
High-resolution CT of lungs (HRCT)		PLN 180.00
pituitary gland CT without contrast		PLN 250.00
pituitary gland CT with contrast		PLN 250.00
CT of hips without contrast		PLN 180.00
CT of hips with contrast		PLN 250.00
CT of sacroiliac joints without contrast		PLN 180.00
CT of sacroiliac joints with contrast		PLN 230.00
CT of ankles without contrast		PLN 180.00
CT of ankles with contrast		PLN 250.00
shoulder CT without contrast		PLN 180.00
shoulder CT with contrast		PLN 250.00
knee CT without contrast		PLN 180.00
knee CT with contrast		PLN 250.00
elbow CT without contrast		PLN 180.00
elbow CT with contrast		PLN 250.00
shoulder CT without contrast		PLN 180.00
shoulder CT with contrast		PLN 250.00
foot CT without contrast		PLN 180.00
foot CT with contrast		PLN 250.00
neck CT without contrast		PLN 180.00
neck CT with contrast		PLN 230.00
sinus CT without contrast		PLN 180.00
sinus CT with contrast		PLN 250.00
Magnetic resonance imaging (MRI)		
(head) brain/brainstem MRI without contrast		PLN 300.00
(head) brain/brainstem MRI with contrast		PLN 350.00
(spine) spinal canal MRI at lumbar/ sacral level without contrast		PLN 300.00
(spine) spinal canal MRI at lumbar/ sacral level with contrast		PLN 350.00
(spine) spinal canal MRI at thoracic level without contrast		PLN 300.00
(spine) spinal canal MRI at thoracic level with contrast		PLN 350.00
(spine) spinal canal MRI at cervical level without contrast		PLN 300.00
(spine) spinal canal MRI at cervical level with contrast		PLN 350.00
cerebral angiography MRI (spectroscopy excluded)		PLN 350.00
renal artery angiography MRI		PLN 400.00
wrist arthrography MRI		PLN 400.00
shoulder arthrography MRI		PLN 400.00
knee arthrography MRI		PLN 400.00
elbow arthrography MRI		PLN 400.00
ankle arthrography MRI		PLN 400.00
cholangiography MRI		PLN 400.00
abdominal MRI without contrast (without cholangiography MRI)		PLN 300.00
abdominal MRI with cholangiography		PLN 400.00
abdominal MRI with contrast (without cholangiography MRI)		PLN 350.00
abdominal and lesser pelvic MRI without contrast		PLN 300.00
abdominal and lesser pelvic MRI with contrast		PLN 350.00
chest MRI without contrast (without angio MRI and heart examination)		PLN 350.00
lower extremities MRI without contrast	whole extremity	PLN 300.00
lower extremities MRI without contrast	targeted shank	PLN 300.00
lower extremities MRI without contrast	targeted foot	PLN 300.00
lower extremities MRI without contrast	targeted thigh	PLN 300.00

Name of service provided within the Health Programme	Detailed description	SI of Medical Benefits (in PLN)
lower extremities MRI with contrast	whole extremity	PLN 350.00
lower extremities MRI with contrast	targeted shank	PLN 350.00
lower extremities MRI with contrast	targeted foot	PLN 350.00
lower extremities MRI with contrast	targeted thigh	PLN 350.00
upper extremities MRI without contrast	whole extremity	PLN 300.00
upper extremities MRI without contrast	targeted forearm	PLN 300.00
upper extremities MRI without contrast	targeted arm	PLN 300.00
upper extremities MRI without contrast	targeted hand	PLN 300.00
upper extremities MRI with contrast	whole extremity	PLN 300.00
upper extremities MRI with contrast	targeted forearm	PLN 300.00
upper extremities MRI with contrast	targeted arm	PLN 300.00
upper extremities MRI with contrast	targeted hand	PLN 300.00
mammography MRI		PLN 400.00
lesser pelvic MRI without contrast		PLN 300.00
pelvic, bladder, prostate MRI without contrast		PLN 350.00
pelvic, bladder, prostate MRI with contrast		PLN 350.00
MRI of orbits without contrast		PLN 300.00
MRI of orbits with contrast		PLN 350.00
pituitary gland MRI with contrast		PLN 350.00
MRI of hips without contrast		PLN 300.00
MRI of hips with contrast		PLN 350.00
MRI of knees without contrast		PLN 300.00
MRI of knees with contrast		PLN 350.00
MRI of sacroiliac joints without contrast		PLN 300.00
MRI of sacroiliac joints with contrast		PLN 350.00
MRI of ankles without contrast		PLN 300.00
MRI of ankles with contrast		PLN 350.00
shoulder MRI without contrast		PLN 350.00
shoulder MRI with contrast		PLN 350.00
elbow MRI without contrast		PLN 350.00
elbow MRI with contrast		PLN 350.00
shoulder MRI without contrast		PLN 300.00
shoulder MRI with contrast		PLN 300.00
MRI of brain structures + angiography		PLN 350.00
neck MRI without contrast		PLN 300.00
neck MRI with contrast		PLN 350.00
mediastinum MRI without contrast		PLN 300.00
mediastinum MRI with contrast		PLN 350.00
facial skeleton MRI without contrast		PLN 300.00
facial skeleton MRI with contrast		PLN 350.00
sinus MRI without contrast		PLN 300.00
sinus MRI with contrast		PLN 350.00
Outpatient rehabilitation – 40 procedures per one Insured Event		
electrotherapy		
electrostimulation	lower extremity muscles	PLN 15.00
electrostimulation	upper extremity muscles	PLN 15.00
phonophoresis	lumbar spine	PLN 15.00
phonophoresis	spine – thoracic region	PLN 15.00
phonophoresis	cervical spine	PLN 15.00
phonophoresis	wrist	PLN 15.00
phonophoresis	shank	PLN 15.00
phonophoresis	forearm	PLN 15.00
phonophoresis	arm	PLN 15.00
phonophoresis	hand	PLN 15.00
phonophoresis	shoulder	PLN 15.00
phonophoresis	hip	PLN 15.00
phonophoresis	knee	PLN 15.00
phonophoresis	elbow	PLN 15.00
phonophoresis	ankle	PLN 15.00
phonophoresis	foot	PLN 15.00
phonophoresis	thigh	PLN 15.00
galvanisation	lumbar spine	PLN 15.00
galvanisation	spine – thoracic region	PLN 15.00
galvanisation	cervical spine	PLN 15.00
galvanisation	wrist	PLN 15.00
galvanisation	shank	PLN 15.00
galvanisation	forearm	PLN 15.00
galvanisation	arm	PLN 15.00
galvanisation	hand	PLN 15.00
galvanisation	shoulder	PLN 15.00
galvanisation	hip	PLN 15.00
galvanisation	knee	PLN 15.00
galvanisation	elbow	PLN 15.00
galvanisation	ankle	PLN 15.00
galvanisation	foot	PLN 15.00
galvanisation	thigh	PLN 15.00
ionophoresis	lumbar spine	PLN 15.00
ionophoresis	spine – thoracic region	PLN 15.00
ionophoresis	cervical spine	PLN 15.00
ionophoresis	wrist	PLN 15.00
ionophoresis	shank	PLN 15.00
ionophoresis	forearm	PLN 15.00
ionophoresis	arm	PLN 15.00
ionophoresis	hand	PLN 15.00
ionophoresis	shoulder	PLN 15.00

Name of service provided within the Health Programme	Detailed description	SI of Medical Benefits (in PLN)
ionophoresis	hip	PLN 15.00
ionophoresis	knee	PLN 15.00
ionophoresis	elbow	PLN 15.00
ionophoresis	ankle	PLN 15.00
ionophoresis	foot	PLN 15.00
ionophoresis	thigh	PLN 15.00
Interfering (Nemec) current	lumbar spine	PLN 15.00
Interfering (Nemec) current	spine – thoracic region	PLN 15.00
Interfering (Nemec) current	cervical spine	PLN 15.00
Interfering (Nemec) current	wrist	PLN 15.00
Interfering (Nemec) current	shank	PLN 15.00
Interfering (Nemec) current	forearm	PLN 15.00
Interfering (Nemec) current	arm	PLN 15.00
Interfering (Nemec) current	hand	PLN 15.00
Interfering (Nemec) current	shoulder	PLN 15.00
Interfering (Nemec) current	hip	PLN 15.00
Interfering (Nemec) current	knee	PLN 15.00
Interfering (Nemec) current	elbow	PLN 15.00
Interfering (Nemec) current	ankle	PLN 15.00
Interfering (Nemec) current	foot	PLN 15.00
Interfering (Nemec) current	thigh	PLN 15.00
TENS current	lumbar spine	PLN 15.00
TENS current	spine – thoracic region	PLN 15.00
TENS current	cervical spine	PLN 15.00
TENS current	wrist	PLN 15.00
TENS current	shank	PLN 15.00
TENS current	forearm	PLN 15.00
TENS current	arm	PLN 15.00
TENS current	hand	PLN 15.00
TENS current	shoulder	PLN 15.00
TENS current	hip	PLN 15.00
TENS current	knee	PLN 15.00
TENS current	elbow	PLN 15.00
TENS current	ankle	PLN 15.00
TENS current	foot	PLN 15.00
TENS current	thigh	PLN 15.00
Trabert current	lumbar spine	PLN 15.00
Trabert current	spine – thoracic region	PLN 15.00
Trabert current	cervical spine	PLN 15.00
Trabert current	wrist	PLN 15.00
Trabert current	shank	PLN 15.00
Trabert current	forearm	PLN 15.00
Trabert current	arm	PLN 15.00
Trabert current	hand	PLN 15.00
Trabert current	shoulder	PLN 15.00
Trabert current	hip	PLN 15.00
Trabert current	knee	PLN 15.00
Trabert current	elbow	PLN 15.00
Trabert current	ankle	PLN 15.00
Trabert current	foot	PLN 15.00
Trabert current	thigh	PLN 15.00
continuous and pulsed shortwave therapy (Curapuls)	lumbar spine	PLN 15.00
continuous and pulsed shortwave therapy (Curapuls)	spine – thoracic region	PLN 15.00
continuous and pulsed shortwave therapy (Curapuls)	cervical spine	PLN 15.00
continuous and pulsed shortwave therapy (Curapuls)	wrist	PLN 15.00
continuous and pulsed shortwave therapy (Curapuls)	shank	PLN 15.00
continuous and pulsed shortwave therapy (Curapuls)	forearm	PLN 15.00
continuous and pulsed shortwave therapy (Curapuls)	arm	PLN 15.00
continuous and pulsed shortwave therapy (Curapuls)	hand	PLN 15.00
continuous and pulsed shortwave therapy (Curapuls)	shoulder	PLN 15.00
continuous and pulsed shortwave therapy (Curapuls)	hip	PLN 15.00
continuous and pulsed shortwave therapy (Curapuls)	knee	PLN 15.00
continuous and pulsed shortwave therapy (Curapuls)	elbow	PLN 15.00
continuous and pulsed shortwave therapy (Curapuls)	ankle	PLN 15.00
continuous and pulsed shortwave therapy (Curapuls)	foot	PLN 15.00
continuous and pulsed shortwave therapy (Curapuls)	thigh	PLN 15.00
hydrotherapy		
bubble massage		PLN 15.00
underwater massage		PLN 15.00
whirlpool bath		PLN 15.00
kinesitherapy		
general group physical therapy exercises		PLN 15.00
individual active and passive and supported exercises		PLN 15.00
Individual exercises under guidance	lumbar spine	PLN 30.00
Individual exercises under guidance	spine – thoracic region	PLN 30.00
Individual exercises under guidance	cervical spine	PLN 30.00
Individual exercises under guidance	wrist	PLN 30.00
Individual exercises under guidance	shank	PLN 30.00
Individual exercises under guidance	forearm	PLN 30.00
Individual exercises under guidance	arm	PLN 30.00

Name of service provided within the Health Programme	Detailed description	SI of Medical Benefits (in PLN)
Individual exercises under guidance	hand	PLN 30.00
Individual exercises under guidance	shoulder	PLN 30.00
Individual exercises under guidance	hip	PLN 30.00
Individual exercises under guidance	knee	PLN 30.00
Individual exercises under guidance	elbow	PLN 30.00
Individual exercises under guidance	ankle	PLN 30.00
Individual exercises under guidance	foot	PLN 30.00
Individual exercises under guidance	thigh	PLN 30.00
special exercises on equipment	special exercises on equipment	PLN 15.00
lumbar traction device	lumbar traction device	PLN 15.00
cryotherapy		
local cryotherapy	lumbar spine	PLN 15.00
local cryotherapy	spine – thoracic region	PLN 15.00
local cryotherapy	cervical spine	PLN 15.00
local cryotherapy	wrist	PLN 15.00
local cryotherapy	shank	PLN 15.00
local cryotherapy	forearm	PLN 15.00
local cryotherapy	arm	PLN 15.00
local cryotherapy	hand	PLN 15.00
local cryotherapy	shoulder	PLN 15.00
local cryotherapy	hip	PLN 15.00
local cryotherapy	knee	PLN 15.00
local cryotherapy	elbow	PLN 15.00
local cryotherapy	ankle	PLN 15.00
local cryotherapy	foot	PLN 15.00
local cryotherapy	thigh	PLN 15.00
laser therapy		
local laser therapy	lumbar spine	PLN 15.00
local laser therapy	spine – thoracic region	PLN 15.00
local laser therapy	cervical spine	PLN 15.00
local laser therapy	wrist	PLN 15.00
local laser therapy	shank	PLN 15.00
local laser therapy	forearm	PLN 15.00
local laser therapy	arm	PLN 15.00
local laser therapy	hand	PLN 15.00
local laser therapy	shoulder	PLN 15.00
local laser therapy	hip	PLN 15.00
local laser therapy	knee	PLN 15.00
local laser therapy	elbow	PLN 15.00
local laser therapy	ankle	PLN 15.00
local laser therapy	foot	PLN 15.00
local laser therapy	thigh	PLN 15.00
magnetic therapy		
MAGNETUS pulses	lumbar spine	PLN 15.00
MAGNETUS pulses	spine – thoracic region	PLN 15.00
MAGNETUS pulses	cervical spine	PLN 15.00
MAGNETUS pulses	wrist	PLN 15.00
MAGNETUS pulses	shank	PLN 15.00
MAGNETUS pulses	forearm	PLN 15.00
MAGNETUS pulses	arm	PLN 15.00
MAGNETUS pulses	hand	PLN 15.00
MAGNETUS pulses	shoulder	PLN 15.00
MAGNETUS pulses	hip	PLN 15.00
MAGNETUS pulses	knee	PLN 15.00
MAGNETUS pulses	elbow	PLN 15.00
MAGNETUS pulses	ankle	PLN 15.00
MAGNETUS pulses	foot	PLN 15.00
MAGNETUS pulses	thigh	PLN 15.00
phototherapy		
UV rays		PLN 15.00
Sollux		PLN 15.00
ultrasound therapy		
local ultratherapy	lumbar spine	PLN 15.00
local ultratherapy	spine – thoracic region	PLN 15.00
local ultratherapy	cervical spine	PLN 15.00
local ultratherapy	wrist	PLN 15.00
local ultratherapy	shank	PLN 15.00
local ultratherapy	forearm	PLN 15.00
local ultratherapy	arm	PLN 15.00
local ultratherapy	hand	PLN 15.00
local ultratherapy	shoulder	PLN 15.00
local ultratherapy	hip	PLN 15.00
local ultratherapy	knee	PLN 15.00
local ultratherapy	elbow	PLN 15.00
local ultratherapy	ankle	PLN 15.00
local ultratherapy	ankle	PLN 15.00
local ultratherapy	foot	PLN 15.00
local ultratherapy	thigh	PLN 15.00

Information concerning:

General Terms and Conditions of the Additional Contract for permanent disability due to an accident PDR17 (GTCI)

Information included in the GTCI	Article No.
1. Grounds for the payment of indemnity and other benefits or the Insurance surrender value.	Article 1, Article 2, Article 3, Article 5
2. Limitations and exclusions of the insurance company's liability based whereon the payment of the indemnity or other benefits may be refused or reduced.	Article 6, Article 7
3. Costs and other charges deducted from insurance premiums, from the assets of unit-linked insurance funds or through the redemption of units in unit-linked insurance funds.	Not applicable
4. The surrender value in particular periods of insurance cover and the period in which the claim for payment of the surrender value does not apply.	Not applicable

General Terms and Conditions of the Additional Contract for permanent disability due to an accident PDR17

General Terms and Conditions of the Additional Contract for permanent disability due to an accident shall apply in relation to the Additional Contract specified in the policy and other documents issued by Nationale-Nederlanden and marked with the code PDR17.

Article 1. Definitions

Any expressions not defined hereunder but defined in the General Terms and Conditions of Group Life Insurance TRM17 shall have the same meanings in these Terms and Conditions.

In the General Terms and Conditions of the Additional Contract for permanent disability due to an accident (hereinafter: Terms and Conditions) and any other documents related to the Additional Contract marked with the code PDR17, the following terms shall have the meanings as set forth below:

1. **"Permanent Disability"** – total or partial Permanent Disability of the Insured Person.
2. **"Partial Permanent Disability"** – the following bodily injuries of the Insured Person resulting from an accident: loss of arm, forearm, finger, leg, lower leg, foot, toe, eyesight, hearing, speech.
3. **"Total Permanent Disability"** – the following bodily injuries of the Insured Person resulting from an accident which gave rise to a permanent, total and irreversible incapacity to perform any gainful employment.
4. **"Accident"** – a sudden, external event beyond control of the Insured Person that was the direct and sole cause of Permanent Disability of the Insured Person and took place during the period in which the Insured Person was provided with insurance cover by Nationale-Nederlanden. Within the meaning of the GTCI, a Disease, a Mental Illness or psychical bodily injuries suffered by the Insured Person due to an overload, effort, lifting or bending shall not be considered an external cause of the Accident.
5. **"Loss"** – a physical loss of a part of the body or a total and irreversible loss of control over body organs, in whole or in part.
6. **Total Loss of Sight in Both Eyes** – a total and irreversible loss of sight in both eyes as a result of an Accident with a total incapacity to see objects in detail, with no more than a perception of light, as diagnosed by an Ophthalmologist. The scope of insurance does not cover cases of loss of sight which are potentially treatable.
7. **Total Loss of Sight in One Eye** – a total and irreversible loss of sight in one eye as a result of an Accident with a total incapacity to see objects in detail, with no more than a perception of light, as diagnosed by an Ophthalmologist. The scope of insurance does not cover cases of loss of sight which are potentially treatable.
8. **Total Loss of Hearing in Both Ears** – a total and irreversible loss of hearing ability in both ears as a result of an Accident, which means that an average hearing loss in the ear that can hear better exceeds one of the 4 following frequencies: 90 dB out of 500, 1000, 2000, 4000 Hz, as diagnosed by a Laryngologist and confirmed by an audiometric exam. The scope of insurance does not cover cases of loss of hearing which are potentially treatable.
9. **Total Loss of Hearing in One Ear** – a total and irreversible loss of hearing ability in one ear as a result of an Accident, which means that an average hearing loss in the ear exceeds one of the 4 following frequencies: 90 dB out of 500, 1000, 2000, 4000 Hz, as diagnosed by a Laryngologist and confirmed by an audiometric exam. The scope of insurance does not cover cases of loss of hearing which are potentially treatable.
10. **Loss of Speech** – a complete and irreversible loss of the ability to speak lasting for a continuous period of at least 12 months. Loss of Speech must be confirmed by a Laryngologist based on the diagnosis of damage to vocal folds resulting from an Accident. The scope of insurance cover shall also include total aphasia resulting from severe head injury with damage to speech centre in the central nervous system, as diagnosed by a Neurologist. The scope of insurance does not cover: loss of speech ability caused by physical or psychological diseases and loss of speech ability which can be treated by therapy.

Article 2. What is the scope of cover?

1. The insurance shall cover the Insured Person's health.
2. The scope of insurance covers:
   a) Partial Permanent Disability of the Insured Person, on condition that it took place within 180 days after the occurrence of the Accident,
   b) Total Permanent Disability of the Insured Person, on condition that:
      - it took place within 180 days after the occurrence of the Accident,

- it lasted continuously from the date of occurrence until the end of the 12-month period, counting from the date of the Accident, and continues to last after the end of that period.

3. Within a period of 12 months from the date of the Accident, the Insured Person must be provided with insurance cover on a continuous basis. The fulfilment of the above condition is not critical if the following takes place before the end of the period referred to in the previous sentence:
   a) the insurance cover provided to the Insured Person expired due to the termination of the legal relationship between the Insured Person and the Policyholder referred to in Article 10 sec. 1 item b) of the Terms and Conditions of the Master Contract,
   b) the Additional Contract has expired.
4. The Insured Person shall be provided with insurance cover under the Additional Contract round-the-clock, regardless of the place of their stay.

Article 3. Who has the right to receive the benefit and what is the amount of the benefit?

1. Subject to sec. 2, the benefit shall be paid to the Insured Person in the amount of:
   a) the Sum Insured – in the event of Total Permanent Disability of the Insured Person,
   b) relevant percentage amount of the Sum Insured – in the event of Partial Permanent Disability of the Insured Person,
   c) one of the amounts referred to in items a) and b) (whichever is higher) – if the bodily injury suffered by the Insured Person can be recognised both as Partial Permanent Disability and Total Permanent Disability.
2. The aggregate of the benefits paid to the Insured Person under the Additional Contract cannot exceed 200% of the Sum Insured under relevant Additional Contract effective as at the date of the last Accident.
3. The benefit under an Insured Event shall be determined on the basis of the Sum Insured effective as at the date of the Accident.
4. In the event of Partial Permanent Disability of the Insured Person, Nationale-Nederlanden shall pay the benefit in line with the table below:

Partial Permanent Disability	Percentage of the Sum Insured
Loss of arm	75%
Loss of forearm	70%
Loss of hand	60%
Loss of thumb	15%
Loss of index finger	5%
Loss of middle finger	3%
Loss of ring finger	2%
Loss of little finger	1%
Loss of all fingers of a hand (including thumb)	40%
Loss of all other fingers of a hand (excluding thumb)	25%
Loss of leg	70%
Loss of lower leg	60%
Loss of both lower legs	100%
Loss of foot	50%
Loss of all toes of a foot (including big toe)	30%
Loss of big toe	10%
Total loss of sight in both eyes	100%
Total loss of sight in one eye	50%
Total loss of hearing in both ears	100%
Total loss of hearing in one ear	50%
Loss of speech	100%

5. In the event of loss of at least two body organs included in the above table within the same limb, the benefit paid by Nationale-Nederlanden shall be equal to the highest value of the benefit due for one of the lost body parts.

Article 4. What are the obligations of the Insured Person?

At the request of Nationale-Nederlanden, the Insured Person is obliged to undergo medical examinations at the cost of Nationale-Nederlanden in medical facilities approved by Nationale-Nederlanden to determine whether the Insured Person still suffers from Total or Partial Permanent Disability within the meaning of the Additional Contract.

Article 5. What are the requirements for benefit payment?

1. It is recommended for the Insured Person to file a request for payment of the insurance benefit due to Total Permanent Disability after 12 months from the date of the Accident.
2. It is recommended for the Insured Person to file a request for payment of the insurance benefit due to Partial Permanent Disability once a document confirming that disability has been issued by a relevant authority or after the submission of an application for disability pension due to incapacity for work within the meaning of social insurance regulations.
3. Receiving the benefit shall require submitting the following documents to Nationale-Nederlanden:
   a) an insurance benefit payment request;
   b) documents confirming the occurrence and circumstances of the Accident and an official document confirming the identity of the Insured Person,
   c) certificate of incapacity for work within the meaning of social insurance regulations,
   d) any other documents, including medical documents, opinions, lab test results that can be obtained by legal and customary means, which are related to the event and are necessary to establish the grounds for benefit payment,
4. The benefit shall be paid not later than 30 days after Nationale-Nederlanden has been notified of the Insured Event. If it is not possible to clarify the circumstances necessary to determine the liability

of Nationale-Nederlanden within that time limit, the benefit shall be paid within 14 days from the date on which it was possible to clarify these circumstances while exercising due care.

Article 6. Exclusions of liability of Nationale-Nederlanden

1. Nationale-Nederlanden shall not be held liable and it shall refuse to pay the benefit if the Accident giving rise to Permanent Disability of the Insured Person was directly caused by or resulted from:
   a) warfare, martial law,
   b) active and voluntary participation of the Insured Person in acts of violence, disturbances, riots, acts of terror,
   c) an event related to a mass chemical, biological or radioactive contamination caused by weapons or equipment using nuclear fission energy or radioactivity,
   d) self-mutilation or harm inflicted at the Insured Person's request, irrespective of their sanity,
   e) remaining intoxicated or under the influence of alcohol within the meaning of the Polish Upbringing in Sobriety and Alcoholism Prevention Act or under the influence of intoxicants, psychotropic substances, substitute substances within the meaning of the Polish Act on the Prevention of Drug Abuse, with the exception of medicines prescribed by a Physician and used as instructed by the same,
   f) involvement of the Insured Person in risky sport activities: motorsports, air sports, motorboating, mountain climbing, rock climbing, diving, potholing, martial arts and sports, water jumps, parachuting, bungee jumping,
   g) the Insured Person driving a mechanical vehicle or another means of transport without being entitled to do so or where the vehicle or another means of transport did not meet the public road traffic admission criteria imposed by the provisions of the applicable laws,
   h) committing or attempting to commit an offence deliberately by the Insured Person.
2. Nationale-Nederlanden shall not be liable if the Accident which gave rise to the Permanent Disability of the Insured Person took place after the Premium due date where any prior, outstanding Total Premium was not covered in full until that date. However, the benefit shall be paid if the Accident which gave rise to the Permanent Disability of the Insured Person took place within 14 days from the Premium due date and all outstanding Total Premiums are covered in full within the period of those 14 days.
3. Nationale-Nederlanden shall not pay the benefit if the Accident which gave rise to the Permanent Disability of the Insured Person took place within the Premium suspension period or in the circumstances excluding the liability of Nationale-Nederlanden.

Article 7. When does the insurance cover expire?

1. The insurance cover shall expire in the following cases:
   a) expiry of the Additional Contract,
   b) expiry of insurance cover under the Master Contract.
   c) payment of the benefit referred to in Article 3 sec. 1 items a) and c),
   d) payment of the benefits amounting to 200% of the Sum Insured.
2. In the case defined in sec. 1 items c) and d), the insurance cover shall expire in relation to the Insured Person without a possibility of being resumed.

Article 8. Miscellaneous

To all matters not regulated herein, relevant General Terms and Conditions of Group Life Insurance TRM17 shall apply.

Article 9. Effective date of the Terms and Conditions

The Terms and Conditions, approved by the Management Board of Nationale-Nederlanden Towarzystwo Ubezpieczeń na Życie S.A. by Resolution No. 66/2019 of 28 November 2019, shall be effective as of 1 December 2019.

Michał Hucał
Member of the Management Board

Jacek Koronkiewicz
Member of the Management Board

Information concerning:

General Terms and Conditions of the Additional Contract for permanent disability due to an accident with a monthly benefit PDR17+ (GTCI)

Information included in the GTCI	Article No.
1. Grounds for the payment of indemnity and other benefits or the Insurance surrender value.	Article 1, Article 2, Article 3, Article 5
2. Limitations and exclusions of the insurance company's liability based whereon the payment of the indemnity or other benefits may be refused or reduced.	Article 6, Article 7
3. Costs and other charges deducted from insurance premiums, from the assets of unit-linked insurance funds or through the redemption of units in unit-linked insurance funds.	Not applicable
4. The surrender value in particular periods of insurance cover and the period in which the claim for payment of the surrender value does not apply.	Not applicable

General Terms and Conditions of the Additional Contract for permanent disability due to an accident with a monthly benefit PDR17+

General Terms and Conditions of the Additional Contract for permanent disability due to an accident with a monthly benefit shall apply in relation to the Additional Contract specified in the policy and other documents issued by Nationale-Nederlanden and marked with the code PDR17+.

Article 1. Definitions

Any expressions not defined hereunder but defined in the General Terms and Conditions of Group Life Insurance TRM17 shall have the same meanings in these Terms and Conditions. In the General Terms and Conditions of the Additional Contract for permanent disability due to an accident with a monthly benefit (hereinafter: Terms and Conditions) and any other documents related to the Additional Contract marked with the code PDR17+, the following terms shall have the meanings as set forth below

1. **"Permanent Disability"** – total or partial Permanent Disability of the Insured Person.
2. **"Partial Permanent Disability"** – the following bodily injuries of the Insured Person resulting from an accident: loss of arm, forearm, finger, leg, lower leg, foot, toe, eyesight, hearing, speech.
3. **"Total Permanent Disability"** – the following bodily injuries of the Insured Person resulting from an accident which gave rise to a permanent, total and irreversible incapacity to perform any gainful employment.
4. **"Accident"** – a sudden, external event beyond control of the Insured Person that was the direct and sole cause of Permanent Disability of the Insured Person and took place during the period in which the Insured Person was provided with insurance cover by Nationale-Nederlanden. Within the meaning of the GTCI, a Disease, a Mental Illness or psychical bodily injuries suffered by the Insured Person due to an overload, effort, lifting or bending shall not be considered an external cause of the Accident.
5. **"Loss"** – a physical loss of a part of the body or a total and irreversible loss of control over body organs, in whole or in part.
6. **Total Loss of Sight in Both Eyes** – a total and irreversible loss of sight in both eyes as a result of an Accident with a total incapacity to see objects in detail, with no more than a perception of light, as diagnosed by an Ophthalmologist. The scope of insurance does not cover cases of loss of sight which are potentially treatable.
7. **Total Loss of Sight in One Eye** – a total and irreversible loss of sight in one eye as a result of an Accident with a total incapacity to see objects in detail, with no more than a perception of light, as diagnosed by an Ophthalmologist. The scope of insurance does not cover cases of loss of sight which are potentially treatable.
8. **Total Loss of Hearing in Both Ears** – a total and irreversible loss of hearing ability in both ears as a result of an Accident, which means that an average hearing loss in the ear that can hear better exceeds one of the 4 following frequencies: 90 dB out of 500, 1000, 2000, 4000 Hz, as diagnosed by a Laryngologist and confirmed by an audiometric exam. The scope of insurance does not cover cases of loss of hearing which are potentially treatable.
9. **Total Loss of Hearing in One Ear** – a total and irreversible loss of hearing ability in one ear as a result of an Accident, which means that an average hearing loss in the ear exceeds one of the 4 following frequencies: 90 dB out of 500, 1000, 2000, 4000 Hz, as diagnosed by a Laryngologist and confirmed by an audiometric exam. The scope of insurance does not cover cases of loss of hearing which are potentially treatable.
10. **Loss of Speech** – a complete and irreversible loss of the ability to speak lasting for a continuous period of at least 12 months. Loss of Speech must be confirmed by a Laryngologist based on the diagnosis of damage to vocal folds resulting from an Accident. The scope of insurance cover shall also include total aphasia resulting from severe head injury with damage to speech centre in the central nervous system, as diagnosed by a Neurologist. The scope of insurance does not cover: loss of speech ability caused by physical or psychological diseases and loss of speech ability which can be treated by therapy.

Article 2. What is the scope of cover?

1. The insurance shall cover the Insured Person's health.
2. The scope of insurance covers:
   a) Partial Permanent Disability of the Insured Person, on condition that the degree of disability amounts to at least 40% in line with Nationale-Nederlanden's table specified in Article 3 sec. 3) and provided that it took place within 180 days after the occurrence of the Accident,
   b) Total Permanent Disability of the Insured Person, on condition that:

- it took place within 180 days after the occurrence of the Accident,
- it lasted continuously from the date of occurrence until the end of the 12-month period, counting from the date of the Accident, and continues to last after the end of that period.

3. Within a period of 12 months from the date of the Accident, the Insured Person must be provided with insurance cover on a continuous basis. The fulfilment of the above condition is not critical if the following takes place before the end of the period referred to in the previous sentence:
   a) the insurance cover provided to the Insured Person expired due to the termination of the legal relationship between the Insured Person and the Policyholder referred to in Article 10 sec. 1 item b) of the Terms and Conditions of the Master Contract,
   b) the Additional Contract has expired.
4. The Insured Person shall be provided with insurance cover under the Additional Contract round-the-clock, regardless of the place of their stay.

Article 3. Who has the right to receive the benefit and what is the amount of the benefit?

1. The benefit shall be paid to the Insured Person as:
   a) a one-off payment of 50% of the Sum Insured effective as at the date of the Accident, and
   b) regular payments equal to the monthly benefits for a period of 5 years, with their aggregate amounting to 50% of the Sum Insured as at the date of Accident, if:
      - the Insured Person experienced Total Permanent Disability, or
      - the Insured Person experienced Partial Permanent Disability, on condition that the degree of disability amounts to at least 40% in line with Nationale-Nederlanden' table specified in sec. 3).
2. The first monthly benefit referred to in sec. 1 item b) shall be paid as part of the one-off payment referred to in sec. 1 item a).
3. In the event of Partial Permanent Disability of the Insured Person, Nationale-Nederlanden shall determine the degree of disability in line with the table below:

Partial Permanent Disability	Percentage of the Sum Insured
Loss of arm	75%
Loss of forearm	70%
Loss of hand	60%
Loss of thumb	15%
Loss of index finger	5%
Loss of middle finger	3%
Loss of ring finger	2%
Loss of little finger	1%
Loss of all fingers of a hand (including thumb)	40%
Loss of all other fingers of a hand (excluding thumb)	25%
Loss of leg	70%
Loss of lower leg	60%
Loss of both lower legs	100%
Loss of foot	50%
Loss of all toes of a foot (including big toe)	30%
Loss of big toe	10%
Total loss of sight in both eyes	100%
Total loss of sight in one eye	50%
Total loss of hearing in both ears	100%
Total loss of hearing in one ear	50%
Loss of speech	100%

Article 4. What are the obligations of the Insured Person?

At the request of Nationale-Nederlanden, the Insured Person is obliged to undergo medical examinations at the cost of Nationale-Nederlanden in medical facilities approved by Nationale-Nederlanden to determine whether the Insured Person still suffers from Total or Partial Permanent Disability within the meaning of the Additional Contract.

Article 5. What are the requirements for benefit payment?

1. It is recommended for the Insured Person to file a request for payment of the insurance benefit due to Total Permanent Disability after 12 months from the date of the Accident.
2. Receiving the benefit shall require submitting the following documents to Nationale-Nederlanden:
   a) an insurance benefit payment request;
   b) documents confirming the occurrence and circumstances of the Accident and an official document confirming the identity of the Insured Person,
   c) medical records related to the course of treatment with a confirmation of Permanent Disability,
   d) certificate of incapacity for work within the meaning of social insurance regulations,
   e) any other documents, including medical documents, opinions, lab test results that can be obtained by legal and customary means, which are related to the event and are necessary to establish the grounds for benefit payment.
3. The benefit shall be paid not later than 30 days after Nationale-Nederlanden has been notified of the Insured Event. If it is not possible to clarify the circumstances necessary to determine the liability of Nationale-Nederlanden within that time limit, the benefit shall be paid within 14 days from the date on which it was possible to clarify these circumstances while exercising due care.

Article 6. Exclusions of liability of Nationale-Nederlanden

1. Nationale-Nederlanden shall not be held liable and it shall refuse to pay the benefit if the Accident giving rise to

Permanent Disability of the Insured Person was directly caused by or resulted from:

a) warfare, martial law,

b) active and voluntary participation of the Insured Person in acts of violence, disturbances, riots, acts of terror,

c) an event related to a mass chemical, biological or radioactive contamination caused by weapons or equipment using nuclear fission energy or radioactivity,

d) self-mutilation or harm inflicted at the Insured Person's request, irrespective of their sanity,

e) remaining intoxicated or under the influence of alcohol within the meaning of the Polish Upbringing in Sobriety and Alcoholism Prevention Act or under the influence of intoxicants, psychotropic substances, substitute substances within the meaning of the Polish Act on the Prevention of Drug Abuse, with the exception of medicines prescribed by a Physician and used as instructed by the same,

f) involvement of the Insured Person in risky sport activities: motorsports, air sports, motorboating, mountain climbing, rock climbing, diving, potholing, martial arts and sports, water jumps, parachuting, bungee jumping,

g) the Insured Person driving a mechanical vehicle or another means of transport without being entitled to do so or where the vehicle or another means of transport did not meet the public road traffic admission criteria imposed by the provisions of the applicable laws,

h) committing or attempting to commit an offence deliberately by the Insured Person.

2. Nationale-Nederlanden shall not be liable if the Accident which gave rise to the Permanent Disability of the Insured Person took place after the Premium due date where any prior, outstanding Total Premium was not covered in full until that date. However, the benefit shall be paid if the Accident which gave rise to the Permanent Disability of the Insured Person took place within 14 days from the Premium due date and all outstanding Total Premiums are covered in full within the period of those 14 days.
3. Nationale-Nederlanden shall not pay the benefit if the Accident which gave rise to the Permanent Disability of the Insured Person took place within the Premium suspension period or in the circumstances excluding the liability of Nationale-Nederlanden.

Article 7. When does the insurance cover expire?

1. The insurance cover shall expire in the following cases:
   a) expiry of the Additional Contract,
   b) expiry of insurance cover under the Master Contract.
   c) payment of the benefits amounting to 50% of the Sum Insured.
2. In the case defined in sec. 1 (c), the insurance cover shall expire in relation to the Insured Person without a possibility of being resumed.

Article 8. Miscellaneous

To all matters not regulated herein, relevant General Terms and Conditions of Group Life Insurance TRM17 shall apply.

Article 9. Effective date of the Terms and Conditions

The Terms and Conditions, approved by the Management Board of Nationale-Nederlanden Towarzystwo Ubezpieczeń na Życie S.A. by Resolution No. 66/2019 of 28 November 2019, shall be effective as of 1 December 2019.

Michał Hucał
Member of the Management Board

Jacek Koronkiewicz
Member of the Management Board

Information concerning:

General Terms and Conditions of the Additional Contract for Convalescence of the Insured Person CDB17 (GTCI)

Information included in the GTCI	Article No.
1. Grounds for the payment of indemnity and other benefits or the Insurance surrender value.	Article 1, Article 2, Article 5, Article 6
2. Limitations and exclusions of the insurance company's liability based whereon the payment of the indemnity or other benefits may be refused or reduced.	Article 3, Article 7, Article 8
3. Costs and other charges deducted from insurance premiums, from the assets of unit-linked insurance funds or through the redemption of units in unit-linked insurance funds.	Not applicable
4. The surrender value in particular periods of insurance cover and the period in which the claim for payment of the surrender value does not apply.	Not applicable

General Terms and Conditions of the Additional Contract for Convalescence of the Insured Person CDB17

General Terms and Conditions of the Additional Contract for Convalescence of the Insured Person shall apply in relation to the Additional Contract specified in the policy and other documents issued by Nationale-Nederlanden and marked with the code CDB17.

Article 1. Definitions

Any expressions not defined hereunder but defined in the General Terms and Conditions of Group Life Insurance TRM17 shall have the same meanings in these Terms and Conditions. In the General Terms and Conditions of the Additional Contract for Convalescence of the Insured Person (hereinafter: Terms and Conditions) and any other documents related to the Additional Contract marked with the code CDB17, the following terms shall have the meanings as set forth below:

1. **"Additional Contract on Hospitalisation"** – each Additional Contract offered by Nationale-Nederlanden as part of the Master Contract whose scope of insurance includes the stay of the Insured Person in a hospital.
2. **"Physician"** – a person who has the required qualifications authorising them to provide medical assistance, confirmed by relevant documents, and in particular to: check the health condition, diagnose and prevent diseases, treat and rehabilitate patients, provide medical advice, and issue opinions and medical certificates within their speciality.
3. **"Accident"** – a sudden, external event beyond control of the Insured Person that was the direct and sole cause of an Insured Event and took place during the period in which the Insured Person was provided with insurance cover by Nationale-Nederlanden. Within the meaning of the GTCI, a Disease, a Mental Illness or psychical bodily injuries suffered by the Insured Person due to an overload, effort, lifting or bending shall not be considered an external cause of the Accident.
4. **"Daily Benefit"** – an amount defined in the policy and used to calculate the amount of the Benefit payable under the Additional Contract.
5. **"Convalescence"** – remaining continuously on sick leave for no more than 30 days, with the period starting immediately after the Hospitalisation for which the benefit under the Additional Contract on Hospitalisation referred to in sec. 1 is due.
6. **"Day of Hospitalisation"** – each ended calendar day of Hospitalisation of the Insured Person. The first day of Hospitalisation shall be the time between the admission to Hospital until the end of that day (until 12 p.m.).

Article 2. What is the scope of cover?

1. The insurance shall cover the Insured Person's health.
2. The insurance covers the Convalescence of the Insured Person, if:
   a) it took place in the period in which the Insured Person was provided with insurance cover under the Additional Contract.
   b) the benefit under the Additional Contract on Hospitalisation referred to in Article 1 sec. 1 is due.
   c) the Hospitalisation referred to in sec. 2 (b) lasted at least 14 days.
3. During Convalescence, the Insured Person must be provided with insurance cover on a continuous basis. The fulfilment of the above condition is not required if the following takes place before the end of Convalescence:
   a) the insurance cover provided to the Insured Person expired due to the termination of the legal relationship between the Insured Person and the Policyholder – the employment referred to in Article 10 sec. 1(b) of the Terms and Conditions of the Master Contract,
   b) the Additional Contract has expired.
4. Nationale-Nederlanden shall bear liability under the Additional Contract round-the-clock, regardless of the place of stay of the Insured Person.

Article 3. When does Nationale-Nederlanden apply Grace Periods?

1. In the case of conclusion of an Additional Contract, only the 2-month Grace Period shall apply, subject to sec. 2 and 3.
2. A 6-month Grace Period shall apply where the premium is paid on a monthly basis and the Insured Person joined the insurance during the term of the Additional Contract in the 4th or subsequent Settlement Period counting from the liability commencement date or from the date on which the Insured Person met the insurance membership criteria.
3. A 6-month Grace Period shall apply where the premium is paid on a basis other than monthly and the Insured Person joined the insurance during the term of the Additional Contract in the 2nd or subsequent Settlement Period counting from the date of commencement of liability or from the date on which the Insured Person met the insurance membership criteria.
4. During the Grace Period referred to in sec. 1, 2, and 3, Nationale-Nederlanden shall be liable for the Insured

Person's Convalescence only if it was caused by an Accident, subject to Article 7 sec. 3.

5. The Grace Period referred to in sec. 1 shall be waived if the Insured Person meets any and all conditions stipulated below on the coverage commencement date:
   a) before joining the insurance the Insured was covered for a period of at least one month by insurance based on a group life insurance contract concluded by the Policyholder with another insurance company providing for the same or similar scope of insurance to the cover provided under the Additional Contract, which means that the benefit under the present Contract would have been payable under the contract concluded with the previous insurer.
   b) the insurance cover referred to in item a) above expired in relation to that Insured Person not earlier than on the 30th day before the Insurance Cover commencement date and not later than on the 30th day after the Insurance Cover commencement date.
6. If an Insured Event takes place within 2 months from the date of commencement of the Insurance Cover, then an Insured Person meeting the criteria referred to in sec. 5 shall be obliged to provide a declaration (along with all the documents necessary for payment of the benefit referred to in the policy) to the insurance company. The declaration shall contain the following information:
   a) the list of Insured Events applicable in relation to the Insured Person and their corresponding Sums Insured as at the last date of the cover provided to the Insured Person by the insurance company that issued the declaration,
   b) the date of commencement and end of the insurance cover provided to the Insured Person.

Article 4. What is the Daily Hospital Benefit?

1. A Daily Benefit under the Additional Contract is defined in the Policy and in the Confirmation of membership in the insurance.
2. The Daily Benefit is a fixed amount during the term of the Additional Contract, subject to sec. 3.
3. The Daily Benefit may change on each Policy Anniversary at request of the Policyholder once the suggested change is accepted by Nationale-Nederlanden, subject to the Terms and Conditions defined in the Master Contract.
4. The amount of Daily Benefit may be specified individually for each Subgroup.

Article 5. Who has the right to receive the benefit and what is the amount of the benefit?

1. The benefit amounting to a multiple of the Daily Benefit shall be paid out to the Insured Person.
2. The calculation of the benefit due to the Insured Person for Convalescence shall be based on the Daily Benefit applicable on the first day of the Insured Person's Hospitalisation, with the last day immediately preceding the Insured Person's Convalescence. During the Grace Period referred to in Article 3 sec. 1 and 2, the Daily Benefit is equal to PLN 0, subject to Article 3 sec. 3.
3. Nationale-Nederlanden shall pay the benefit amounting to Daily Benefit for each date of Convalescence of the Insured Person.
4. A one-off benefit for the Insured Person's Convalescence shall comprise not more than 30 days of Convalescence in each policy year.
5. Throughout the Policy Year, the Insured Person is eligible for a total benefit for a period not longer than 90 days of Convalescence, counting as an aggregate of one-time Convalescences.

Article 6. What are the requirements for benefit payment?

1. Receiving the benefit shall require submitting the following documents to Nationale-Nederlanden:
   a) an insurance benefit payment request;
   b) Insured Person's official identification document,
   c) medical records confirming the occurrence of the Insured Event:
      - hospital discharge report,
      - a copy of sick leave issued by the hospital certified by the Policyholder,
   d) any other documents, including medical documents, opinions, lab test results that can be obtained by legal and customary means, which are related to the event and are necessary to establish the grounds for benefit payment,
2. The benefit shall be paid not later than 14 days after Nationale-Nederlanden has been notified of the Insured Event. If it is not possible to clarify with due diligence the circumstances necessary to determine the liability of Nationale-Nederlanden during said period, the benefit shall be paid within 14 days from the date on which it was possible to clarify these circumstances.
3. Nationale-Nederlanden shall pay the benefit if Insured Person's Convalescence immediately followed the Hospitalisation for which the benefit under the Additional Contract for Hospitalisation is due.

Article 7. Exclusions of liability of Nationale-Nederlanden

1. Nationale-Nederlanden shall not be liable if Convalescence occurs after the Premium due date where any prior, outstanding Total Premium was not covered in full until that date. However, the benefit shall be paid if Convalescence begins within 14 days from the Premium due date and all Total Premiums are covered in full within the period of those 14 days.
2. Nationale-Nederlanden shall not pay the benefit if Convalescence begins during the Premium suspension period or in the circumstances excluding the liability of Nationale-Nederlanden.

Article 8. When does the insurance cover expire?

The insurance cover shall expire in the following cases:

a) expiry of the Additional Contract,
b) expiry of insurance cover under the Master Contract.

Article 9. Miscellaneous

To all matters not regulated herein, relevant General Terms and Conditions of Group Life Insurance TRM17 shall apply.

Article 10. Effective date of the Terms and Conditions

The Terms and Conditions, approved by the Management Board of Nationale-Nederlanden Towarzystwo Ubezpieczeń na Życie S.A. by Resolution No. 66/2019 of 28 November 2019, shall be effective as of 1 December 2019.

Michał Hucał

Member of the Management Board

Jacek Koronkiewicz

Member of the Management Board

Information concerning:

General Terms and Conditions of the Additional Contract for Pharmaceutical Insurance of the Insured Person MCR17 (GTCI)

Information included in the GTCI	Article No.
1. Grounds for the payment of indemnity and other benefits or the Insurance surrender value.	Article 1, Article 2, Article 4, Article 5
2. Limitations and exclusions of the insurance company's liability based whereon the payment of the indemnity or other benefits may be refused or reduced.	Article 3, Article 6, Article 7
3. Costs and other charges deducted from insurance premiums, from the assets of unit-linked insurance funds or through the redemption of units in unit-linked insurance funds.	Not applicable
4. The surrender value in particular periods of insurance cover and the period in which the claim for payment of the surrender value does not apply.	Not applicable

General Terms and Conditions of the Additional Contract for Pharmaceutical Insurance of the Insured Person MCR17

General Terms and Conditions of the Additional Contract for Pharmaceutical Insurance of the Insured Person shall apply in relation to the Additional Contract specified in the policy and other documents issued by Nationale-Nederlanden and marked with the code MCR17.

Article 1. Definitions

Any expressions not defined hereunder but defined in the General Terms and Conditions of Group Life Insurance TRM17 shall have the same meanings in these Terms and Conditions. In the General Terms and Conditions of the Additional Contract for Pharmaceutical Insurance of the Insured Person (hereinafter: Terms and Conditions) and any other documents related to the Additional Contract marked with the code MCR17, the following terms shall have the meanings as set forth below:

1) **"Additional Contract on Hospitalisation"** – each Additional Contract offered by Nationale-Nederlanden as part of the Master Contract whose scope of insurance includes the stay of the Insured Person in a hospital.
2) **"Pharmaceutical Insurance"** – financial means paid to the Insured Person for the purchase of products and drugs recommended or prescribed by a Physician in order to improve Insured Person's health condition and to which Insured Person is eligible after Hospitalisation.

Article 2. What is the scope of cover?

1. The insurance shall cover the Insured Person's health.
2. The insurance shall cover Insured Person's Hospitalisation within the meaning of the Additional Contract on Hospitalisation.

Article 3. When does Nationale-Nederlanden apply Grace Periods?

1. In the case of conclusion of an Additional Contract, only the 2-month Grace Period shall apply, subject to sec. 2 and 3.
2. A 6-month Grace Period shall apply where the premium is paid on a monthly basis and the Insured Person joined the insurance during the term of the Additional Contract in the 4th or subsequent Settlement Period counting from the liability commencement date or from the date on which the Insured Person met the insurance membership criteria.
3. A 6-month Grace Period shall apply where the premium is paid on a basis other than monthly and the Insured Person joined the insurance during the term of the Additional Contract in the 2nd or subsequent Settlement Period counting from the date of commencement of liability or from the date on which the Insured Person met the insurance membership criteria.
4. During the Grace Period referred to in sec. 1, 2, and 3, Nationale-Nederlanden shall be liable for the Insured Person's Hospitalisation only if it was caused by an Accident, subject to Article 6 sec. 3.
5. The Grace Period referred to in sec. 1 shall be waived if the Insured Person meets any and all conditions stipulated below on the coverage commencement date:
   a) before joining the insurance the Insured was covered for a period of at least one month by insurance based on a group life insurance contract concluded by the Policyholder with another insurance company providing for the same or similar scope of insurance to the cover provided under the Additional Contract, which means that the benefit under the present Contract would have been payable under the contract concluded with the previous insurer.
   b) the insurance cover referred to in item a) above expired in relation to that Insured Person not earlier than on the 30th day before the Insurance Cover commencement date and not later than on the 30th day after the Insurance Cover commencement date.
6. If an Insured Event takes place within 2 months from the date of commencement of the Insurance Cover, then an Insured Person meeting the criteria referred to in sec. 5 shall be obliged to provide a declaration (along with all the documents necessary for payment of the benefit referred to in the policy) to the insurance company. The declaration shall contain the following information:
   a) the list of Insured Events applicable in relation to the Insured Person and their corresponding Sums Insured as at the last date of the cover provided to the Insured Person by the insurance company that issued the declaration,
   b) the date of commencement and end of the insurance cover provided to the Insured Person.

Article 4. Who has the right to receive the benefit and what is the amount of the benefit?

1. The benefit amounting to the Sum Insured shall be paid to the Insured Person.
2. The benefit shall be paid even if the Physician does not recommend or prescribe any pharmaceuticals or products.

Article 5. What are the requirements for benefit payment?

1. Nationale-Nederlanden shall pay the benefit based on the same principles and upon the fulfilment of the same terms and conditions as those required to receive the benefit under the Contract for Hospitalisation.
2. The payment shall not be made unless the documents required as part of Additional Contract for Hospitalisation have been produced to Nationale-Nederlanden.
3. The benefit shall be paid not later than 14 days after Nationale-Nederlanden has been notified of the Insured Event. If it is not possible to clarify with due diligence the circumstances necessary to determine the liability of Nationale-Nederlanden during said period, the benefit shall be paid within 14 days from the date on which it was possible to clarify these circumstances.

Article 6. Exclusions of liability of Nationale-Nederlanden

Nationale-Nederlanden shall not be held liable and it shall refuse to pay the benefit in line with the liability exclusion clauses and provisions concerning the payment of benefit under the Additional Contract for Hospitalisation.

Article 7. When does the insurance cover expire?

The insurance cover shall expire in the following cases:

a) expiry of the Additional Contract,

b) expiry of insurance cover under the Master Contract.

c) expiry of insurance cover under the Contract for Hospitalisation.

Article 8. Miscellaneous

To all matters not regulated herein, relevant General Terms and Conditions of Group Life Insurance TRM17 shall apply.

Article 9. Effective date of the Terms and Conditions

The Terms and Conditions, approved by the Management Board of Nationale-Nederlanden Towarzystwo Ubezpieczeń na Życie S.A. by Resolution No. 66/2019 of 28 November 2019, shall be effective as of 1 December 2019.

Michał Hucał

Member of the Management Board

Jacek Koronkiewicz

Member of the Management Board

Information concerning:

General Terms and Conditions of the Additional Contract for Insured Person's Stay in a Sanatorium SSB17 (GTCI)

Information included in the GTCI	Article No.
1. Grounds for the payment of indemnity and other benefits or the Insurance surrender value.	Article 1, Article 2, Article 4, Article 5
2. Limitations and exclusions of the insurance company's liability based whereon the payment of the indemnity or other benefits may be refused or reduced.	Article 3, Article 6, Article 7
3. Costs and other charges deducted from insurance premiums, from the assets of unit-linked insurance funds or through the redemption of units in unit-linked insurance funds.	Not applicable
4. The surrender value in particular periods of insurance cover and the period in which the claim for payment of the surrender value does not apply.	Not applicable

General Terms and Conditions of the Additional Contract for Insured Person's Stay in a Sanatorium SSB17

General Terms and Conditions of the Additional Contract for Insured Person's Stay in a Sanatorium shall apply in relation to the Additional Contract specified in the policy and other documents issued by Nationale-Nederlanden and marked with the code SSB17.

Article 1. Definitions

Any expressions not defined hereunder but defined in the General Terms and Conditions of Group Life Insurance TRM17 shall have the same meanings in these Terms and Conditions. In the General Terms and Conditions of the Additional Contract for Insured Person's Stay in a Sanatorium (hereinafter: Terms and Conditions) and any other documents related to the Additional Contract marked with the code SSB17, the following terms shall have the meanings as set forth below:

1. **"Additional Contract on Hospitalisation"** – each Additional Contract offered by Nationale-Nederlanden as part of the Master Contract whose scope of insurance includes the stay of the Insured Person in a hospital.
2. **"Physician"** – a person who has the required qualifications authorising them to provide medical assistance, confirmed by relevant documents, and in particular to: check the health condition, diagnose and prevent diseases, treat and rehabilitate patients, provide medical advice, and issue opinions and medical certificates within their speciality.
3. **"Accident"** – a sudden, external event beyond control of the Insured Person that was the direct and sole cause of an Insured Event and took place during the period in which the Insured Person was provided with insurance cover by Nationale-Nederlanden. Within the meaning of the Terms and Conditions, a Disease, a Mental Illness or psychical bodily injuries suffered by the Insured Person due to an overload, effort, lifting or bending shall not be considered an external cause of the Accident.
4. **"Sanatorium"** – a health care centre operating in line with legal regulations and situated in a spa location in the Republic of Poland, the purpose of which is to treat (mainly by natural methods) chronic diseases, rehabilitate the sick, and prevent chronic diseases, their complications and exacerbations from re-emerging among convalescents.

Article 2. What is the scope of cover?

1. The insurance shall cover the Insured Person's health.
2. The scope of insurance shall cover Insured Person's stay in a sanatorium, as long as:
   a) it was confirmed by medical records,
   b) the benefit under the Additional Contract on Hospitalisation referred to in Article 1 sec. 1 is due.
   c) the stay in a Sanatorium was directly related to the benefit referred to in item b).
3. The confirmation referred to in sec. 2 item a) must be made in the period in which the Insured Person was provided with insurance cover.
4. Nationale-Nederlanden shall bear liability under the Additional Contract round-the-clock, regardless of the place of stay of the Insured Person.

Article 3. When does Nationale-Nederlanden apply Grace Periods?

1. In the case of conclusion of an Additional Contract, only the 2-month Grace Period shall apply, subject to sec. 2 and 3.
2. A 6-month Grace Period shall apply where the premium is paid on a monthly basis and the Insured Person joined the insurance during the term of the Additional Contract in the 4th or subsequent Settlement Period counting from the liability commencement date or from the date on which the Insured Person met the insurance membership criteria.
3. A 6-month Grace Period shall apply where the premium is paid on a basis other than monthly and the Insured Person joined the insurance during the term of the Additional Contract in the 2nd or subsequent Settlement Period counting from the date of commencement of liability or from the date on which the Insured Person met the insurance membership criteria.
4. During the Grace Period referred to in sec. 1, 2, and 3, Nationale-Nederlanden shall be liable for the Insured Person's stay in a sanatorium only if it was caused by an Accident, subject to Article 6 sec. 3.
5. The Grace Period referred to in sec. 1 shall be waived if the Insured Person meets any and all conditions stipulated below on the coverage commencement date:
   a) before joining the insurance the Insured was covered for a period of at least one month by insurance based on a group life insurance contract concluded by the Policyholder with another insurance company providing for the same or similar scope of insurance to the cover provided under the Additional Contract, which means

that the benefit under the present Contract would have been payable under the contract concluded with the previous insurer.

b) the insurance cover referred to in item a) above expired in relation to that Insured Person not earlier than on the 30th day before the Insurance Cover commencement date and not later than on the 30th day after the Insurance Cover commencement date.

6. If an Insured Event takes place within 2 months from the date of commencement of the Insurance Cover, then an Insured Person meeting the criteria referred to in sec. 5 shall be obliged to provide a declaration (along with all the documents necessary for payment of the benefit referred to in the policy) to the insurance company. The declaration shall contain the following information:

a) the list of Insured Events applicable in relation to the Insured Person and their corresponding Sums Insured as at the last date of the cover provided to the Insured Person by the insurance company that issued the declaration,

b) the date of commencement and end of the insurance cover provided to the Insured Person.

Article 4. Who has the right to receive the benefit and what is the amount of the benefit?

1. The benefit amounting to the Sum Insured shall be paid to the Insured Person.
2. The benefit due to Insured Person's stay in a sanatorium shall be determined on the basis of the Sum Insured applicable as at the date of the confirmation of the referral to the Sanatorium.
3. Throughout the entire policy year, Nationale-Nederlanden shall pay not more than one benefit due to Insured Person's stay in a Sanatorium.
4. If the Insured Person dies during their stay in a Sanatorium, the person eligible for the benefit under the Additional Contract shall be the Beneficiary under the Master Contract or other person specified in the Terms and Conditions of the Master Contract.

Article 5. What are the requirements for benefit payment?

1. Receiving the benefit shall require submitting the following documents to Nationale-Nederlanden:
   a) an insurance benefit payment request;
   b) Insured Person's official identification document,
   c) medical records confirming the occurrence of the Insured Event:
      - hospital discharge report,
      - a copy of sick leave issued by the hospital certified by the Policyholder.
      - a spa treatment referral issued by a physician and confirmed by a representative of the National Health Fund in line with generally applicable provisions of law,
      - medical records confirming the stay in a Sanatorium,
   d) any other documents, including medical documents, opinions, lab test results that can be obtained by legal and customary means, which are related to the event and are necessary to establish the grounds for benefit payment,
2. The benefit shall be paid not later than 14 days after Nationale-Nederlanden has been notified of the Insured Event. If it is not possible to clarify with due diligence the circumstances necessary to determine the liability of Nationale-Nederlanden during said period, the benefit shall be paid within 14 days from the date on which it was possible to clarify these circumstances.
3. Nationale-Nederlanden shall pay the benefit if Insured Person's stay in a Sanatorium was directly related to the Hospitalisation for which the benefit under the Additional Contract on Hospitalisation is due.

Article 6. Exclusions of liability of Nationale-Nederlanden

1. Nationale-Nederlanden shall not be liable if a Sanatorium referral confirmation occurs after the Premium due date where any prior, outstanding Total Premium was not covered in full until that date. However, the benefit shall be paid if the Sanatorium referral confirmation takes place within 14 days from the Premium due date and all Total Premiums are covered in full within the period of those 14 days.
2. Nationale-Nederlanden shall not pay the benefit if the Insured Person's stay in a Sanatorium begins during the Premium suspension period or in the circumstances excluding the liability o Nationale-Nederlanden.

Article 7. When does the insurance cover expire?

The insurance cover shall expire in the following cases:

a) expiry of the Additional Contract,

b) expiry of insurance cover under the Master Contract.

Article 8. Miscellaneous

To all matters not regulated herein, relevant General Terms and Conditions of Group Life Insurance TRM17 shall apply.

Article 9. Effective date of the Terms and Conditions

The Terms and Conditions, approved by the Management Board of Nationale-Nederlanden Towarzystwo Ubezpieczeń na Życie S.A. by Resolution No. 66/2019 of 28 November 2019, shall be effective as of 1 December 2019.

Michał Hucał
Member of the Management Board

Jacek Koronkiewicz
Member of the Management Board

Information concerning:

General Terms and Conditions of the Additional Contract for incapacity for work due to an accident PDW17 (GTCI)

Information included in the GTCI	Article No.
1. Grounds for the payment of indemnity and other benefits or the Insurance surrender value.	Article 1, Article 2, Article 3, Article 5
2. Limitations and exclusions of the insurance company's liability based whereon the payment of the indemnity or other benefits may be refused or reduced.	Article 6, Article 7
3. Costs and other charges deducted from insurance premiums, from the assets of unit-linked insurance funds or through the redemption of units in unit-linked insurance funds.	Not applicable
4. The surrender value in particular periods of insurance cover and the period in which the claim for payment of the surrender value does not apply.	Not applicable

General Terms and Conditions of the Additional Contract for incapacity for work due to an accident
PDW17

General Terms and Conditions of the Additional Contract for incapacity for work due to an accident shall apply in relation to the Additional Contract specified in the policy and other documents issued by Nationale-Nederlanden and marked with the code PDW17.

Article 1. Definitions

Any expressions not defined hereunder but defined in the General Terms and Conditions of Group Life Insurance TRM17 shall have the same meanings in these Terms and Conditions. In the General Terms and Conditions of the Additional Contract for incapacity for work due to an accident (hereinafter: Terms and Conditions) and any other documents related to the Additional Contract marked with the code PDW17, the following terms shall have the meanings as set forth below:

1. **"Incapacity for Work"** – a permanent and total incapacity to perform any gainful work as a result of an Accident that lasts for a continuous period of at least 12 months and began in the period in which the Insured Person was provided with insurance cover.
    1. a) **"Inability to Live Independently"** – a permanent and total inability to live independently as a result of an Accident that lasts for a continuous period of at least 12 months and began in the period in which the Insured Person was provided with insurance cover, with said inability being confirmed by a Physician after the end of treatment and rehabilitation which gave rise to a permanent and irreversible incapacity to perform at least three out of five daily activities specified below:
        - bathing and showering,
        - putting on clothes,
        - eating,
        - movement and migration,
        - controlling physiological functions.
2. **"Accident"** – a sudden, external event beyond control of the Insured Person that was the direct and sole cause of their Incapacity for Work or Inability to Live Independently and took place during the period in which the Insured Person was provided with insurance cover by Nationale-Nederlanden. Within the meaning of the GTCI, a Disease, a Mental Illness or psychical bodily injuries suffered by the Insured Person due to an overload, effort, lifting or bending shall not be considered an external cause of the Accident.

Article 2. What is the scope of cover?

1. The insurance shall cover the Insured Person's health.
2. The scope of insurance shall include the Insured Person's Incapacity for Work if it occurred before the Insured Person turns 65 as well as their Inability to Live Independently if it occurred after the Insured Person had turned 65, on condition that Insured Person's Incapacity for Work or Inability to Live Independently:
    a) occurred within 180 days after the occurrence of the Accident,
    b) lasted continuously from the date of occurrence until the end of the 12-month period and began in the insurance cover period,
    c) persist after the period specified in item b).
3. Within a period of 12 months from the date of the Accident, the Insured Person must be provided with insurance cover on a continuous basis. The fulfilment of the above condition is not critical if the following takes place before the end of the period referred to in the previous sentence:
    a) the insurance cover provided to the Insured Person expired due to the termination of the legal relationship between the Insured Person and the Policyholder referred to in Article 10 sec. 1 item b) of the Terms and Conditions of the Master Contract,
    b) the Additional Contract has expired.
4. The Insured Person shall be provided with insurance cover under the Additional Contract round-the-clock, regardless of the place of their stay.

Article 3. Who has the right to receive the benefit and what is the amount of the benefit?

1. The benefit amounting to the Sum Insured shall be paid to the Insured Person.
2. The benefit under an Insured Event shall be determined on the basis of the Sum Insured effective as at the date of the Accident.
3. In justified cases, Nationale-Nederlanden may pay the Benefit before the end of the period referred to in Article 1 item 1.

Article 4. What are the obligations of the Insured Person?

At the request of Nationale-Nederlanden, the Insured Person is obliged to undergo medical examinations at the cost

of Nationale-Nederlanden in the medical facilities approved by Nationale-Nederlanden to determine whether the Insured Person still suffers from Incapacity for Work or Inability to Live Independently within the meaning of the Additional Contract.

Article 5. What are the requirements for benefit payment?

1. It is recommended for the Insured Person to file a request for payment of the insurance benefit due to Incapacity for Work after 12 months from the date of the Accident.
2. Receiving the benefit shall require submitting the following documents to Nationale-Nederlanden:
   a) an insurance benefit payment request;
   b) documents confirming the occurrence and circumstances of the Accident and an official document confirming the identity of the Insured Person,
   c) medical records related to the course of treatment with a confirmation of Incapacity for Work or Inability to Live Independently,
   d) certificate of Total Incapacity for Work or Inability to Live Independently within the meaning of social insurance regulations,
   e) any other documents, including medical documents, opinions, lab test results that can be obtained by legal and customary means, which are related to the event and are necessary to establish the grounds for benefit payment.
3. The benefit shall be paid not later than 30 days after Nationale-Nederlanden has been notified of the Insured Event. If it is not possible to clarify the circumstances necessary to determine the liability of Nationale-Nederlanden within that time limit, the benefit shall be paid within 14 days from the date on which it was possible to clarify these circumstances while exercising due care.

Article 6. Exclusions of liability of Nationale-Nederlanden

1. Nationale-Nederlanden shall not be held liable and it shall refuse to pay the benefit if the Accident that resulted in the Insured Person's Incapacity for Work or Inability to Live Independently was directly caused by or resulted from:
   a) warfare, martial law,
   b) active and voluntary participation of the Insured Person in acts of violence, disturbances, riots, acts of terror,
   c) an event related to a mass chemical, biological or radioactive contamination caused by weapons or equipment using nuclear fission energy or radioactivity,
   d) self-mutilation or harm inflicted at the Insured Person's request, irrespective of their sanity,
   e) remaining intoxicated or under the influence of alcohol within the meaning of the Polish Upbringing in Sobriety and Alcoholism Prevention Act or under the influence of intoxicants, psychotropic substances, substitute substances within the meaning of the Polish Act on the Prevention of Drug Abuse, with the exception of medicines prescribed by a Physician and used as instructed by the same,
   f) involvement of the Insured Person in risky sport activities: motorsports, air sports, motorboating, mountain climbing, rock climbing, diving, potholing, martial arts and sports, water jumps, parachuting, bungee jumping,
   g) the Insured Person driving a mechanical vehicle or another means of transport without being entitled to do so or where the vehicle or another means of transport did not meet the public road traffic admission criteria imposed by the provisions of the applicable laws,
   h) committing or attempting to commit an offence deliberately by the Insured Person.
2. Nationale-Nederlanden shall not be liable if the Accident which gave rise to the Insured Person's Incapacity for Work and Inability to Live Independently took place after the Premium due date where any prior, outstanding Total Premium was not covered in full until that date. However, the benefit shall be paid if the Accident which gave rise to the Insured Person's Incapacity for Work and Inability to Live Independently took place within 30 days from the Premium due date and all outstanding Total Premiums are covered in full within the period of those 14 days.
3. Nationale-Nederlanden shall not pay the benefit if the Accident which gave rise to the Insured Person's Incapacity for Work and Inability to Live Independently took place within the Premium suspension period or in the circumstances excluding the liability of Nationale-Nederlanden.

Article 7. When does the insurance cover expire?

1. The insurance cover shall expire in the following cases:
   a) expiry of the Additional Contract,
   b) expiry of insurance cover under the Master Contract.
   c) payment of the benefit under an Insured Event.
2. In the case defined in sec. 1 (c), the insurance cover shall expire in relation to the Insured Person without a possibility of being resumed.

Article 8. Miscellaneous

To all matters not regulated herein, relevant General Terms and Conditions of Group Life Insurance TRM17 shall apply.

Article 9. Effective date of the Terms and Conditions

The Terms and Conditions, approved by the Management Board of Nationale-Nederlanden Towarzystwo Ubezpieczeń na Życie S.A. by Resolution No. 66/2019 of 28 November 2019, shall be effective as of 1 December 2019.

Michał Hucał
Member of the Management Board

Jacek Koronkiewicz
Member of the Management Board

Information concerning:

General Terms and Conditions of the Additional Contract for incapacity for work due to an accident TPD17 (GTCI)

Information included in the GTCI	Article No.
1. Grounds for the payment of indemnity and other benefits or the Insurance surrender value.	Article 1, Article 2, Article 5, Article 6
2. Limitations and exclusions of the insurance company's liability based whereon the payment of the indemnity or other benefits may be refused or reduced.	Article 3, Article 7, Article 8
3. Costs and other charges deducted from insurance premiums, from the assets of unit-linked insurance funds or through the redemption of units in unit-linked insurance funds.	Not applicable
4. The surrender value in particular periods of insurance cover and the period in which the claim for payment of the surrender value does not apply.	Not applicable

General Terms and Conditions of the Additional Contract for incapacity for work TPD17

General Terms and Conditions of the Additional Contract for incapacity for work of the Insured Person shall apply in relation to the Additional Contract specified in the policy and other documents issued by Nationale-Nederlanden and marked with the code TPD17.

Article 1. Definitions

Any expressions not defined hereunder but defined in the General Terms and Conditions of Group Life Insurance TRM17 shall have the same meanings in these Terms and Conditions. In the General Terms and Conditions of the Additional Contract for incapacity for work (hereinafter: Terms and Conditions) and any other documents related to the Additional Contract marked with the code TPD17, the following terms shall have the meanings as set forth below:

1. **"Incapacity for Work"** – a permanent and total incapacity to perform any gainful work as a result of an Accident or Disease that lasts for a continuous period of at least 12 months and began in the period in which the Insured Person was provided with insurance cover.
    1. a) **"Inability to Live Independently"** – a permanent and total inability to live independently as a result of an Accident or Disease that lasts for a continuous period of at least 12 months and began in the period in which the Insured Person was provided with insurance cover, with said inability being confirmed by a Physician after the end of treatment and rehabilitation which gave rise to a permanent and irreversible incapacity to perform at least three out of five daily activities specified below:
        - bathing and showering,
        - putting on clothes,
        - eating,
        - movement and migration,
        - controlling physiological functions."
2. **"Accident"** – a sudden, external event beyond control of the Insured Person that was the direct and sole cause of their Incapacity for Work or Inability to Live Independently and took place during the period in which the Insured Person was provided with insurance cover by Nationale-Nederlanden. Within the meaning of the Terms and Conditions, a Disease, a Mental Illness or psychical bodily injuries suffered by the Insured Person due to an overload, effort, lifting or bending shall not be considered an external cause of the Accident.
3. **"Disease"** – reaction of the body to a pathogenic factor, internal or external, diagnosed by a Physician and leading to functional disorders, organic changes in tissues, organs, systems or the entire body. Within the meaning of the GTCI, a Disease shall not comprise pregnancy, birth or puerperium.
4. **"Mental Illness"** – mental disorder or behavioural disorder as specified in the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
5. **"Physician"** – a person who has the required qualifications authorising them to provide medical assistance, confirmed by relevant documents, and in particular to: check the health condition, diagnose and prevent diseases, treat and rehabilitate patients, provide medical advice, and issue opinions and medical certificates within their speciality.

Article 2. What is the scope of cover?

1. The insurance shall cover the Insured Person's health.
2. The scope of insurance shall include the Insured Person's Incapacity for Work if it occurred before the Insured Person turns 65 as well as their Inability to Live Independently if it occurred after the Insured Person had turned 65, on condition that Insured Person's Incapacity for Work or Inability to Live Independently:
    a) occurred within 180 days after the occurrence of the Accident,
    b) lasted continuously from the date of occurrence until the end of the 12-month period and began in the insurance cover period provided to the Insured Person and resulted from a Disease or an Accident.
    c) persist after the period specified in item b).
3. Within a period of 12 months from the date of the Accident, the Insured Person must be provided with insurance cover on a continuous basis. The fulfilment of the above condition is not critical if the following takes place before the end of the period referred to in the previous sentence:
    a) the insurance cover provided to the Insured Person expired due to the termination of the legal relationship between the Insured Person and the Policyholder referred to in Article 10 sec. 1 item b) of the Terms and Conditions of the Master Contract,
    b) the Additional Contract has expired.
4. The Insured Person shall be provided with insurance cover under the Additional Contract round-the-clock, regardless of the place of their stay.

Article 3. When does Nationale-Nederlanden apply Grace Periods?

1. A 6-month Grace Period shall apply where the premium is paid on a monthly basis and the Insured Person joined the insurance during the term of the Additional Contract in the 4th or subsequent Settlement Period counting from the liability commencement date or from the date on which the Insured Person met the insurance membership criteria.
2. A 6-month Grace Period shall apply where the premium is paid on a basis other than monthly and the Insured Person joined the insurance during the term of the Additional Contract in the 2nd or subsequent Settlement Period counting from the date of commencement of liability or from the date on which the Insured Person met the insurance membership criteria.

Article 4. What are the obligations of the Insured Person?

At the request of Nationale-Nederlanden, the Insured Person is obliged to undergo medical examinations at the cost of Nationale-Nederlanden in the medical facilities approved by Nationale-Nederlanden to determine whether the Insured Person still suffers from Incapacity for Work or Inability to Live Independently within the meaning of the Additional Contract.

Article 5. Who has the right to receive the benefit and what is the amount of the benefit?

1. The benefit amounting to the Sum Insured shall be paid to the Insured Person.
2. The benefit under an Insured Event shall be determined on the basis of the Sum Insured effective as at the date of the Accident or as at the diagnosis of the Diseases underlying the Insured Person's Incapacity for Work or Inability to Live Independently.
3. In justified cases, Nationale-Nederlanden may pay the Benefit before the end of the period referred to in Article 1 item 1.

Article 6. What are the requirements for benefit payment?

1. The benefit shall be paid on condition that there is no positive prognosis on restoration of the Incapacity for Work or Inability to Live Independently by the Insured Person.
2. Receiving the benefit shall require submitting the following documents to Nationale-Nederlanden:
   a) an insurance benefit payment request;
   b) documents confirming the occurrence and circumstances of the Accident and an official document confirming the identity of the Insured Person,
   c) medical records related to the course of treatment with a confirmation of Incapacity for Work or Inability to Live Independently.
   d) certificate of Total Incapacity for Work or Inability to Live Independently within the meaning of social insurance regulations,
   e) any other documents, including medical documents, opinions, lab test results that can be obtained by legal and customary means, which are related to the event and are necessary to establish the grounds for benefit payment.
3. The benefit shall be paid not later than 30 days after Nationale-Nederlanden has been notified of the Insured Event. If it is not possible to clarify the circumstances necessary to determine the liability of Nationale-Nederlanden within that time limit, the benefit shall be paid within 14 days from the date on which it was possible to clarify these circumstances while exercising due care.
4. Should Incapacity for Work or Inability to Live Independently result from an Accident, Nationale- Nederlanden shall pay the benefit if the Accident took place during the period in which insurance cover was provided under this Additional Contract.

Article 7. Exclusions of liability of Nationale-Nederlanden

1. Nationale-Nederlanden shall not be held liable and it shall refuse to pay the benefit if the Disease or Accident that resulted in the Insured Person's Incapacity for Work or Inability to Live Independently was directly caused by or resulted from:
   a) warfare, martial law,
   b) active and voluntary participation of the Insured Person in acts of violence, disturbances, riots, acts of terror,
   c) an event related to a mass chemical, biological or radioactive contamination caused by weapons or equipment using nuclear fission energy or radioactivity,
   d) self-mutilation or harm inflicted at the Insured Person's request, irrespective of their sanity,
   e) a suicide attempt,
   f) remaining intoxicated or under the influence of alcohol within the meaning of the Polish Upbringing in Sobriety and Alcoholism Prevention Act or under the influence of intoxicants, psychotropic substances, substitute substances within the meaning of the Polish Act on the Prevention of Drug Abuse, with the exception of medicines prescribed by a Physician and used as instructed by the same,
   g) a Disease resulting from alcohol consumption,
   h) involvement of the Insured Person in risky sport activities: motorsports, air sports, motorboating, mountain climbing, rock climbing, diving, potholing, martial arts and sports, water jumps, parachuting, bungee jumping,
   i) the Insured Person driving a mechanical vehicle or another means of transport without being entitled to do so or where the vehicle or another means of transport did not meet the public road traffic admission criteria imposed by the provisions of the applicable laws,
   j) committing or attempting to commit an offence deliberately by the Insured Person.

2. Nationale-Nederlanden shall not be held liable if Incapacity for Work or Inability to Live Independently is a consequence of a Disease diagnosed or treated within 24 months before the date on which the Insured Person was provided with insurance cover under this Additional Contract.
3. The limitations of liability referred to in sec. 2 shall not apply if Incapacity for Work or Inability to Live Independently took place after the period of 2 years from the date on which the Insured Person was provided with insurance cover under this Additional Contract.
4. Nationale-Nederlanden shall not be liable if the Disease or Accident which gave rise to the Insured Person's Incapacity for Work and Inability to Live Independently took place after the Premium due date where any prior, outstanding Total Premium was not covered in full until that date. However, the benefit shall be paid if the Disease or Accident which gave rise to the Insured Person's Incapacity for Work and Inability to Live Independently took place within 14 days from the Premium due date and all outstanding Total Premiums are covered in full within the period of those 14 days.
5. Nationale-Nederlanden shall not pay the benefit if the Disease or Accident which gave rise to the Insured Person's Incapacity for Work and Inability to Live Independently took place within the Premium suspension period or in the circumstances excluding the liability of Nationale-Nederlanden.

Article 8. When does the insurance cover expire?

1. The insurance cover shall expire in the following cases:

a) expiry of the Additional Contract,

b) expiry of insurance cover under the Master Contract.

c) payment of the benefit under an Insured Event.

2. In the case defined in sec. 1 (c), the insurance cover shall expire in relation to the Insured Person without a possibility of being resumed.

Article 9. Miscellaneous

To all matters not regulated herein, relevant General Terms and Conditions of Group Life Insurance TRM17 shall apply.

Article 10. Effective date of the Terms and Conditions

The Terms and Conditions, approved by the Management Board of Nationale-Nederlanden Towarzystwo Ubezpieczeń na Życie S.A. by Resolution No. 66/2019 of 28 November 2019, shall be effective as of 1 December 2019.

Michał Hucał

Member of the Management Board

Jacek Koronkiewicz

Member of the Management Board

Information concerning:

General Terms and Conditions of the Additional Contract for a Monthly Payment against Incapacity for Work IPB17

Information included in the GTCI	Article No.
1. Grounds for the payment of indemnity and other benefits or the Insurance surrender value.	Article 1, Article 2, Article 3, Article 4
2. Limitations and exclusions of the insurance company's liability based whereon the payment of the indemnity or other benefits may be refused or reduced.	Article 5, Article 6
3. Costs and other charges deducted from insurance premiums, from the assets of unit-linked insurance funds or through the redemption of units in unit-linked insurance funds.	Not applicable
4. The surrender value in particular periods of insurance cover and the period in which the claim for payment of the surrender value does not apply.	Not applicable

General Terms and Conditions of the Additional Contract for a Monthly Payment against Incapacity for Work IPB17

General Terms and Conditions of the Additional Contract for a Monthly Payment against Incapacity for Work shall apply in relation to the Additional Contract specified in the policy and other documents issued by Nationale-Nederlanden and marked with the code IPB17.

Article 1. Definitions

Any expressions not defined hereunder but defined in the General Terms and Conditions of Group Life Insurance TRM17 shall have the same meanings in these Terms and Conditions. In the General Terms and Conditions of the Additional Contract for a Monthly Payment against Incapacity for Work (hereinafter: Terms and Conditions) and any other documents related to the Additional Contract marked with the code IPB17, the following terms shall have the meanings as set forth below:

1. **"Sum Insured"** – an amount used as basis to pay out benefits, depending on the selected number of instalments, the selected amount of monthly payment. During the term of insurance, the Sum Insured will be reduced by subsequent payments made.
2. **"Incapacity for Work"** – total or partial loss of ability to perform gainful work due to damage to bodily functions, with the first date of inability taking place during the period of insurance coverage provided by Nationale-Nederlanden, which has persisted for at least 182 days and continues to persist.
2. a)**"Inability to Live Independently"** – a permanent and total inability to live independently as a result of an Accident or Disease that lasts for a continuous period of at least 182 days and began in the period in which the Insured Person was provided with insurance cover, with said inability being confirmed by a Physician after the end of treatment and rehabilitation which gave rise to a permanent and irreversible incapacity to perform at least three out of five daily activities specified below:
    - bathing and showering,
    - putting on clothes,
    - eating,
    - movement and migration,
    - controlling physiological functions.
3. **"Total Incapacity for Work"** – complete loss of ability to perform work of any kind.
4. **"Partial Incapacity for Work"** – a significant loss of ability to perform work consistent with the person's qualifications, diagnosed after the 182nd day of Total Incapacity for Work.
5. **"First Day of Incapacity for Work"** – the last day of a 182-day period of continuous Total Incapacity for Work or Inability to Live Independently.
6. **"Accident"** – a sudden, external event beyond control of the Insured Person that was the direct and sole cause of their Incapacity for Work or Inability to Live Independently and took place during the period in which the Insured Person was provided with insurance cover by Nationale-Nederlanden. Within the meaning of the Terms and Conditions, a Disease, a Mental Illness or psychical bodily injuries suffered by the Insured Person due to an overload, effort, lifting or bending shall not be considered an external cause of the Accident.
7. **"Disease"** – reaction of the body to a pathogenic factor, internal or external, diagnosed by a Physician and leading to functional disorders, organic changes in tissues, organs, systems or the entire body. Within the meaning of the GTCI, a Disease shall not comprise pregnancy, birth or puerperium.
8. **"Mental Illness"** – mental disorder or behavioural disorder as specified in the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
9. **"Physician"** – a person who has the required qualifications authorising them to provide medical assistance, confirmed by relevant documents, and in particular to: check the health condition, diagnose and prevent diseases, treat and rehabilitate patients, provide medical advice, and issue opinions and medical certificates within their speciality.

Article 2. What is the scope of cover?

1. The insurance shall cover the Insured Person's health.
2. The scope of insurance is specified in one of the 2 variants of the Additional Contract:
    a) Variant with 6 monthly instalments (IPB17_A).
    b) Variant with 12 monthly instalments (IPB17_B).
3. The scope of insurance shall include the Insured Person's Incapacity for Work if it occurred before the Insured Person turns 65 as well as their Inability to Live Independently if it occurred after the Insured Person had turned 65.

4. The Insured Person shall be provided with insurance cover under the Additional Contract round-the-clock, regardless of the place of their stay.

Article 3. Who has the right to receive the benefit and what is the amount of the benefit?

1. The benefit shall be paid to the Insured Person in the form of regular, equal, monthly payments whose amount is specified in the policy. The maximum number of payments depends on the selected Variant of the Additional Contract.
2. The benefit under an Insured Event shall be determined on the basis of the Sum Insured effective as at the first day of Incapacity for Work lasting at least 182 days.
3. The benefit shall be paid not later than on one of the following events: the end of the month in which the last of adjudicated Incapacity for Work took place or on the date the Sum Insured is exhausted, whichever occurs first.
4. It will be possible to proceed with benefit payment (as long as the Sum Insured has not been exhausted) after receiving once again a certificate of Incapacity for Work and which is the continuation of the previous one.
5. If the next Incapacity for Work results from a cause other than the previous one, a new 182-day waiting period for benefit payment shall apply.
6. The Insured Person shall be eligible for the benefit as of the first day of Incapacity for Work.

Article 4. What are the requirements for benefit payment?

1. The condition for payment of the benefit shall be the Insured Person's Incapacity for Work.
2. Receiving the benefit shall require submitting the following documents to Nationale-Nederlanden:
   a) an insurance benefit payment request;
   b) a copy of the ID, passport or other document confirming the Insured Person's identity,
   c) sick leaves confirming continuous Incapacity for Work, a certificate of Incapacity for Work or granting a rehabilitation benefit within the meaning of social insurance regulations (a certificate issued by a Certifying Physician representing the Social Insurance Institution (ZUS), a certificate of medical commissions reporting to the minister of internal affairs; a certificate of a military medical commission; a certificate issued by a certifying physician representing the Agricultural Social Insurance Fund (KRUS)),
   d) medical records concerning the course of treatment with a confirmation of Incapacity for Work or Inability to Live Independently (e.g. a hospital discharge report, medical certificates, outpatient treatment records, test results),
   e) a document confirming the occurrence and circumstances of the Accident (e.g. an official police report or other official report) – if the Accident was the reason for Incapacity for Work,
   f) other documents necessary to determine the obligation to pay a monthly benefit that should be presented at the request of Nationale-Nederlanden.
3. At the request of Nationale-Nederlanden, the Insured Person is obliged to undergo medical examinations at the cost of Nationale-Nederlanden in the medical facilities approved by Nationale-Nederlanden to determine whether the Insured Person still suffers from Incapacity for Work or Inability to Live Independently within the meaning of the Additional Contract.
4. The benefit shall be paid not later than 30 days after Nationale-Nederlanden has been notified of the Insured Event. If it is not possible to clarify the circumstances necessary to determine the liability of Nationale-Nederlanden within that time limit, the benefit shall be paid within 14 days from the date on which it was possible to clarify these circumstances while exercising due care.
5. Should Incapacity for Work or Inability to Live Independently result from an Accident, Nationale-Nederlanden shall pay the benefit if the Accident took place during the period in which insurance cover was provided under this Additional Contract.

Article 5. Exclusions of liability of Nationale-Nederlanden

1. Nationale-Nederlanden shall not be held liable and it shall refuse to pay the benefit if the Disease or Accident that resulted in the Insured Person's Incapacity for Work or Inability to Live Independently was directly caused by or resulted from:
   a) warfare, martial law,
   b) active and voluntary participation of the Insured Person in acts of violence, disturbances, riots, acts of terror,
   c) an event related to a mass chemical, biological or radioactive contamination caused by weapons or equipment using nuclear fission energy or radioactivity,
   d) self-mutilation or harm inflicted at the Insured Person's request, irrespective of their sanity,
   e) remaining intoxicated or under the influence of alcohol within the meaning of the Polish Upbringing in Sobriety and Alcoholism Prevention Act or under the influence of intoxicants, psychotropic substances, substitute substances within the meaning of the Polish Act on the Prevention of Drug Abuse, with the exception of medicines prescribed by a Physician and used as instructed by the same,
   f) Diseases resulting from alcohol consumption,
   g) involvement of the Insured Person in risky sport activities: motorsports, air sports, motorboating, mountain climbing, city climbing, rock climbing, diving, potholing, martial arts and sports, water jumps, parachuting, bungee jumping,
   h) the Insured Person driving a mechanical vehicle or another means of transport without being entitled to do so or where the vehicle or another means of transport did not meet the public road traffic admission criteria imposed by the provisions of the applicable laws,
   i) committing or attempting to commit an offence deliberately by the Insured Person,

j) a suicide attempt.

2. Nationale-Nederlanden shall not pay the benefit due to Incapacity for Work or Inability to Live Independently if it resulted from a Mental Illness.
3. Nationale-Nederlanden shall not be held liable if Incapacity for Work or Inability to Live Independently i s a consequence of a Disease diagnosed or treated within 24 months before the date on which the Insured Person was provided with insurance cover under this Additional Contract.
4. The limitations of liability referred to in sec. 3 shall not apply if Incapacity for Work or Inability to Live Independently took place after the period of 2 years from the date on which the Insured Person was provided with insurance cover under this Additional Contract.
5. Nationale-Nederlanden shall not be liable if the Disease or Accident which gave rise to the Insured Person's Incapacity for Work and Inability to Live Independently took place after the Premium due date where any prior, outstanding Total Premium was not covered in full until that date. However, the benefit shall be paid if the Disease or Accident which gave rise to the Insured Person's Incapacity for Work and Inability to Live Independently took place within 14 days from the Premium due date and all outstanding Total Premiums are covered in full within the period of those 14 days.
6. Nationale-Nederlanden shall not pay the benefit if the Disease or Accident which gave rise to the Insured Person's Incapacity for Work and Inability to Live Independently took place within the Premium suspension period or in the circumstances excluding the liability of Nationale-Nederlanden.

Article 6. When does the insurance cover expire?

1. The insurance cover shall expire in the following cases:
   a) expiry of the Additional Contract,
   b) expiry of insurance cover under the Master Contract.
   c) payment of the benefit amounting to 100% of the Sum Insured under an Insured Event.
2. The insurance cover with regard to the Insured Person shall not be continued in the next Policy Year after the first benefit paid.

Article 7. Miscellaneous

To all matters not regulated herein, relevant General Terms and Conditions of Group Life Insurance TRM17 shall apply.

Article 8. Effective date of the Terms and Conditions

The Terms and Conditions, approved by the Management Board of Nationale-Nederlanden Towarzystwo Ubezpieczeń na Życie S.A. by Resolution No. 66/2019 of 28 November 2019, shall be effective as of 1 December 2019.

Michał Hucał

Member of the Management Board

Jacek Koronkiewicz

Member of the Management Board

General Terms and Conditions of the Additional Contract for incapacity for work of the Insured Person being a teacher TPDT17

General Terms and Conditions of the Additional Contract for incapacity for work of the Insured Person being a teacher shall apply in relation to the Additional Contract specified in the policy and other documents issued by Nationale-Nederlanden and marked with the code TPDT17.

Article 1. Definitions

Any expressions not defined hereunder but defined in the General Terms and Conditions of Group Life Insurance TRM17 shall have the same meanings in these Terms and Conditions. In the General Terms and Conditions of the Additional Contract for incapacity for work (hereinafter: Terms and Conditions) and any other documents related to the Additional Contract marked with the code TPDT17, the following terms shall have the meanings as set forth below:

1. **"Disease"** – reaction of the body to a pathogenic factor, internal or external, diagnosed by a Physician and leading to functional disorders, organic changes in tissues, organs, systems or the entire body. Within the meaning of the GTCI, a Disease shall not comprise pregnancy, birth or puerperium.
2. **"Mental Illness"** – mental disorder or behavioural disorder as specified in the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
3. **"Occupational Disease"** – a chronic disease of a vocal organ caused by excessive vocal effort that lasts at least 15 years:
   a) hard vocal nodules;
   b) secondary hypertrophic lesions of vocal folds;
   c) paresis of the intrinsic muscles of the larynx with fusiform phonatory insufficiency of the glottis and permanent dysphonia.
4. **"Physician"** – an occupational physician that meets the additional qualification requirements specified in Article 229 § 8 (5) of the Labour Code, holding authorisations to perform the examinations referred to in Article 229 § 1, 2 and 5 of the Labour Code, carrying out activities in an occupational medicine unit with which the Educational Institution has entered into the agreement referred to in Article 12 of the Act of 27 June 1997 on Occupational Healthcare.
5. **"Teacher"** – a person being a teacher within the meaning of the Act of 26 January 1982 on the Teacher's Charter or an academic teacher within the meaning of the Act of 27 July 2005 – Law on Higher Education.
6. **"Teacher's Periodic Incapacity for Work"** – total incapacity to perform the profession of a Teacher caused by an Occupational Disease, as a result of which the Insured Person is granted the right to a benefit for partial or total Incapacity for Work within the meaning of social insurance regulations for a period not shorter than 6 months.
7. **"Educational Institution"** – within the meaning of these Terms and Conditions: nursery, kindergarten, primary school, junior high school, secondary school, vocational school, technical secondary school, technical college, basic vocational school, school complex, post-secondary school, university, study, general education complementary secondary school for graduates of technical colleges, supplementary technical school for primary graduates of technical colleges, orphanage, learning and educational institutions enabling the development of interests and talents, as well as the use of various forms of leisure and management of free time, sports school, special- needs school.
8. **"Leave for Health Boost"** – stay of the Insured Person on leave in order to carry out recommended treatment of:
   a) a Disease posing a risk to the occurrence of an Occupational Disease, or
   b) a Disease in which the work environment factors or the manner in which the work is performed play an important role.
9. **"Insured Event"** – the Insured Person suffering from a Teacher's Periodic Incapacity for Work or a Leave for Health Boost.

Article 2. What is the scope of cover?

1. The insurance shall cover the Insured Person's health.
2. The scope of insurance covers:
   a) Teacher's Periodic Incapacity for Work which began in the insurance cover period.
   b) Leave for Health Boost, provided that it began during the period of insurance cover and lasted continuously for at least 90 days.
3. The Insured Person shall be provided with insurance cover under the Additional Contract round-the-clock, regardless of the place of their stay.

Article 3. When does Nationale-Nederlanden apply Grace Periods?

1. A 6-month Grace Period shall apply where the premium is paid on a monthly basis and the Insured Person joined the insurance during the term of the Additional Contract in the 4th or subsequent Settlement Period counting from the liability commencement date or from the date on which the Insured Person met the insurance membership criteria.
2. A 6-month Grace Period shall apply where the premium is paid on a basis other than monthly and the Insured Person joined the insurance during the term of the Additional Contract in the 2nd or subsequent Settlement Period counting from the date of commencement of liability or from the date on which the Insured Person met the insurance membership criteria.

Article 4 What are the obligations of the Insured Person?

At the request of Nationale-Nederlanden, the Insured Person is obliged to undergo medical examinations at the cost of Nationale-Nederlanden in medical facilities approved by Nationale-Nederlanden to determine whether an Insured Event occurred.

Article 5. Who has the right to receive the benefit and what is the amount of the benefit?

1. The benefit amounting to the Sum Insured effective as at the date of the Insured Event shall be paid out to the Insured Person.
2. The benefit for the Insured Event shall be determined on the basis of the Sum Insured effective as at the date:
   a) on which the Insured Person was granted by a competent decision-making authority the right to a benefit for total or partial Incapacity for Work within the meaning of social insurance regulations for a period not shorter than 6 months due to an Occupational Disease, or
   b) indicated in the records issued by the Director of the Educational Institution, confirming that the Insured Person has been granted a Leave for Health Boost as the first day of that leave.

Article 6. What are the requirements for benefit payment?

1. Receiving the benefit shall require submitting the following documents to Nationale-Nederlanden:
   a) an insurance benefit payment request;
   b) medical records confirming the Teacher's Periodic Incapacity for Work, Disease posing a risk to the occurrence of an Occupational Disease resulting in the Teacher's Periodic Incapacity for Work or a Disease in which the work environment factors or the manner in which the work is performed play an important role.
   c) a certificate of partial or total Incapacity for Work within the meaning of the social insurance regulations or a decision of the Head of Educational Institution on granting a Leave for Health Boost based on Physician's certificate,
   d) any other documents, including medical documents, opinions, lab test results that can be obtained by legal and customary means, which are necessary to establish the grounds for benefit payment.
2. The benefit shall be paid not later than 30 days after Nationale-Nederlanden has been notified of the Insured Event. If it is not possible to clarify the circumstances necessary to determine the liability of Nationale-Nederlanden within that time limit, the benefit shall be paid within 14 days from the date on which it was possible to clarify these circumstances while exercising due care.
3. Nationale-Nederlanden shall pay the Insured Person not more than one benefit for an Insured Event.

Article 7. Exclusions of liability of Nationale- Nederlanden

1. Nationale-Nederlanden shall not be liable and it shall refuse to pay the benefit if the Disease which gave rise to the Teacher's Periodic Incapacity for Work or Leave for Health Boost was directly caused by or resulted from:
   a) active participation of the Insured Person in warfare or acts of martial law, staying in areas subject to martial law or warfare;
   b) active and voluntary participation of the Insured Person i
   n acts of violence, disturbances, riots, acts of terror,
   c) an event related to a mass chemical, biological or radioactive contamination caused by weapons or equipment using nuclear fission energy or radioactivity,
   d) self-mutilation or harm inflicted at the Insured Person's request, irrespective of their sanity,
   e) a suicide attempt,
   f) remaining intoxicated or under the influence of alcohol within the meaning of the Polish Upbringing in Sobriety and Alcoholism Prevention Act or under the influence of intoxicants, psychotropic substances, substitute substances within the meaning of the Polish Act on the Prevention of Drug Abuse, with the exception of medicines prescribed by a Physician and used as instructed by the same,
   g) a Disease resulting from alcohol consumption,
   h) committing or attempting to commit an offence deliberately by the Insured Person,
   i) mental illness.
2. Nationale-Nederlanden shall not be liable if the Insured Person has submitted an application for Leave for Health Boost or Teacher's Periodic Incapacity for Work to a competent body before the date on which the Insured Person was provided with insurance cover under this Additional Contract.
3. Nationale-Nederlanden shall not be liable if Teacher's Periodic Incapacity for Work or the need for Leave for Health Boost occurs after the Premium due date where any prior, outstanding Total Premium was not covered in full until that date. However, the benefit shall be paid

if Teacher's Periodic Incapacity for Work or the need for Leave for Health Boost begins within 14 days from the Premium due date and all Total Premiums are covered in full within the period of those 14 days.

4. Nationale-Nederlanden shall not pay the benefit if Teacher's Periodic Incapacity for Work or the need for Leave for Health Boost begins during the Premium suspension period or in the circumstances excluding the liability of Nationale-Nederlanden.

Article 8. When does the insurance cover expire?

1. The insurance cover shall expire in the following cases:
   a) expiry of the Additional Contract,
   b) expiry of insurance cover under the Master Contract.
   c) payment of the benefit amounting to 100% of the Sum Insured under an Insured Event.
2. In the case defined in sec. 1 (c), the insurance cover shall expire in relation to the Insured Person without a possibility of being resumed.

Article 9. Miscellaneous

To all matters not regulated herein, relevant General Terms and Conditions of Group Life Insurance TRM17 shall apply.

Michał Hucał
Member of the Management Board

Jacek Koronkiewicz
Member of the Management Board

Information concerning:

General Terms and Conditions of the Additional Contract for insurance provided to the Insured Person's family members FCR17 (GTCI)

Information included in the GTCI	Article No.
1. Grounds for the payment of indemnity and other benefits or the Insurance surrender value.	Article 1, Article 2, Article 4, Article 5
2. Limitations and exclusions of the insurance company's liability based whereon the payment of the indemnity or other benefits may be refused or reduced.	Article 3, Article 6, Article 7
3. Costs and other charges deducted from insurance premiums, from the assets of unit-linked insurance funds or through the redemption of units in unit-linked insurance funds.	Not applicable
4. The surrender value in particular periods of insurance cover and the period in which the claim for payment of the surrender value does not apply.	Not applicable

General Terms and Conditions of the Additional Contract for insurance provided to the Insured Person's family members FCR17

General Terms and Conditions of the Additional Contract for insurance provided to the Insured Person's family members shall apply in relation to the Additional Contract specified in the policy and other documents issued by Nationale-Nederlanden and marked with the code FCR17.

Article 1. Definitions

Any expressions not defined hereunder but defined in the General Terms and Conditions of Group Life Insurance TRM17 shall have the same meanings in these Terms and Conditions. In the General Terms and Conditions of the Additional Contract for insurance provided to the Insured Person's family members (hereinafter: Terms and Conditions) and any other documents related to the Additional Contract marked with the code FCR17, the following terms shall have the meanings as set forth below:

1. **"Spouse"** – a person married to the Insured Person at the time their Parent, Stepfather or Stepmother died.
2. **"Co-Insured Person"** – a Parent, a Parent of the Spouse or a Child of the Insured Person.
3. **"Parent"** – a biological father or mother of the Insured Person or, where the Insured Person is adopted – the adopter.
4. **"Spouse's Parent"** – a biological father or mother of the Spouse or, where the Spouse is adopted – the adopter.
5. **"Stepfather"** – the current husband of the mother of the Insured Person or of the mother of the Insured Person's Spouse, the widower of the Insured Person's mother or of the mother of the Insured Person's Spouse that is not the biological father of the Insured Person or of the Spouse, provided that he did not enter again in a marital relationship.
6. **"Stepmother"** – the current wife of the father of the Insured Person or of the father of the Insured Person's Spouse, the widow of the Insured Person's father or of the father of the Insured Person's Spouse that is not the biological mother of the Insured Person or of the Spouse, provided that she did not enter again in a marital relationship.
7. **"Child"** – own or adopted child of the Insured Person below 25 years of age.
8. **"Adoption"** – a voluntary, legal adoption of a child as their own where the relationship between the adopter and the adoptee is that of between parents and children, including full/ full insoluble (complete) adoption confirmed by a birth certificate of the child in which the adopter is indicated as a parent of the child or by a legal decision on adoption issued by a guardianship court.
9. **"Accident"** – a sudden, external event beyond control of the Co-Insured Person that was the direct and sole cause of an Insured Event and took place during the period in which the Insured Person was provided with insurance cover by Nationale-Nederlanden. Within the meaning of the GTCI, a Disease, a Mental Illness or psychical bodily injuries suffered by the Insured Person due to an overload, effort, lifting or bending shall not be considered an external cause of the Accident.
10. **"Stillbirth"** – a complete expulsion or extraction from the mother of an embryo or foetus which, once expulsed or extracted, does not breathe or show any other signs of life, such as heartbeat, umbilical cord pulsation or muscle spasms clearly dependent on the will, as confirmed in the official childbirth certificate naming the Insured Person as a parent of the Child.
11. **"Birth of an Alive Child"** – a complete expulsion or extraction from the mother of an infant, regardless of the period of pregnancy, that, once expulsed or extracted, breathes or shows any other signs of life, such as heartbeat, umbilical cord pulsation or muscle spasms clearly dependent on the will, regardless of whether the umbilical cord was cut or the placenta was separated, as confirmed in the official childbirth certificate naming the Insured Person as a parent of the Child.
12. **"Childbirth"** – the Birth of an Alive Child as confirmed in the official childbirth certificate naming the Insured Person as a parent of the Child or Child Adoption by the Insured Person confirmed in the childbirth certificate naming the Insured Person as a parent of the Child or in a legal decision on adoption issued a guardianship court.

Article 2. What is the scope of cover?

1. Depending on the variant defined in the policy, the Additional Contract covers the following events taking place in the period in which the Insured Person was provided with insurance cover:
   a) variant A – the death of the Parent, Stepfather or Stepmother of the Insured Person or the death of the Parent, Stepfather or Stepmother of the Spouse (code DPB17),
   b) variant B – Childbirth (code BCB17),

c) variant C – Child's death (code DCB17),

d) variant D – Stillbirth (code SBB17),

e) variant E – Child bereavement (code OCB17).

f) variant F – the death of the Parent, Stepfather or Stepmother of the Insured Person or the death of the Parent, Stepfather or Stepmother of the Spouse caused by an Accident (code ADPB17).

2. The Additional Contract may provide for several variants among those specified in sec. 1 which may be freely selected by the Policyholder.
3. Nationale-Nederlanden shall bear liability for the events subject to insurance cover round-the-clock, regardless of the place of stay of the Insured Person or the Co-Insured Person.

Article 3. When does Nationale-Nederlanden apply Grace Periods?

1. In the event of conclusion of the Additional Contract, subject to sec. 3 and 4, the amount of Childbirth benefit (variant B) during the initial 9 months of insurance cover shall increase with the Insured Person's insurance seniority and totals: 20% of the Sum Insured due to Childbirth during the initial 3 months from the date of accession to the Insurance, 50% of the Sum Insured due to Childbirth from the beginning of the 4th up to the end of the 6th month from the date of accession to the Insurance, and 80% of the Sum Insured due to Childbirth from the beginning of the 7th up to the end of the 9th month from the date of accession to the Insurance; after this period, the benefit shall total 100% of the Sum Insured. The preceding sentence shall not apply to cases where the Additional Contract is extended.
2. In the event of conclusion of the Additional Contract, subject to sec. 3 and 4, the amount of benefit due to the death of the Parent, Stepfather or Stepmother of the Insured Person or the death of the Parent, Stepfather or Stepmother of the Spouse (variant A) during the initial 9 months of insurance cover shall increase with the Insured Person's insurance seniority and totals: 20% of the Sum Insured due to the death of the Parent, Stepfather or Stepmother of the Insured Person or the death of the Parent, Stepfather or Stepmother of the Spouse during the initial 3 months from the date of accession to the Insurance, 50% of the Sum Insured due to the death of the Parent, Stepfather or Stepmother of the Insured Person or the death of the Parent, Stepfather or Stepmother of the Spouse from the beginning of the 4th up to the end of the 6th month from the date of accession to the Insurance, and 80% of the Sum Insured due to the death of the Parent, Stepfather or Stepmother of the Insured Person or the death of the Parent, Stepfather or Stepmother of the Spouse from the beginning of the 7th up to the end of the 9th month from the date of accession to the Insurance; after this period, the benefit due to the death of the Parent, Stepfather or Stepmother of the Insured Person or the death of the Parent, Stepfather or Stepmother of the Spouse shall total 100% of the Sum Insured. The preceding sentence shall not apply to cases where the Additional Contract is extended.
3. Where the premium is paid on a monthly basis and the Insured Person joined the insurance during the term of the Additional Contract in the 4th or subsequent Settlement Period counting from the liability commencement date or from the date on which the Insured Person met the insurance membership criteria, the following shall apply:

   a) a 6-month Grace Period, subject to item b,

   b) a 9-month Grace Period due to Childbirth.
4. Where the premium is paid on a monthly basis and the Insured Person joined the insurance during the term of the Additional Contract in the 2nd or subsequent Settlement Period counting from the liability commencement date or from the date on which the Insured Person met the insurance membership criteria, the following shall apply:

   a) a 6-month Grace Period, subject to item b,

   b) a 9-month Grace Period due to Childbirth.
5. Within the course of the Grace Period referred to in sec. 3 and 4, Nationale-Nederlanden shall bear liability solely due to an accidental death of the Co-Insured Person and Child Bereavement due to an Accident, subject to Article 6 sec. 6.
6. The Grace Period referred to in sec. 1 and 2 shall be waived if the Insured Person meets any and all conditions stipulated below as at the date of commencement of the insurance cover:

   a) before joining the insurance the Insured was covered for a period of at least one month by insurance based on a group life insurance contract concluded by the Policyholder with another insurance company providing for the same or similar scope of insurance to the cover provided under the Additional Contract, which means that the benefit under the present Contract would have been payable under the contract concluded with the previous insurer.

   b) the insurance cover referred to in item a) above expired in relation to that Insured Person not earlier than on the 30th day before the Insurance Cover commencement date and not later than on the 30th day after the Insurance Cover commencement date.
7. If an Insured Event takes place within 9 months from the date of commencement of the Insurance Cover, an Insured Person meeting the criteria referred to in sec. 6 shall be obliged to provide a declaration (along with all the documents necessary for payment of the benefit) to the insurance company. The declaration shall contain the following information:

   a) the list of Insured Events applicable in relation to the Insured Person and their corresponding Sums Insured as at the last date of the cover provided to the Insured Person by the insurance company that issued the declaration,

   b) the date of commencement and end of the insurance cover provided to the Insured Person.

Article 4. Who has the right to receive the benefit and what is the amount of the benefit?

1. The benefit amounting to the Sum Insured shall be paid out:

   a) to the Insured Person – in variants: A, B, C, D, or F,

   b) to each Child – in the case of variant E.

2. The benefit under an Insured Event shall be determined on the basis of the Sum Insured effective as at the date of that event.
3. In the case of variants A and F, the liability of Nationale-Nederlanden in relation to one Insured Person is limited to 4 events. In the case of variant E, Article 20 sec. 2, 3, 7 of the Terms and Conditions provided for in the Master Contract shall apply to each and every Child specified by the Insured Person.

Article 5. What are the requirements for benefit payment?

1. The basis for benefit payment shall consist in the submission of a request for benefit payment to Nationale-Nederlanden under the Additional Contract for family members, together with an official document confirming the identity of the Insured Person, along with the following documents (depending on the variant of the contract):

   a) variant A – the death of the Parent, Stepfather or Stepmother of the Insured Person or the death of the Parent, Stepfather or Stepmother of the Insured Person's Spouse:

   - a copy of the death certificate of the Parent, Stepfather or Stepmother of the Insured Person
   - a cause-of-death statement issued by a Physician or competent authorities,
   - a copy of the Insured Person's birth certificate,
   - a copy of the marriage certificate of the Insured Person's Parent, Stepfather or Stepmother confirming that they were in a marital relationship as at the date of Insured Event provided for in this Additional Contract,

   or

   - a copy of the marriage certificate of the Insured Person or Spouse confirming that they were in a marital relationship as at the date of Insured Event provided for in this Additional Contract,
   - a copy of the death certificate of the Parent, Stepfather or Stepmother of the Insured Person's Spouse,
   - a cause-of-death statement issued by a Physician or competent authorities,
   - a copy of the marriage certificate of the Parent of the Spouse and Stepfather or Stepmother of the Spouse confirming that they were in a marital relationship as at the date of Insured Event provided for in this Additional Contract,

   b) variant B – Childbirth:

   - a copy of the Child's birth certificate;
   - in the case of full adoption (other than indissoluble full adoption) – a legally-binding decision on adoption issued by a guardianship court.

   c) variant C – Child's death:

   - a copy of the death certificate,
   - a cause-of-death statement issued by a Physician or competent authorities,

   d) variant D – Stillbirth:

   - a copy of the death certificate or stillbirth certificate,
   - medical stillbirth records,
   - a cause-of-death statement issued by a Physician or competent authorities,
   - a certificate confirming the birth of a dead foetus,

   e) variant E – Child Bereavement:

   - a copy of the Child's birth certificate;
   - documents necessary for payment of the benefit under the Master Contract,

   f) variant F – the death of the Parent, Stepfather or Stepmother of the Insured Person or the death of the Parent, Stepfather or Stepmother of the Spouse caused by an Accident

   - a copy of the death certificate of the Parent, Stepfather or Stepmother of the Insured Person,
   - a cause-of-death statement issued by a Physician or competent authorities,
   - a copy of the Insured Person's birth certificate,
   - a copy of the marriage certificate of the Insured Person's Parent, Stepfather or Stepmother confirming that they were in a marital relationship as at the date of Insured Event provided for in this Additional Contract,
   - documents confirming the occurrence and circumstances of the Accident,

   or

   - a copy of the death certificate of the Parent of the Insured Person's Spouse, Stepfather or Stepmother of the Insured Person,
   - a cause-of-death statement issued by a Physician or competent authorities,
   - a copy of the marriage certificate of the Insured Person or Spouse confirming that they were in a marital relationship as at the date of Insured Event provided for in this Additional Contract,
   - a copy of the marriage certificate of the Parent of the Spouse and Stepfather or Stepmother of the Spouse confirming that they were in a marital relationship as at the date of Insured Event provided for in this Additional Contract,
   - documents confirming the occurrence and circumstances of the Accident.

2. The benefit shall be paid not later than 14 days after Nationale-Nederlanden has been notified of the Insured Event. If it is not possible to clarify the circumstances necessary to determine the liability of Nationale-Nederlanden within that time limit, the benefit shall be paid within 14 days from the date on which it was possible to clarify these circumstances while exercising due care.

Article 6. Exclusions of liability of Nationale-Nederlanden

1. Nationale-Nederlanden shall not be held liable and it shall refuse to pay the benefit if the death of the Parent,

Stepfather or Stepmother of the Insured Person or the death of the Parent, Stepfather or Stepmother of the Spouse, Child's death or Child bereavement were caused by or resulted from:

a) warfare or martial law,

b) active and voluntary participation in acts of violence, disturbances, riots, acts of terror,

c) an event related to a mass chemical, biological or radioactive contamination caused by weapons or equipment using nuclear fission energy or radioactivity.

2. Nationale-Nederlanden shall not be held liable and it shall refuse to pay the benefit due to stillbirth or death of the Child if it results from the termination of a pregnancy.
3. If the Co-Insured Person dies as a result of an intentional act committed by the Insured Person, the benefit under the Additional Contract shall not be paid.
4. Nationale-Nederlanden shall not be liable if an Insured Event provided for in the Additional Contract occurs after the Premium due date where any prior, outstanding Total Premium was not covered in full until that date. However, the benefit shall be paid if an Insured Event provided for in the Additional Contract occurs within 14 days from the Premium due date and all Total Premiums are covered in full within the period of those 14 days.
5. Nationale-Nederlanden shall not pay the benefit if an Insured Event provided for in the Additional Contract occurs within the Premium suspension period or in the circumstances excluding the liability of Nationale-Nederlanden.

Article 7. When does the insurance cover expire?

The insurance cover shall expire in the following cases:

a) expiry of the Additional Contract,

b) expiry of insurance cover under the Master Contract.

Article 8. Miscellaneous

To all matters not regulated herein, relevant General Terms and Conditions of Group Life Insurance TRM17 shall apply.

Article 9. Effective date of the Terms and Conditions

The Terms and Conditions, approved by the Management Board of Nationale-Nederlanden Towarzystwo Ubezpieczeń na Życie S.A. by Resolution No. 66/2019 of 28 November 2019, shall be effective as of 1 December 2019.

Michał Hucał

Member of the Management Board

Jacek Koronkiewicz

Member of the Management Board

Information concerning:

General Terms and Conditions of the Additional Contract for the death of the Spouse DSB17 (GTCI)

Information included in the GTCI	Article No.
1. Grounds for the payment of indemnity and other benefits or the Insurance surrender value.	Article 1, Article 2, Article 5
2. Limitations and exclusions of the insurance company's liability based whereon the payment of the indemnity or other benefits may be refused or reduced.	Article 3, Article 6, Article 7
3. Costs and other charges deducted from insurance premiums, from the assets of unit-linked insurance funds or through the redemption of units in unit-linked insurance funds.	Not applicable
4. The surrender value in particular periods of insurance cover and the period in which the claim for payment of the surrender value does not apply.	Not applicable

General Terms and Conditions of the Additional Contract for the death of the Spouse DSB17

General Terms and Conditions of the Additional Contract for the death of the Spouse shall apply in relation to the Additional Contract specified in the policy and other documents issued by Nationale-Nederlanden and marked with the code DSB17.

Article 1. Definitions

Any expressions not defined hereunder but defined in the General Terms and Conditions of Group Life Insurance TRM17 shall have the same meanings in these Terms and Conditions. In the General Terms and Conditions of the Additional Contract on the death of the Spouse (hereinafter: Terms and Conditions) and any other documents related to the Additional Contract marked with the code DSB17, the following terms shall have the meanings as set forth below:

1. **"Spouse"** – a person married to the Insured Person on the date of their death.
2. **"Accident"** – a sudden, external event beyond control of the Spouse that was the direct and only cause of their death and took place during the period of insurance cover provided by the Insurer. Within the meaning of the Terms and Conditions, a Disease, a Mental Illness or psychical bodily injuries suffered by the Insured Person due to an overload, effort, lifting or bending shall not be considered an external cause of the Accident.

Article 2. What is the scope of cover?

1. The subject of insurance is the Spouse's life.
2. The scope of insurance cover shall include Spouse's death in the period in which the Insured Person was provided with insurance cover under the Additional Contract.
3. Nationale-Nederlanden shall bear liability under the Additional Contract round-the-clock, regardless of the place of stay of the Spouse.

Article 3. When does Nationale-Nederlanden apply Grace Periods?

1. A 6-month Grace Period shall apply where the premium is paid on a monthly basis and the Insured Person joined the insurance during the term of the Additional Contract in the 4th or subsequent Settlement Period counting from the liability commencement date or from the date on which the Insured Person met the insurance membership criteria.
2. A 6-month Grace Period shall apply where the premium is paid on a basis other than monthly and the Insured Person joined the insurance during the term of the Additional Contract in the 2nd or subsequent Settlement Period counting from the date of commencement of liability or from the date on which the Insured Person met the insurance membership criteria.
3. During the Grace Period, Nationale-Nederlanden shall bear liability solely due to accidental death of the Spouse, on condition that the Accident took place in the period in which the Insured Person was provided with insurance cover.

Article 4. Who has the right to receive the benefit and what is the amount of the benefit?

1. The benefit amounting to the Sum Insured shall be paid to the Insured Person.
2. The benefit due to Spouse's death shall be determined on the basis of the Sum Insured effective as at the date of the Spouse's death.

Article 5. What are the requirements for benefit payment?

1. Receiving the benefit shall require submitting the following documents to Nationale-Nederlanden:

a) an insurance benefit payment request;

b) Insured Person's identity document,

c) a copy of the death certificate and statement with the cause of death of the Spouse issued by a Physician or relevant authorities,

d) an abridged copy of the marriage certificate,

e) any other documents, including medical documents, opinions, lab test results that can be obtained by legal and customary means, which are related to the event and are necessary to establish the grounds for benefit payment.

2. The benefit shall be paid not later than 14 days after Nationale-Nederlanden has been notified of the Insured Event. Where it is not possible to clarify the circumstances necessary to determine Nationale-Nederlanden's liability, the benefit shall be paid within 14 days of the date on which it became possible with due diligence to clarify these circumstances.

Article 6. Exclusions of liability of Nationale-Nederlanden

1. Nationale-Nederlanden shall not be held liable and it shall refuse to pay the benefit if the Spouse's death was directly caused by or resulted from:

a) warfare, martial law,

b) active and voluntary participation of the Spouse in acts of violence, disturbances, riots, acts of terror,

c) an event related to a mass chemical, biological or radioactive contamination caused by weapons or equipment using nuclear fission energy or radioactivity,

d) self-mutilation or harm inflicted at the Spouse's request, irrespective of their sanity,

e) remaining intoxicated or under the influence of alcohol within the meaning of the Polish Upbringing in Sobriety and Alcoholism Prevention Act or under the influence of intoxicants, psychotropic substances, substitute substances within the meaning of the Polish Act on the Prevention of Drug Abuse, with the exception of medicines prescribed by a Physician and used as instructed by the same,

f) a Disease resulting from alcohol consumption,

g) involvement of the Spouse in risky sport activities: motorsports, air sports, motorboating, mountain climbing, rock climbing, diving, potholing, martial arts and sports, water jumps, parachuting, bungee jumping,

h) the Spouse driving a mechanical vehicle or another means of transport without being entitled to do so or where the vehicle or another means of transport did not meet the public road traffic admission criteria imposed by the provisions of the applicable laws,

i) committing or attempting to commit an offence deliberately by the Spouse.

2. If the Spouse dies as a result of an intentional act committed by the Insured Person, the benefit under the Additional Contract shall not be paid.
3. Nationale-Nederlanden shall not be liable if the Spouse dies after the Premium due date where any prior, outstanding Total Premium was not covered in full until that date. However, the benefit shall be paid if the Spouse dies within 14 days from the Premium due date and all Total Premiums are covered in full within the period of those 14 days.
4. Nationale-Nederlanden shall not pay the benefit if the Spouse dies within the Premium suspension period or in the circumstances excluding the liability of Nationale-Nederlanden.
5. If the Spouse commits suicide within 12 months from the date on which he or she took out the insurance policy, Nationale-Nederlanden shall be released from liability.

Article 7. When does the insurance cover expire?

The insurance cover shall expire in the following cases:

a) expiry of the Additional Contract,

b) expiry of insurance cover under the Master Contract.

Article 8. Miscellaneous

To all matters not regulated herein, relevant General Terms and Conditions of Group Life Insurance TRM17 shall apply.

Article 9. Effective date of the Terms and Conditions

The Terms and Conditions, approved by the Management Board of Nationale-Nederlanden Towarzystwo Ubezpieczeń na Życie S.A. by Resolution No. 66/2019 of 28 November 2019, shall be effective as of 1 December 2019.

Michał Hucał

Member of the Management Board

Jacek Koronkiewicz

Member of the Management Board

Information concerning:

General Terms and Conditions of the Additional Contract for an accidental death of the Spouse SADR17 (GTCI)

Information included in the GTCI	Article No.
1. Grounds for the payment of indemnity and other benefits or the Insurance surrender value.	Article 1, Article 2, Article 3, Article 4
2. Limitations and exclusions of the insurance company's liability based whereon the payment of the indemnity or other benefits may be refused or reduced.	Article 5, Article 6
3. Costs and other charges deducted from insurance premiums, from the assets of unit-linked insurance funds or through the redemption of units in unit-linked insurance funds.	Not applicable
4. The surrender value in particular periods of insurance cover and the period in which the claim for payment of the surrender value does not apply.	Not applicable

General Terms and Conditions of the Additional Contract for an accidental death of the Spouse SADR17

General Terms and Conditions of the Additional Contract for an accidental death of the Spouse shall apply in relation to the Additional Contract specified in the policy and other documents issued by Nationale-Nederlanden and marked with the code SADR17.

Article 1. Definitions

Any expressions not defined hereunder but defined in the General Terms and Conditions of Group Life Insurance TRM17 shall have the same meanings in these Terms and Conditions. In the General Terms and Conditions of the Additional Contract for the death of the Spouse (hereinafter: Terms and Conditions) and any other documents related to the Additional Contract marked with the code SADR17, the following terms shall have the meanings as set forth below:

1. **"Spouse"** – a person married to the Insured Person on the date of their death.
2. **"Accident"** – a sudden, external event beyond control of the Spouse that was the direct and sole cause of their death and took place during the period of insurance cover provided by Nationale-Nederlanden. Within the meaning of the Terms and Conditions, a Disease, a Mental Illness or psychical bodily injuries suffered by the Insured Person due to an overload, effort, lifting or bending shall not be considered an external cause of the Accident.

Article 2. What is the scope of cover?

1. The subject of insurance is the Spouse's life.
2. The scope of insurance covers Spouse's death that occurred during the period of insurance cover provided to the Insured Person under the Additional Contract, on condition that the Spouse's death took place no later than 180 days from the date of the Accident.
3. Nationale-Nederlanden shall bear liability under the Additional Contract round-the-clock, regardless of the place of stay of the Spouse.

Article 3. Who has the right to receive the benefit and what is the amount of the benefit?

1. The benefit amounting to the Sum Insured effective as the date of the Accident being the sole cause of the Spouse's death shall be paid to the Insured Person.
2. Nationale-Nederlanden shall pay the benefit also where the Spouse's death occurred during the premium suspension period and after the expiry of the Additional Contract as well as following the expiry of insurance cover in relation to the Insured Person in question under the Master Contract, on condition that the Accident which gave rise to the death of the Spouse occurred within the period in which Nationale-Nederlanden provided insurance cover.

Article 4. What are the requirements for benefit payment?

1. Receiving the benefit shall require submitting the following documents to Nationale-Nederlanden:

a) an insurance benefit payment request;

b) Insured Person's identity document,

c) a copy of the death certificate and statement with the cause of death of the Spouse issued by a Physician or relevant authorities,

d) an abridged copy of the marriage certificate,

e) the documents confirming the occurrence and circumstances of the Accident and an official document confirming the identity of the Insured Person,

f) any other documents, including medical documents, opinions, lab test results that can be obtained by legal and customary means, which are related to the event and are necessary to establish the grounds for benefit payment,

2. The benefit shall be paid not later than 14 days after Nationale-Nederlanden has been notified of the Insured Event. If it is not possible to clarify the circumstances necessary to determine the liability of Nationale-Nederlanden within that time limit, the benefit shall be paid within 14 days from the date on which it was possible to clarify these circumstances while exercising due care.

Article 5. Exclusions of liability of Nationale-Nederlanden

1. Nationale-Nederlanden shall not be held liable and it shall refuse to pay the benefit if the Spouse's death was directly caused by or resulted from:
   a) warfare, martial law,
   b) active and voluntary participation of the Spouse in acts of violence, disturbances, riots, acts of terror,
   c) an event related to a mass chemical, biological or radioactive contamination caused by weapons or equipment using nuclear fission energy or radioactivity,
   d) self-mutilation or harm inflicted at the Spouse's request, irrespective of their sanity,

e) the Spouse remaining intoxicated or under the influence of alcohol within the meaning of the Polish Upbringing in Sobriety and Alcoholism Prevention Act or under the influence of intoxicants, psychotropic substances, substitute substances within the meaning of the Polish Act on the Prevention of Drug Abuse, with the exception of medicines prescribed by a Physician and used as instructed by the same,

f) involvement of the Spouse in risky sport activities: motorsports, air sports, motorboating, mountain climbing, rock climbing, diving, potholing, martial arts and sports, water jumps, parachuting, bungee jumping,

g) the Spouse driving a mechanical vehicle or another means of transport without being entitled to do so or where the vehicle or another means of transport did not meet the public road traffic admission criteria imposed by the provisions of the applicable laws,

h) committing or attempting to commit an offence deliberately by the Spouse.

2. If the Spouse dies as a result of an intentional act committed by the Insured Person, the benefit under the Additional Contract shall not be paid.
3. Nationale-Nederlanden shall not be liable if the Spouse dies after the Premium due date where any prior, outstanding Total Premium was not covered in full until that date. However, the benefit shall be paid if the Spouse dies within 14 days from the Premium due date and all Total Premiums are covered in full within the period of those 14 days.
4. Nationale-Nederlanden shall not pay the benefit if the Accident which gave rise to the death of the Spouse took place within the Premium suspension period or in the circumstances excluding the liability of Nationale-Nederlanden.

Article 6. When does the insurance cover expire?

1. The insurance cover shall expire in the following cases:
   a) expiry of the Additional Contract,
   b) expiry of insurance cover under the Master Contract.

Article 7. Miscellaneous

To all matters not regulated herein, relevant General Terms and Conditions of Group Life Insurance TRM17 shall apply.

Article 8. Effective date of the Terms and Conditions

The Terms and Conditions, approved by the Management Board of Nationale-Nederlanden Towarzystwo Ubezpieczeń na Życie S.A. by Resolution No. 66/2019 of 28 November 2019, shall be effective as of 1 December 2019.

Michał Hucał
Member of the Management Board

Jacek Koronkiewicz
Member of the Management Board

Information concerning:

General Terms and Conditions of the Additional Contract for the death of the Spouse due to a traffic accident SADT17 (GTCI)

Information included in the GTCI	Article No.
1. Grounds for the payment of indemnity and other benefits or the Insurance surrender value.	Article 1, Article 2, Article 3, Article 4
2. Limitations and exclusions of the insurance company's liability based whereon the payment of the indemnity or other benefits may be refused or reduced.	Article 5, Article 6
3. Costs and other charges deducted from insurance premiums, from the assets of unit-linked insurance funds or through the redemption of units in unit-linked insurance funds.	Not applicable
4. The surrender value in particular periods of insurance cover and the period in which the claim for payment of the surrender value does not apply.	Not applicable

General Terms and Conditions of the Additional Contract the death of the Spouse due to a traffic accident
SADT17

General Terms and Conditions of the Additional Contract for the death of the Spouse due to a traffic accident shall apply in relation to the Additional Contract specified in the policy and other documents issued by Nationale-Nederlanden and marked with the code SADT17.

Article 1. Definitions

Any expressions not defined hereunder but defined in the General Terms and Conditions of Group Life Insurance TRM17 shall have the same meanings in these Terms and Conditions. In the General Terms and Conditions of the Additional Contract for the death of the Spouse due to a traffic accident (hereinafter: Terms and Conditions) and any other documents related to the Additional Contract marked with the code SADT17, the following terms shall have the meanings as set forth below:

1. **"Spouse"** – a person married to the Insured Person on the date of their death.
2. **"Accident"** – a sudden, external event beyond control of the Spouse that was the direct and sole cause of their death and took place during the period of insurance cover provided by Nationale-Nederlanden. Within the meaning of the Terms and Conditions, a Disease, a Mental Illness |or psychical bodily injuries suffered by the Insured Person due to an overload, effort, lifting or bending shall not be considered an external cause of the Accident.
3. **"Traffic Accident"** – an accident that occurred in road, air or water traffic, where the Spouse suffered as:
   a) passenger or driver of a motor vehicle within the meaning of the Road Traffic Act,
   b) a passenger of a rail vehicle, passenger aircraft or vessel which was involved in an accident or a catastrophe,
   c) cyclist,
   d) pedestrian.
4. **"Vessel"** – a ship understood as a mechanically-propelled vehicle moving in water traffic. Within the meaning of these Terms and Conditions, Vessels shall also comprise ferries, hydrofoils, and hovercraft.
5. **"Aircraft"** – a vehicle understood as equipment capable of hovering in the atmosphere as a result of any impact other than the impact of air deflected from the ground, with the exclusion of balloons, zeppelins, gliders, powered gliders, ornithopters, and personal parachutes.

Article 2. What is the scope of cover?

1. The subject of insurance is the Spouse's life.
2. The scope of insurance covers Spouse's death due to a Traffic Accident that occurred during the period of insurance cover provided to the Insured Person under the Additional Contract, on condition that the Spouse's death took place no later than 180 days from the date of the Accident.
3. Nationale-Nederlanden shall bear liability under the Additional Contract round-the-clock, regardless of the place of stay of the Spouse.

Article 3. Who has the right to receive the benefit and what is the amount of the benefit?

1. The benefit amounting to the Sum Insured effective as the date of the Traffic Accident being the sole cause of the Spouse's death shall be paid to the Insured Person.
2. Nationale-Nederlanden shall pay the benefit also where the Spouse's death due to the Traffic Accident occurred during the premium suspension period and after the expiry of the Additional Contract as well as following the expiry of insurance cover in relation to the Insured Person in question under the Master Contract, on condition that the traffic accident which gave rise to the death of the Spouse occurred in the period in which Nationale-Nederlanden provided the insurance cover.

Article 4. What are the requirements for benefit payment?

1. Receiving the benefit shall require submitting the following documents to Nationale-Nederlanden:
   a) an insurance benefit payment request;
   b) Insured Person's identity document,
   c) a copy of the death certificate and statement with the cause of death of the Spouse issued by a Physician or relevant authorities,
   d) an abridged copy of the marriage certificate,

e) documents confirming the occurrence and circumstances of the Traffic Accident and an official document confirming the identity of the Insured Person,

f) any other documents, including medical documents, opinions, lab test results that can be obtained by legal and customary means, which are related to the event and are necessary to establish the grounds for benefit payment,

2. The benefit shall be paid not later than 14 days after Nationale-Nederlanden has been notified of the Insured Event. If it is not possible to clarify the circumstances necessary to determine the liability of Nationale-Nederlanden within that time limit, the benefit shall be paid within 14 days from the date on which it was possible to clarify these circumstances while exercising due care.

Article 5. Exclusions of liability of Nationale-Nederlanden

1. Nationale-Nederlanden shall not be held liable and it shall refuse to pay the benefit if the Spouse's death was directly caused by or resulted from:

   a) warfare, martial law,

   b) active and voluntary participation of the Spouse in acts of violence, disturbances, riots, acts of terror,

   c) an event related to a mass chemical, biological or radioactive contamination caused by weapons or equipment using nuclear fission energy or radioactivity,

   d) self-mutilation or harm inflicted at the Spouse's request, irrespective of their sanity,

   e) the Spouse remaining intoxicated or under the influence of alcohol within the meaning of the Polish Upbringing in Sobriety and Alcoholism Prevention Act or under the influence of intoxicants, psychotropic substances, substitute substances within the meaning of the Polish Act on the Prevention of Drug Abuse, with the exception of medicines prescribed by a Physician and used as instructed by the same,

   f) involvement of the Spouse in risky sport activities: motorsports, air sports, motorboating, mountain climbing, rock climbing, diving, potholing, martial arts and sports, water jumps, parachuting, bungee jumping,

   g) the Spouse driving a mechanical vehicle or another means of transport without being entitled to do so or where the vehicle or another means of transport did not meet the public road traffic admission criteria imposed by the provisions of the applicable laws,

   h) an aviation accident which took place while the Spouse was aboard a plane other than that of a licensed passenger airlines,

   i) an accident in water traffic occurring while the Spouse stayed on a vessel other than that of licensed passenger lines.

   j) committing or attempting to commit an offence deliberately by the Spouse.

2. If the Spouse dies as a result of an intentional act committed by the Insured Person, the benefit under the Additional Contract shall not be paid.

3. Nationale-Nederlanden shall not be liable if the Traffic Accident which gave rise to the death of the Spouse took place after the Premium due date where any prior, outstanding Total Premium was not covered in full until that date.
   However, the benefit shall be paid if the Spouse dies within 14 days from the Premium due date and all Total Premiums are covered in full within the period of those 14 days.

4. Nationale-Nederlanden shall not pay the benefit if the Traffic Accident which gave rise to the death of the Spouse took place within the Premium suspension period or in the circumstances excluding the liability of Nationale-Nederlanden.

Article 6. When does the insurance cover expire?

The insurance cover shall expire in the following cases:

a) expiry of the Additional Contract,

b) expiry of insurance cover under the Master Contract.

Article 7. Miscellaneous

To all matters not regulated herein, relevant General Terms and Conditions of Group Life Insurance TRM17 shall apply.

Article 8. Effective date of the Terms and Conditions

The Terms and Conditions, approved by the Management Board of Nationale-Nederlanden Towarzystwo Ubezpieczeń na Życie S.A. by Resolution No. 66/2019 of 28 November 2019, shall be effective as of 1 December 2019.

Michał Hucał
Member of the Management Board

Jacek Koronkiewicz
Member of the Management Board

Information concerning:

General Terms and Conditions of the Additional Contract against neoplasm of the Spouse SCCB17 (GTCI)

Information included in the GTCI	Article No.
1. Grounds for the payment of indemnity and other benefits or the Insurance surrender value.	Article 1, Article 2, Article 4, Article 5
2. Limitations and exclusions of the insurance company's liability based whereon the payment of the indemnity or other benefits may be refused or reduced.	Article 6, Article 7
3. Costs and other charges deducted from insurance premiums, from the assets of unit-linked insurance funds or through the redemption of units in unit-linked insurance funds.	Not applicable
4. The surrender value in particular periods of insurance cover and the period in which the claim for payment of the surrender value does not apply.	Not applicable

General Terms and Conditions of the Additional Contract against neoplasm of the Spouse SCCB17

General Terms and Conditions of the Additional Contract against neoplasm of the Spouse shall apply in relation to the Additional Contract specified in the policy and other documents issued by Nationale-Nederlanden and marked with the code SCCB17.

Article 1. Definitions

Any expressions not defined hereunder but defined in the General Terms and Conditions of Group Life Insurance TRM17 shall have the same meanings in these Terms and Conditions. In the General Terms and Conditions of the Additional Contract against neoplasm of the Spouse (hereinafter: Terms and Conditions) and any other documents related to the Additional Contract marked with the code SCCB17, the following terms shall have the meanings as set forth below:

1. **"Spouse"** – a person married to the Insured Person on the date of Insured Event.
2. **"Physician"** – a person who has the required qualifications authorising them to provide medical assistance, confirmed by relevant documents, and in particular to: check the health condition, diagnose and prevent diseases, treat and rehabilitate patients, provide medical advice, and issue opinions and medical certificates within their speciality.
3. **"Neoplasm"** – Malignant Neoplasm, Pre-Invasive Cancer (Carcinoma In Situ) or Benign Neoplasm.
4. **"Malignant Neoplasm"** – a neoplasm manifested by an uncontrolled growth and spread of cancer cells that infiltrates and damages normal tissues. Its diagnosis must be confirmed in a histopathological examination carried out by an oncologist or a histopathologist.
5. **"Pre-Invasive Cancer"** – Carcinoma in situ; focal and local growth of neoplastic cells which have not crossed epithelial basement membrane they stem from and which have not infiltrated the surrounding cells. Its diagnosis must be confirmed in a histopathological examination carried out by an oncologist or a histopathologist.
6. **"Benign Neoplasm"** – a neoplasm built of diversified and mature tissue, limited to the stem tissue that does not tumefy the surrounding tissues or spread to other parts of the body. Its diagnosis must be confirmed in a histopathological examination carried out by an oncologist or a histopathologist. The insurance shall only cover benign neoplasm of thyroid and ovary treated surgically.
7. **"Diagnosis"** – a test in which a Physician diagnoses a Neoplasm covered by insurance and specified in Article 2 sec. 2, as confirmed in a histopathological test by an oncologist or a histopathologist.

Article 2. What is the scope of cover?

1. The insurance shall cover the Spouse's health.
2. The scope of insurance cover shall comprise one of the following Insured Events – Neoplasms experienced by the Spouse that occurred in the period in which the Insured Person was provided with insurance cover:
   a) breast carcinoma in situ
   b) ovarian carcinoma in situ
   c) carcinoma in situ of corpus uteri
   d) carcinoma in situ of fallopian tube
   e) carcinoma in situ of testicle
   f) malignant neoplasm of prostate at stage lower than <T2 N0M0
   g) malignant melanoma stage 1A
   h) papillary thyroid cancer limited to thyroid gland
   i) benign neoplasm of thyroid treated surgically
   j) benign neoplasm of ovary treated surgically.
3. The date of Insured Event shall be the date on which a Diagnosis is made by a medical specialist from relevant field.

Article 3. What are the obligations of the Insured Person?

1. At the request of Nationale-Nederlanden, the Insured Person shall see to it that the Spouse submits to medical examinations in certified medical facilities at the cost of Nationale-Nederlanden. Refusal to undergo such examinations within the time frame specified by Nationale-Nederlanden may give rise to the refusal to pay the benefit.
2. If the event referred to in Article 2 sec. 2 occurs, the Insured Person shall see to it that the Spouse immediately submits to medical care and treatment recommended by a Physician in order to minimise the effects of the event.

Article 4. Who has the right to receive the benefit and what is the amount of the benefit?

1. The Insured Person shall be paid a benefit equivalent to the Sum Insured, and in the case specified in Article 6 sec. 4 – the aggregate of the basic premiums payable for the Insured Person in the portion applying to the Additional Contract that were paid before the date of the Insured Event (hereinafter referred to as "Premium Aggregate)".

2. Subject to sec. 3, the benefit under the Additional Contract shall be determined on the basis of the Sum Insured effective as at the date referred to in Article 2 sec. 3.
3. The payment of the benefit under the Additional Contract shall result in the expiry of the insurance cover under the Additional Contract in relation to the Insured Person.
4. If several Neoplasms referred to in Article 2 sec. 2 have been diagnosed, the benefit paid by Nationale-Nederlanden shall amount to 100% of the Sum Insured.

Article 5. What are the requirements for benefit payment?

1. Receiving the benefit shall require submitting the following documents to Nationale-Nederlanden:
   a) an insurance benefit payment request;
   b) Insured Person's official identification document,
   c) a copy of the marriage certificate of the Insured Person or Spouse confirming that they were in a marital relationship as at the date of Insured Event provided for in this Additional Contract,
   d) medical records related to the course of treatment with a confirmation of Neoplasm:
      - hospital discharge summary,
      - outpatient treatment records and test results,
      - Attending Physician's opinion,
      - copy of the histopathological test result,
      - documents confirming that a surgical procedure was performed for a Benign Neoplasm or that a Neoplasm covered under the Contract has been diagnosed,
   e) other documents, including medical documents, opinions, lab test results that can be obtained by legal and customary means, which are related to the event and are necessary to establish the grounds for benefit payment.
2. The benefit shall be paid not later than 30 days after Nationale-Nederlanden has been notified of the Insured Event. If it is not possible to explain with due diligence the circumstances necessary to determine the liability of Nationale-Nederlanden or the amount of insurance benefit within the above period, the benefit will be paid within 14 days from the date on which it became possible to explain these circumstances.
3. Nationale-Nederlanden shall pay the benefit under Neoplasm that was recognised or diagnosed in the Spouse during the period of insurance cover provided under this Additional Contract.

Article 6. Exclusions and limitations of liability of Nationale-Nederlanden

1. Nationale-Nederlanden shall not be held liable where a Neoplasm is a consequence of a Disease diagnosed or treated within 24 months before the date on which the Insured Person was provided with insurance cover under this Additional Contract.
2. The limitations of liability referred to in sec. 1 shall not apply if the Neoplasm occurred more than two years from the date on which the Insured Person was provided with insurance cover under this Additional Contract.
3. Nationale-Nederlanden shall not be liable if an Insured Event occurs after the Premium due date where any prior, outstanding Total Premium was not covered in full until that date. However, the benefit shall be paid if an Insured Event provided occurs within 14 days from the Premium due date and all Total Premiums are covered in full within the period of those 14 days.
4. Nationale-Nederlanden shall not pay the benefit if an Insured Event occurs in the circumstances specified in sec. 1 or 4 above which exclude the liability of Nationale-Nederlanden or within the Premium suspension period.
5. If an Insured Event – Neoplasm referred to in Article 2 sec. 2 occurs earlier than 90 days after the date of commencement of the liability under the Additional Contract, the benefit paid by the Insurer shall amount to the Premium Aggregate. In respect of an Insured Person that joined the insurance more than 3 months after the date of commencement of the liability under the Additional Contract or from the date on which they met the insurance membership criteria, with the Insured Event – Neoplasm referred to in Article 2 sec. 2 occurring earlier than 180 days from the date of commencement of the liability under the Additional Contract, the benefit paid by the Insurer shall be equal to the Premium Aggregate.
6. The limitations of liability specified in sec. 5 shall not apply in the event of re-conclusion of the Additional Contract.
7. Nationale-Nederlanden shall not be held liable for Carcinoma In Situ of any organs other than those specified in Article 2 sec. 2 (breast, ovary, corpus uteri, fallopian tube, testicle) and for cervical dysplasia or any other pre-cancerous and non-invasive lesions.

Article 7. When does the insurance cover expire?

The insurance cover under the Additional Contract shall expire in the following cases:

a) expiry of insurance cover under the Master Contract,
b) payment of benefit for an Insured Event under the Additional Contract.

Article 8. Miscellaneous

To all matters not regulated herein, relevant General Terms and Conditions of Group Life Insurance TRM17 shall apply.

Article 9. Effective date of the Terms and Conditions

The Terms and Conditions, approved by the Management Board of Nationale-Nederlanden Towarzystwo Ubezpieczeń

na Życie S.A. by Resolution No. 66/2019 of 28 November 2019, shall be effective as of 1 December 2019.

Michał Hucał

Member of the Management Board

Jacek Koronkiewicz

Member of the Management Board

Information concerning:

General Terms and Conditions of the Additional Contract for a dread disease of the Spouse SCIB17 (GTCI)

Information included in the GTCI	Article No.
1. Grounds for the payment of indemnity and other benefits or the Insurance surrender value.	Article 1, Article 2, Article 5, Article 6
2. Limitations and exclusions of the insurance company's liability based whereon the payment of the indemnity or other benefits may be refused or reduced.	Article 3, Article 7, Article 8
3. Costs and other charges deducted from insurance premiums, from the assets of unit-linked insurance funds or through the redemption of units in unit-linked insurance funds.	Not applicable
4. The surrender value in particular periods of insurance cover and the period in which the claim for payment of the surrender value does not apply.	Not applicable

General Terms and Conditions of the Additional Contract for a dread diseases of the Spouse SCIB17

General Terms and Conditions of the Additional Contract for a dread disease of the Spouse shall apply in relation to the Additional Contract specified in the policy and other documents issued by Nationale-Nederlanden and marked with the code SCIB17.

Article 1. Definitions

Any expressions not defined hereunder but defined in the General Terms and Conditions of Group Life Insurance TRM17 shall have the same meanings in these Terms and Conditions. In the General Terms and Conditions of the Additional Contract for a dread disease of the Spouse (hereinafter: Terms and Conditions) and any other documents related to the Additional Contract marked with the code SCIB17, the following terms shall have the meanings as set forth below:

1. "Spouse" – a person married to the Insured Person on the date of Dread Disease.
2. **"Dread Disease"** – a disease experienced by the Spouse or a medical procedure underwent by the same.
3. **"Physician"** – a person who has the required qualifications authorising them to provide medical assistance, confirmed by relevant documents, and in particular to: check the health condition, diagnose and prevent diseases, treat and rehabilitate patients, provide medical advice, and issue opinions and medical certificates within their speciality.
4. **"Hospital"** – a public or non-public inpatient healthcare facility which provides the patients with round-the-clock medical care and treatment based on relevant diagnostic and treatment equipment as well as medical staff, i.e. a qualified nursing personnel and at least one Physician on a permanent basis and keeping full medical records for each patient. For the purposes of the Terms and Conditions of the Additional Contract, a Hospital is not a nursing home, a mental institution, a hospice, a facility which treats alcoholism or other types of addiction, a rehabilitation hospital, a rehabilitation ward, a convalescence or rehabilitation centre, sanatorium, a recreation centre, a spa centre.
5. **"Groups of Dread Diseases or Procedures"** – groups of dread diseases or procedures excluded from the scope of insurance after the payment of the first and subsequent benefits under the Additional Contract. The Groups consist of the following dread diseases or surgeries:
   a) **Group I** – renal failure, end-stage liver failure, organ transplantation, multiple sclerosis, Parkinson's disease, coma, Creutzfeldt-Jakob disease, HIV/ AIDS infection, Alzheimer's disease or dementia, vegetative state, apallic syndrome, chronic pancreatitis, encephalitis, acute respiratory failure, meningitis, amyotrophic lateral sclerosis, muscular dystrophy, rheumatoid arthritis, systemic lupus erythematosus, fulminant viral hepatitis, Wegener's granulomatosis, severe sepsis, ulcerative colitis or Crohn's disease, progressive systemic sclerosis (generalised scleroderma),
   b) **Group II** – a heart attack, coronary bypass surgery, coronary angioplasty, heart valve surgery, stroke, aortic surgery, cardiomyopathy,
   c) **Group III** – malignant neoplasm, aplastic anaemia, benign brain tumour, brain surgery,
   d) **Group IV** – loss of sight, loss of speech, loss of hearing, severe burns, paralysis, loss of limbs, severe brain injury.

Article 2. What is the scope of cover?

1. The insurance shall cover the Spouse's health.
2. The scope of insurance is specified in one of the three variants of the Additional Contract: basic variant (SCIB17_A), extended variant (SCIB17_B) or full variant (SCIB17_C).
3. The scope of insurance in the basic variant shall comprise one of the following Dread Diseases suffered by the Spouse in the period in which the Insured Person was provided with insurance cover:
   a) **"Malignant Neoplasm (Tumour)"** – a tumour characterised by an uncontrolled growth and the spread of malignant cells causing invasion and destruction of normal tissues. The diagnosis must be confirmed in a histopathological examination carried out by a qualified oncologist or a histopathologist. The following shall be excluded from the scope of insurance:
      - carcinoma in situ,
      - dysplasia and any pre-cancerous lesions,
      - prostate cancer at stage less than T2N0M0,
      - any skin cancers, except for melanoma at stage T1bN0M0 or higher,
      - papillary thyroid cancer limited to thyroid gland,
      - all neoplasms concomitant with HIV infection.
   b) **"Benign Brain Tumour"**: intracranial, life- threatening non-malignant brain neoplasm causing brain damage, as confirmed by a neurologist or a neurosurgeon, that needs to be surgically removed, otherwise resulting in permanent neurological loss.
   c) **"Heart Attack"** – a diagnosed necrosis of a part of myocardium caused by a sudden disruption of blood flow to a specific area of the myocardium. The

diagnosis has to be based on an observation of a typical increase or decrease in the concentration of cardiac biomarkers in blood (troponin I, troponin T or CK-MB), with at least one value exceeding the 99th per centile of the upper reference range limit co-existing with at least two of the following clinical symptoms of myocardial ischaemia:

- Typical clinical symptoms of myocardial infarction,
- One of the following symptoms revealed by ECG indicating a recent myocardial ischaemia: new ST-T segment elevation or depression, T- wave inversion, new pathological Q waves or new block of the His bundle left branch.

The insurance cover does not include other acute coronary syndromes.

d) **"Stroke"** – necrosis of brain tissue caused by the disruption of blood flow to a particular area of the brain or bleeding into the brain tissue, along with all of the circumstances mentioned below:

- development of new clinical neurological symptoms corresponding to a stroke,
- presence of objective neurological deficits revealed in neurological examination for a period of at least 60 days since the diagnosis of the stroke,
- presence of new lesions that are typical in the case of a stroke in the image of computed tomography or nuclear magnetic resonance.

The insurance cover does not include:

- transient ischemic attacks (TIA),
- cerebral infarction or intracranial bleeding caused by an external injury,
- secondary haemorrhage to existing post-stroke foci,
- any other brain lesions which can be diagnosed with imaging techniques without concomitant clinical symptoms corresponding to these lesions.

e) **"Renal Failure"** – an end-stage renal disease manifested by an irreversible impairment of both kidneys, which constitutes an absolute indication for the use of chronic dialysis or for a kidney transplant.

f) **"Bypass Surgery"** – a surgical procedure performed with open chest, the purpose of which is to eliminate stenosis or occlusion of one or more coronary arteries by implanting bypasses. The insurance does not cover angioplasty nor any other endovascular procedures on coronary arteries with the use of coronary catheterisation or laser techniques.

g) **"Organ Transplantation"** – transplantation of one of the organs mentioned below to the Spouse as a recipient or placement of the Spouse on the list of recipients awaiting a transplantation of one of the organs mentioned below:

- heart, lung, liver, kidney, pancreas; or
- bone marrow with the use of blood stem cells after prior complete ablation (destruction) of the recipient's own bone marrow.

An organ transplantation must be medically justified and result from the diagnosis and confirmation of an irreversible end-stage organ failure. The insurance shall not cover transplants using maternal cells other than those mentioned above.

h) **"Loss of Sight"** – a complete and irreversible loss of sight caused by an illness or trauma. The diagnosis must be confirmed by an ophthalmologist. The insurance does not cover cases of loss of sight which are potentially treatable.

i) **"Loss of Hearing"** – a complete and irreversible loss of hearing caused by an illness or trauma. The diagnosis must be made on audiometric tests and confirmed by an ENT specialist. The insurance does not cover cases of loss of hearing which are potentially treatable.

j) **"Loss of Speech"** – a complete and irreversible loss of the ability to speak lasting for a continuous period of at least 12 months. The diagnosis must be made by an ENT specialist based on the diagnosis of a disease of or damage to vocal folds.

The insurance shall not include any cases of loss of speech caused by mental disorders. The insurance does not cover any cases of loss of speaking ability which are potentially treatable.

4. The scope of insurance in the extended variant shall comprise the Spouse's Dread Disease referred to in sec. 3 and in addition the following Dread Diseases:

a) **"Aortic Surgery"** – a surgical operation of thoracic aorta or abdominal aorta performed due to life-threatening vascular disease, including coarctation of the aorta, aneurysms and aortic dissection. The insurance shall not cover any procedures consisting in placement of a stent into the aorta and procedures concerning only aortic branches.

b) **"Heart Valve Surgery"** – first-time surgery to replace one or more heart valves, performed on an open heart or without opening the heart, conducted due to damage which cannot be repaired with the use of intravascular techniques. The surgery must be ordered by a cardiologist.

c) **"Multiple Sclerosis"** – a disease of the central nervous system (brain or spinal cord) caused by inflammatory and demyelinating processes and resulting in neurological symptoms. The diagnosis must be made by a neurology specialist based on McDonald diagnostic criteria (Revised McDonald Criteria 2005 – Polman, CH, Reingold, SC, Edan, G, et al. Diagnostic criteria for multiple sclerosis: 2005 revisions to the "McDonald criteria". An Neurol 2005; 58: 840-6). The insurance does not cover any situations in which it is possible to diagnose, but not prove, multiple sclerosis.

d) **"Severe Burns"** – a third-degree burn covering at least 20% of body surface area.

e) **"Aplastic Anaemia"** – a chronic dysfunction of the bone marrow resulting in anaemia, neutropenia and thrombocytopenia, requiring treatment using at least one of the following methods:

- transfusion of blood products,
- administration of bone marrow-stimulating drugs,
- administration of immunosuppressants,
- bone marrow transplantation. The diagnosis must be confirmed by a neurologist.

f) **"End-Stage Liver Failure"** – end-stage liver disease (cirrhosis) causing at least one of the following symptoms:

- ascites resistant to treatment,
- persistent jaundice,
- oesophageal varices,
- portal venous encephalopathy.

The insurance cover shall not include liver diseases caused by alcohol consumption or abuse of drugs or other chemicals.

g) **"Coronary Angioplasty"** – a procedure which consists in correcting a narrowing or blockage of one or more coronary arteries with the use of balloon angioplasty or other percutaneous transluminal coronary angioplasty procedure. The procedure must result from the existence of a narrowing in a coronary artery confirmed angiographically.

h) **"Coma"** – a state of unconsciousness with no reaction to external stimuli or natural needs, which is continuous and requires the use of life support systems for at least 96 hours. In addition, it is required that a permanent neurological deficit is diagnosed by a neurologist. The insurance cover shall not include comas caused by alcohol consumption or drug abuse.

i) **"Parkinson's Disease"** – an undoubted diagnosis of Parkinson's Disease made by a neurologist on the basis of progressive and permanent neurological deficits which deprive the Spouse of their Ability to Live Independently, as manifested by the loss of at least three out of six basic life needs despite an optimal pharmacological treatment, and specifically:

- putting on clothes – an ability to put on and off clothes independently (without support of others),
- movement – an ability to go to and get out of bed or sit on and get up from a chair independently (without the help of other people),
- relocation – an ability to go from one room to another independently (without the help of other people),
- controlling sphincters – faecal or urinary continence, which allows to maintain personal hygiene fully,
- eating – an ability to take food from a plate and put it in mouth independently (without the help of other people),
- personal hygiene – an ability to take a bath or shower independently (without the help of other people),

The scope of insurance shall not include cases in which Parkinson's Disease is caused by use of medicines or toxic substances.

j) **"Creutzfeldt-Jakob Disease"** – an undoubted diagnosis by a neurologist of Creutzfeldt-Jakob disease which deprive the sick of their Ability to Live Independently, as manifested by the loss of at least three out of six basic life needs, and specifically:

- putting on clothes – an ability to put on and off clothes independently (without support of others),
- movement – an ability to go to and get out of bed or sit on and get up from a chair independently (without the help of other people),
- relocation – an ability to go from one room to another independently (without the help of other people),
- controlling sphincters – faecal or urinary continence, which allows to maintain personal hygiene fully,
- eating – an ability to take food from a plate and put it in mouth independently (without the help of other people),
- personal hygiene – an ability to take a bath or shower independently (without the help of other people),

k) **"HIV Infection"** – HIV infection or AIDS diagnosed as an infection which can be proven to have been caused by one of the following:

- During the transfusion of infected blood or of blood products from a licensed centre authorised to prepare them (blood donation stations). The transfusion of infected blood must take place after the date of conclusion of the Insurance Contract. Seroconversion must take place within 6 months from the date of transfusion.
- As a result of an accidental needle-stick injury/cut in the course of performance of the duties arising from a given medical profession, including stomatologist, nurse, paramedic, medical assistant, lab worker, hospital ancillary staff employee, fireman, or policeman. Each such incident which gives rise to a claim must take place within the course of the Policy and reported to Nationale-Nederlanden within 7 days from the date of that event. In addition, a HIV test taken immediately after the event must be negative, whereas seroconversion must occur within 6 months from the date of the event.
- The Insured Person being transplanted (as a recipient) with an organ that had been pre-infected with HIV.

l) **"Severe Sepsis"** – a systemic inflammatory response syndrome caused by a bacterial, viral or fungal infection spreading through the circulatory system and characterised by the presence of micro-organisms or their toxins in the blood, leading to a failure of at least one organ. The insurance shall also cover cases of septic shocks taking place in the course of severe sepsis.

Severe sepsis must be diagnosed on the basis of a confirmed infection along with a failure of at least one organ and at least two of the following factors:

- pulse > 2 standard deviations for a given age with no stimulating circumstances, such as pain or medicines,
- body temperature measured in the oral cavity, rectum by tester in a Foley catheter or central vein > 38.5°C or < 36°C,
- respiratory rate > 2 standard deviations for a given age or the need to apply mechanical ventilation unrelated to a neuromuscular disease or resulting from the application of induced coma,
- the level of leukocytes in the blood is higher or lower than the standard rate for a given age, unrelated to the application of chemotherapy or the presence of more than 10% of immature forms,
- blood sugar level > 120 mg/dl, lack of diabetes.

The insurance does not cover the presence of micro-organisms (bacteria, viruses or fungi) in the blood without concomitant systemic inflammatory response syndrome or recurrent sepsis in complications after surgical operations or injuries. The diagnosis of sepsis must be reflected in medical documentation maintained by the hospital in charge of treatment.

5. The scope of insurance in the full variant shall comprise the Spouse's Dread Disease referred to in sec. 3 and 4 and in addition the following Dread Diseases:

   a) **"Alzheimer's Disease or Dementia"** – limitation or loss of intellectual abilities consisting in a significant disability of cognitive functions caused by an irreversible disorder of brain functions, as confirmed by clinical tests and questionnaires relevant to the diagnosis of Alzheimer's Disease or Dementia. The diagnosis must be confirmed by a neurologist. The insurance shall not cover dementia caused by alcohol, drug abuse or AIDS.

   b) **"Brain Surgery"** – a brain surgery performed on the basis of recommendations given by a neurologist through craniotomy or trepanopuncture under general anaesthesia. The insurance shall not cover brain surgeries performed as a result of injuries.

   c) **"Cardiomyopathy"** – a heart dysfunction (limitation of the function of the left or right ventricle) causing a heart failure corresponding to class IV according to the New York Heart Association (NYHA – Class IV NYHA involve symptoms of heart failure even at rest and the intensification of those conditions in any physical activity despite a correct therapeutic treatment; a heart failure must be confirmed by clinical and laboratory tests). The diagnosis of cardiomyopathy must be confirmed by a cardiologist. The insurance shall cover dilated cardiomyopathy, hypertrophic cardiomyopathy, and restrictive cardiomyopathy. The insurance cover shall exclude alcoholic cardiomyopathy.

   d) **"Encephalitis"** – a severe inflammation of the brain (brain hemispheres, brain stem, cerebellum) causing a permanent neurological deficit which lasts for at least 6 consecutive weeks. The diagnosis must be confirmed by a neurologist. Encephalitis caused by a HIV infection is not included in the insurance cover.

   e) **"Wegener's Granulomatosis"** – a systemic autoimmune disorder which causes necrotising small and medium blood vessels and manifested by the presence of granulomas and c-ANCA antibodies. The disease must be diagnosed on the basis of American College of Rheumatology criteria with co-existence of at least one of the following:

      - end-stage renal failure,
      - end-stage respiratory failure,
      - loss of sight,
      - loss of hearing.

   f) **"Fulminant Viral Hepatitis"** – an extensive necrosis of liver caused by a viral infection leading to a rapid growth of liver failure. The diagnosis must be based on the confirmation of viral hepatitis and the fulfilment of all the criteria indicated below:

      - rapid liver decrease shown in the ultrasound,
      - rapidly progressing transaminase activity,
      - rapidly progressing jaundice,
      - necrosis covering entire hepatic lobules (in the event of liver biopsy). Hepatitis B infection and asymptomatic carriers shall not be included in the insurance.

      The insurance cover shall also exclude chronic hepatitis, liver failure caused by alcohol, intoxicants or medicines.

   g) **"Ulcerative Colitis or Crohn's Disease"** – a severe ulcerative colitis or Crohn's disease requiring the application of at least one of the following treatment methods:

      - removal of the entire large intestine (colon),
      - partial resection of the small intestine performed during at least two surgeries that were conducted as part of separate hospital stays.

   h) **"Loss of Limbs"** – a total and irreversible loss of two or more limbs caused by an external injury. The insurance also includes the loss of both hands or both feet, as well as the loss of one hand and one foot.

   i) **"Severe Respiratory Failure"** – an end-stage lung disease causing a chronic respiratory failure manifested by all of the symptoms specified below:

      - forced expiratory volume in 1 second (FEV1) below one litre in consecutive tests,
      - the need to use constant oxygen therapy due to hypoxemia,
      - partial pressure of oxygen in arterial blood (PaO2) not higher than 55 mmHg,
      - dyspnoea at rest.

      The diagnosis must be confirmed by a pulmonologist.

   j) **"Severe Brain Damage"** – a permanent neurologic deficit (caused by damage to the brain) resulting from an accident and diagnosed within at least six weeks from the date of accident. The diagnosis must be confirmed by a neurologist based on a clear magnetic resonance imaging, computed tomography scan or other imaging tests. Damage to the spinal cord or head caused by any other reasons are not included in the insurance.

   k) **"Meningitis"** – a disease causing a significant and permanent neurologic deficit which lasts for at least six weeks and has been confirmed by a neurologist. The diagnosis must be confirmed by a cerebrospinal fluid test. Meningitis caused by a HIV infection is not included in the insurance.

   l) **"Amyotrophic Lateral Sclerosis"** – a clear diagnosis of amyotrophic lateral sclerosis made by a neurologist on the basis of clear and relevant symptoms.

   m) **"Muscular Dystrophy"** – a disease characterised by lesions in muscle fibres and connective tissue of muscles. The diagnosis must be confirmed by a neurologist based on the fulfilment of all the following criteria:

      - muscle weakness and atrophy with weakened tendon reflexes without sensory disorders and with the correct image of cerebrospinal fluid,
      - a standard EMG scan,

- clinical diagnosis confirmed by the results of muscle biopsy.

n) **"Chronic Pancreatitis"** – a progressing interstitial pancreas damage related to recurring severe inflammation.

The diagnosis must be confirmed by a gastroenterologist or surgeon based on the results of modern imagining examinations.

The insurance cover shall not include pancreatic diseases caused by alcohol consumption or abuse of drugs or other chemicals.

o) **"Paralysis"** – a total and permanent loss of function of two or more limbs caused by a damage to or disease of the spinal cord or brain, as diagnosed by a neurologist. The insurance also includes loss of function of the limbs referred to as diplegia, hemiplegia, tetraplegia or quadriplegia.

p) **"Rheumatoid Arthritis"** – a general joint damage manifested by the deformation of at least three of the following joint groups:

- interphalangeal joints, wrist joints
- elbow joints
- cervical spine joints
- knee joints
- feet joints

The insurance shall only include situations which deprive a person of their Ability to Live Independently, which is manifested by the loss of performing at least three basic life activities, and specifically:

- putting on clothes – an ability to put on and off clothes independently (without support of others),
- movement – an ability to go to and get out of bed or sit on and get up from a chair independently (without the help of other people),
- relocation – an ability to go from one room to another independently (without the help of other people),
- controlling sphincters – faecal or urinary continence, which allows to maintain personal hygiene fully,
- eating – an ability to take food from a plate and put it in mouth independently (without the help of other people),
- personal hygiene – an ability to take a bath or shower independently (without the help of other people),

r) **"Progressive Systemic Sclerosis (Generalised Scleroderma)"** – a systemic disease of the connective tissue manifested by diffused fibrosis in the skin, blood vessels and internal organs. The disease must be accompanied by heart, lung or kidney involvement, whereas the diagnosis must be confirmed by biopsy results and serological tests. The diagnosis must be stated by a rheumatologist or dermatologist. The insurance does not cover:

- limited sclerosis (morphea);
- localised forms of scleroderma (including linear morphea or limited spots),
- eosinophilic fasciitis,
- the CREST syndrome.

s) **"Systemic Lupus Erythematosus"** – an undoubted diagnosis of systemic lupus erythematosus made by a relevant medical specialist on the basis of international diagnosis criteria with concomitant lesions in the circulatory system, the nervous system or in the kidneys. The term "international diagnosis criteria" shall in particular refer to "American College of Rheumatology revised criteria for the diagnosis of systemic lupus erythematosus".

t) **"Vegetative State/Apallic Syndrome"** – loss of consciousness accompanied by disorder of the cerebral cortex with no reactions to external stimuli or physiological needs with preserved activity of the brainstem that calls for life support for at least 30 days and causes a permanent neurological deficit confirmed by a neurologist.

6. Nationale-Nederlanden shall consider the following day as the date of Insured Event:

a) in the case of malignant neoplasm, benign brain tumour, heart attack, stroke, renal failure, loss of eyesight, hearing loss, multiple sclerosis, severe burn, aplastic anaemia, end-stage liver failure, coma, Parkinson's disease, Creutzfeldt-Jakob disease, HIV/AIDS infection, Alzheimer's disease or dementia, vegetative state, apallic syndrome, chronic pancreatitis, encephalitis, severe respiratory failure, meningitis, amyotrophic lateral sclerosis, muscular dystrophy, rheumatoid arthritis, systemic lupus erythematosus, fulminant viral hepatitis, Wegener's granulomatosis, severe sepsis, progressive systemic sclerosis (generalised scleroderma), cardiomyopathy, loss of limbs, severe brain injury, paralysis – the date of diagnosis made by a medical specialist from relevant field, confirming that the disease entity is compliant with the terms and conditions defined in the description of relevant Dread Disease,

b) in the case of surgical procedure consisting in coronary bypass, aortic surgery, heart valve surgery, coronary angioplasty, brain surgery – the date of surgery,

c) in the case of organ transplantation – the date of surgery or the date on which the Spouse is entered into the registry of recipients awaiting organ transplantation,

d) in the case of loss of speech – the last day of the 12-month period specified in sec. 3 item j),

e) in the case of ulcerative colitis or severe Crohn's disease – the date of surgical removal of the entire large intestine (colon) or partial resection of the small intestine performed during at least two surgeries that were conducted as part of separate hospital stays.

7. Nationale-Nederlanden shall bear liability under the Additional Contract round-the-clock, regardless of the place of stay of the Insured Person.

Article 3. When does Nationale-Nederlanden apply Grace Periods?

1. In the case of conclusion of an Additional Contract, the 3-month Grace Period shall apply only with regard to the following Dread Diseases:

a) malignant neoplasm,

b) benign brain tumour

c) aortic surgery,

d) heart valve surgery

e) brain surgery,

f) cardiomyopathy,

g) chronic pancreatitis

h) ulcerative colitis

i) Crohn's disease.

2. A 6-month Grace Period covering all Dread Diseases of the Spouse and Procedures referred to in Article 2 sec. 3 to 5 shall apply where the premium is paid on a monthly basis and the Insured Person joined the insurance during the term of the Additional Contract in the 4th or subsequent Settlement Period counting from the liability commencement date or from the date on which the Insured Person met the insurance membership criteria.

3. A 6-month Grace Period shall apply where the premium is paid on a basis other than monthly and the Insured Person joined the insurance during the term of the Additional Contract in the 2nd or subsequent Settlement Period counting from the date of commencement of liability or from the date on which the Insured Person met the insurance membership criteria.

4. The Grace Period referred to in sec. 1 shall be waived if the Insured Person meets any and all conditions stipulated below on the coverage commencement date:

   a) before joining the insurance the Insured was covered for a period of at least one month by insurance based on a group life insurance contract concluded by the Policyholder with another insurance company providing for the same or similar scope of insurance to the cover provided under the Additional Contract, which means that the benefit under the present Contract would have been payable under the contract concluded with the previous insurer.

   b) the insurance cover referred to in item a) above expired in relation to that Insured Person not earlier than on the 30th day before the Insurance Cover commencement date and not later than on the 30th day after the Insurance Cover commencement date.

5. If an Insured Event takes place within 3 months from the date of commencement of the Insurance Cover, an Insured Person meeting the criteria referred to in sec. 4 shall be obliged to provide a declaration (along with all the documents necessary for payment of the benefit) to the insurance company.

   The declaration shall contain the following information:

   a) the list of Insured Events applicable in relation to the Insured Person and their corresponding Sums Insured as at the last date of the cover provided to the Insured Person by the insurance company that issued the declaration,

   b) the date of commencement and end of the insurance cover provided to the Insured Person.

Article 4. What are the obligations of the Insured Person?

1. At the request of Nationale-Nederlanden, the Insured Person shall see to it that the Spouse submits to clinical observation or medical examinations at the cost of Nationale-Nederlanden in the medical facilities approved by Nationale-Nederlanden to determine whether the Spouse's Dread Disease constitutes an Insured Event provided for in the Additional Contract.

2. If the event referred to in Article 2 sec. 3 to 5 occurs, the Insured Person shall see to it that the Spouse immediately submits to medical care and treatment recommended by a Physician in order to minimise the effects of the event.

Article 5. Who has the right to receive the benefit and what is the amount of the benefit?

1. The benefit amounting to the Sum Insured shall be paid out to the Insured Person, except for the situation referred to in sec. 4 and sec. 7.

2. Subject to sec. 3, the benefit under the Additional Contract shall be determined on the basis of the Sum Insured effective as at the date referred to in Article 2 sec. 6.

3. The benefit due to the Insured Event specified in Article 2 sec. 3 (j) shall be determined on the basis of the Sum Insured effective as at the first day of the period referred to in said provisions.

4. Depending on the type of Dread Disease or procedure, the benefit under this Additional Contract shall result in:

   a) the expiry of insurance cover provided for in the Additional Contract in relation to the Insured Person – where the Dread Disease of the Spouse or procedure belonged to Group I; or

   b) the continuation of insurance cover provided for in the Additional Contract in relation to the Insured Person, except for the Dread Diseases of the Spouse or procedures specified in sec. 5.

5. If a Dread Disease or procedure giving rise to the payment of the benefit belonged to Groups II, III or IV, the scope of insurance shall not comprise the group in which that Dread Disease of the Spouse was included as well as Group I.

6. Nationale-Nederlanden shall not pay the benefit if the Spouse died as a result of Dread Disease within 30 days from the date of that Dread Disease.

7. Nationale-Nederlanden may pay the Insured Person not more than 3 benefits under 3 different Insured Events, subject to sec. 5.

8. If there are two or more Dread Disease belonging to the same group, Nationale-Nederlanden shall pay only one benefit.

Article 6. What are the requirements for benefit payment?

1. Receiving the benefit shall require submitting the following documents to Nationale-Nederlanden:

   a) an insurance benefit payment request;

b) Insured Person's official identification document,

c) a copy of the marriage certificate of the Insured Person or Spouse confirming that they were in a marital relationship as at the date of Insured Event provided for in this Additional Contract:

d) medical records related to the course of treatment with a confirmation of Dread Disease,

- hospital discharge report,
- outpatient treatment records with test results,
- Attending Physician's opinion,
- a copy of examination confirming the surgery or presence of the disease entity being the basis for requesting benefit payment on account of a Dread Disease,

e) any other documents, including medical documents, opinions, lab test results that can be obtained by legal and customary means, which are related to the event and are necessary to establish the grounds for benefit payment.

2. The benefit shall be paid not later than 30 days after Nationale-Nederlanden has been notified of the Insured Event. If it is not possible to clarify the circumstances necessary to determine the liability of Nationale-Nederlanden within that time limit, the benefit shall be paid within 14 days from the date on which it was possible to clarify these circumstances while exercising due care.
3. Nationale-Nederlanden shall pay the benefit under Spouse's Dread Disease that was recognised or diagnosed during the period of insurance cover provided under this Additional Contract.

Article 7. Exclusions of liability of Nationale-Nederlanden

1. Nationale-Nederlanden shall not be held liable and it shall refuse to pay the Sum Insured if the Dread Disease of the Spouse was directly caused by or resulted from:

a) warfare, martial law,

b) active and voluntary participation of the Spouse in acts of violence, disturbances, riots, acts of terror,

c) an event related to a mass chemical, biological or radioactive contamination caused by weapons or equipment using nuclear fission energy or radioactivity,

d) self-mutilation or harm inflicted at the Spouse's request, irrespective of their sanity,

e) an accident caused by the Spouse if they remained intoxicated or under the influence of alcohol within the meaning of the Polish Upbringing in Sobriety and Alcoholism Prevention Act or under the influence of intoxicants, psychotropic substances, substitute substances within the meaning of the Polish Act on the Prevention of Drug Abuse, with the exception of medicines prescribed by a Physician and used as instructed by the same,

f) involvement of the Spouse in risky sport activities: motorsports, air sports, motorboating, mountain climbing, rock climbing, diving, potholing, martial arts and sports, water jumps, parachuting, bungee jumping,

g) a suicide attempt,

h) a Disease resulting from alcohol consumption,

2. Nationale-Nederlanden shall not be held liable where the Spouse's Dread Disease is a consequence of a Disease diagnosed or treated within 24 months before the date on which the Insured Person was provided with insurance cover under this Additional Contract.
3. The limitations of liability referred to in sec. 2 shall not apply if the Dread Disease of the Spouse took place after the period of 2 years from the date on which the Insured Person was provided with insurance cover under this Additional Contract.
4. Nationale-Nederlanden shall not be liable if an Insured Event occurs after the Premium due date where any prior, outstanding Total Premium was not covered in full until that date. However, the benefit shall be paid if an Insured Event provided for in the Additional Contract occurs within 14 days from the Premium due date and all Total Premiums are covered in full within the period of those 14 days.
5. Nationale-Nederlanden shall not pay the benefit if an Insured Event occurs within the Premium suspension period or in the circumstances excluding the liability of Nationale-Nederlanden.
6. Nationale-Nederlanden shall not be liable if the Insured Person wilfully contributed to the Dread Disease of the Spouse.

Article 8. When does the insurance cover expire?

1. The insurance cover shall expire in the following cases:

a) expiry of the Additional Contract,

b) expiry of insurance cover under the Master Contract.

c) expiry of the insurance cover referred to in Article 5 sec. 4(a) and Article 5 sec. 7.

2. In the case defined in sec. 1 (c), the insurance cover shall expire in relation to the Insured Person without a possibility of being resumed.

Article 9. Miscellaneous

To all matters not regulated herein, relevant General Terms and Conditions of Group Life Insurance TRM17 shall apply.

Article 10. Effective date of the Terms and Conditions

The Terms and Conditions, approved by the Management Board of Nationale-Nederlanden Towarzystwo Ubezpieczeń na Życie S.A. by Resolution No. 66/2019 of 28 November 2019, shall be effective as of 1 December 2019.

Michał Hucał
Member of the Management Board

Jacek Koronkiewicz
Member of the Management Board

Information concerning:

General Terms and Conditions of the Additional Contract for a contagious dread disease of the Spouse SCIB17_D (GTCI)

Information included in the GTCI	Article No.
1. Grounds for the payment of indemnity and other benefits or the Insurance surrender value.	Article 1, Article 2, Article 5, Article 6
2. Limitations and exclusions of the insurance company's liability based whereon the payment of the indemnity or other benefits may be refused or reduced.	Article 3, Article 7, Article 8
3. Costs and other charges deducted from insurance premiums, from the assets of unit-linked insurance funds or through the redemption of units in unit-linked insurance funds.	Not applicable
4. The surrender value in particular periods of insurance cover and the period in which the claim for payment of the surrender value does not apply.	Not applicable

General Terms and Conditions of the Additional Contract for a contagious dread disease of the Spouse SCIB17_D

General Terms and Conditions of the Additional Contract for a contagious dread disease of the Spouse shall apply in relation to the Additional Contract specified in the policy and other documents issued by Nationale-Nederlanden and marked with the code SCIB17_D.

Article 1. Definitions

Any expressions not defined hereunder but defined in the General Terms and Conditions of Group Life Insurance TRM17 shall have the same meanings in these Terms and Conditions. In the General Terms and Conditions of the Additional Contract for a contagious dread disease of the Spouse (hereinafter: Terms and Conditions) and any other documents related to the Additional Contract marked with the code SCIB17_D, the following terms shall have the meanings as set forth below:

1. **"Spouse"** – a person married to the Insured Person on the date of Dread Disease.
2. **"Contagious Dread Disease"** – a disease experienced by the Spouse or a medical procedure underwent by the same.
3. **"Physician"** – a person who has the required qualifications authorising them to provide medical assistance, confirmed by relevant documents, and in particular to: check the health condition, diagnose and prevent diseases, treat and rehabilitate patients, provide medical advice, and issue opinions and medical certificates within their speciality.

Article 2. What is the scope of cover?

1. The insurance shall cover the Spouse's health.
2. The scope of insurance shall comprise one of the following Contagious Dread Diseases suffered by the Spouse in the period in which the Insured Person was provided with insurance cover:
   a) **"Rabies"** – an acute contagious disease caused by Lyssavirus, manifested by acute encephalomyelitis which, according to a medical specialist, meets at least two of the following criteria:
      - sensory changes in the animal bite spot,
      - paresis or paralysis,
      - oesophagus muscle spasms,
      - hydrophobia,
      - delirium,
      - convulsions,
      - anxiety.

      The clinical diagnosis must be confirmed using one of the following laboratory methods:
      - isolation of Lyssa virus from the clinical material,
      - diagnosis of Lyssavirus's genetic material in the clinical material,
      - diagnosis of Lyssavirus's antigen by direct immunofluorescence in the clinical material,
      - confirmation of the presence of specific antibodies against Lyssavirus in the serum or cerebrospinal fluid.

   b) **"Tetanus"** – an acute contagious disease caused by a neurotoxin produced by Clostridium tetani. The diagnosis must be confirmed by a medical specialist based on one of the following symptoms:
      - painful muscle spasms of the jaw or neck (so-called lockjaw or rictus grin),
      - painful trunk muscle spasms,
      - generalised spasms.

      A clinical diagnosis must be confirmed by the isolation of Clostridium tetani from the infection site or by demonstrating the presence of tetanus toxin in the serum.

   c) **"Yellow Fever"** – an acute contagious disease caused by a virus of the family Flaviviridae. A clinical diagnosis must be given on the basis of confirmation of a stay in the region suspected of or confirmed to have cases of yellow fever within a period of one week before the disease and of confirmation by a medical specialist of yellow fever or bleeding from multiple sites suffered by the person falling ill with the fever. The clinical diagnosis must be confirmed using at least one of the following laboratory methods:
      - isolation of the yellow fever virus from the clinical material,
      - detection of the nucleic acid of the yellow fever virus,
      - detection of the antigen of the yellow fever virus,
      - identification of specific yellow fever virus antibodies.

   d) **"Cholera"** – an acute contagious disease caused by Vibrio cholerae. The diagnosis must be given on the basis of confirmation by a medical specialist of the clinical

symptoms (vomiting and diarrhoea), the isolation of Vibrio cholerae from the clinical material, demonstration of the presence of the O1 or O139 antigen in the isolated material, and demonstration of the presence of cholera enterotoxin or the cholera enterotoxin gene in the isolated material.

e) **"Dengue Fever"** – an acute disease manifested by high fever and which, according to a medical specialist, is found to display at least two of the following clinical symptoms:
   - headaches,
   - retrobulbar pain,
   - muscle pain,
   - joint pain,
   - rash,
   - haemorrhagic symptoms,
   - leukopenia.

   The clinical diagnosis must be confirmed using at least one of the following laboratory methods:
   - isolation of the dengue virus from the serum, plasma or leukocytes,
   - at least quadruple increase in the IgM or IgG antibody titre with the exclusion of cross reactions with other flaviviruses.

f) **"Typhoid Fever"** – an acute contagious disease caused by Salmonella typhi bacillus. The diagnosis must be based on the isolation of Salmonella typhi from the clinical material of the person diagnosed with long-term fever and at least one of the following concomitant symptoms:
   - headaches,
   - relative bradycardia,
   - cough,
   - diarrhoea, constipation, stomachache.

   The insurance cover shall not include cases of asymptomatic carriers of Salmonella typhi or Salmonella paratyphi.

g) **"Malaria"** – a parasitic disease caused by protozoa of the genus Plasmodium. The diagnosis must be based on fever whose carrier:
   - was diagnosed with Plasmodium malariae in blood smears; or
   - was diagnosed with Plasmodium spp. nucleic acid i n blood; or
   - was diagnosed with Plasmodium spp. antigen.

h) **"Schistosomiasis"** – an acute disease caused by parasites – flukes of the genus Schistosoma – which requires hospital treatment and is manifested by fever, stomachache, hepatosplenomegaly or central nervous system involvement. The diagnosis must be confirmed by a physician based on disease's clinical course and laboratory tests.

i) **"Gas Gangrene"** – a wound infection caused by Clostridium perfringens bacteria. The diagnosis must be confirmed by a medical specialist based on the disease's clinical course and the isolation of Clostridium perfringens strains from the clinical material.

j) **"Neuroborreliosis"** – a neurological manifestation of Lyme disease (caused by spirochete of Borrelia burgdorferi) which is found to display at least one of the following symptoms:
   - lymphocytic meningitis,
   - inflammation of the facial nerve or other cranial nerve,
   - polyneuroradiculitis,
   - encephalitis or meningitis,

   The clinical diagnosis must be confirmed using at least one of the following laboratory methods:
   - isolation of the borrelia spp spirochaetes from the clinical material,
   - a significant growth of specific antibodies in the serum,
   - demonstration of local synthesis of specific antibodies in the central nervous system.

3. The date of Insured Event shall be the date on which a Diagnosis is made by a medical specialist from relevant field, confirming that the disease entity is compliant with the terms and conditions defined in the description of relevant Contagious Dread Disease experienced by the Spouse.
4. Nationale-Nederlanden shall bear liability under the Additional Contract round-the-clock, regardless of the place of stay of the Insured Person.

Article 3. When does Nationale-Nederlanden apply Grace Periods?

1. A 6-month Grace Period covering all Dread Diseases of the Spouse referred to in Article 2 sec. 2 shall apply where the premium is paid on a monthly basis and the Insured Person joined the insurance during the term of the Additional Contract in the 4th or subsequent Settlement Period counting from the liability commencement date or from the date on which the Insured Person met the insurance membership criteria.
2. A 6-month Grace Period covering all Dread Diseases of the Spouse referred to in Article 2 sec. 2 shall apply where the premium is paid on a non-monthly basis and the Insured Person joined the insurance during the term of the Additional Contract in the 2nd or subsequent Settlement Period counting from the liability commencement date or from the date on which the Insured Person met the insurance membership criteria.

Article 4. What are the obligations of the Insured Person?

1. At the request of Nationale-Nederlanden, the Insured Person shall see to it that the Spouse submits to clinical observation or medical examinations at the cost of Nationale-Nederlanden in the medical facilities approved by Nationale-Nederlanden to determine whether the Spouse's Dread Disease constitutes an Insured Event provided for in the Additional Contract.
2. If the event referred to in Article 2 sec. 2 occurs, the Insured Person shall see to it that the Spouse immediately submits to medical care and treatment recommended by a Physician in order to minimise the effects of the event.

Article 5. Who has the right to receive the benefit and what is the amount of the benefit?

1. The benefit amounting to the Sum Insured shall be paid out to the Insured Person, except for the situation referred to in sec. 3.
2. Subject to sec. 3, the benefit under the Additional Contract shall be determined on the basis of the Sum Insured effective as at the date referred to in Article 2 sec. 3.
3. Nationale-Nederlanden may pay the Insured Person not more than 3 benefits under 3 different Insured Events.
4. Nationale-Nederlanden shall not pay the benefit if the Spouse died as a result of Contagious Dread Disease within 30 days from the date of that Contagious Dread Disease.

Article 6. What are the requirements for benefit payment?

1. Receiving the benefit shall require submitting the following documents to Nationale-Nederlanden:
   a) an insurance benefit payment request,
   b) Insured Person's official identification document,
   c) a copy of the marriage certificate of the Insured Person or Spouse confirming that they were in a marital relationship as at the date of Insured Event provided for in this Additional Contract,
   d) medical records related to the course of treatment with a confirmation of Dread Disease,
      - hospital discharge report,
      - outpatient treatment records with test results,
      - Attending Physician's opinion,
   e) any other documents, including medical documents, opinions, lab test results that can be obtained by legal and customary means, which are related to the event and are necessary to establish the grounds for benefit payment.
2. The benefit shall be paid not later than 30 days after Nationale-Nederlanden has been notified of the Insured Event. If it is not possible to clarify the circumstances necessary to determine the liability of Nationale-Nederlanden within that time limit, the benefit shall be paid within 14 days from the date on which it was possible to clarify these circumstances while exercising due care.
3. Nationale-Nederlanden shall pay the benefit under Spouse's Contagious Dread Disease that was recognised or diagnosed during the period of insurance cover provided under this Additional Contract.

Article 7. Exclusions of liability of Nationale-Nederlanden

1. Nationale-Nederlanden shall not be held liable and it shall refuse to pay the Sum Insured if the Contagious Dread Disease of the Spouse was directly caused by or resulted from:
   a) warfare, martial law,
   b) active and voluntary participation of the Spouse in acts of violence, disturbances, riots, acts of terror,
   c) an event related to a mass chemical, biological or radioactive contamination.
2. Nationale-Nederlanden shall not be held liable where the Spouse's Contagious Dread Disease is a consequence of a Disease diagnosed or treated within 24 months before the date on which the Insured Person was provided with insurance cover under this Additional Contract.
3. The limitations of liability referred to in sec. 2 shall not apply if the Contagious Dread Disease of the Spouse took place after the period of 2 years from the date on which the Insured Person was provided with insurance cover under this Additional Contract.
4. Nationale-Nederlanden shall not be liable if an Insured Event occurs after the Premium due date where any prior, outstanding Total Premium was not covered in full until that date. However, the benefit shall be paid if an Insured Event provided for in the Additional Contract occurs within 14 days from the Premium due date and all Total Premiums are covered in full within the period of those 14 days.
5. Nationale-Nederlanden shall not pay the benefit if an Insured Event occurs within the Premium suspension period or in the circumstances excluding the liability of Nationale-Nederlanden.
6. Nationale-Nederlanden shall not be liable if the Insured Person wilfully contributed to the Contagious Dread Disease of the Spouse.

Article 8. When does the insurance cover expire?

1. The insurance cover shall expire in the following cases:
   a) expiry of the Additional Contract,
   b) expiry of insurance cover under the Master Contract.
   c) expiry of the insurance cover referred to in Article 5 sec. 3.
2. In the case defined in sec. 1 (c), the insurance cover shall expire in relation to the Insured Person without a possibility of being resumed.

Article 9. Miscellaneous

To all matters not regulated herein, relevant General Terms and Conditions of Group Life Insurance TRM17 shall apply.

Article 10. Effective date of the Terms and Conditions

The Terms and Conditions, approved by the Management Board of Nationale-Nederlanden Towarzystwo Ubezpieczeń na Życie S.A. by Resolution No. 66/2019 of 28 November 2019, shall be effective as of 1 December 2019.

Michał Hucał
Member of the Management Board

Jacek Koronkiewicz
Member of the Management Board

Information concerning:

General Terms and Conditions of the Additional Contract for Hospitalisation of the Insured Person's Spouse SHDB17 (GTCI)

Information included in the GTCI	Article No.
1. Grounds for the payment of indemnity and other benefits or the Insurance surrender value.	Article 1, Article 2, Article 5, Article 6
2. Limitations and exclusions of the insurance company's liability based whereon the payment of the indemnity or other benefits may be refused or reduced.	Article 3, Article 7, Article 8
3. Costs and other charges deducted from insurance premiums, from the assets of unit-linked insurance funds or through the redemption of units in unit-linked insurance funds.	Not applicable
4. The surrender value in particular periods of insurance cover and the period in which the claim for payment of the surrender value does not apply.	Not applicable

General Terms and Conditions of the Additional Contract for Hospitalisation of the Insured Person's Spouse SHDB17

General Terms and Conditions of the Additional Contract for Hospitalisation of the Insured Person's Spouse shall apply in relation to the Additional Contract specified in the policy and other documents issued by Nationale-Nederlanden and marked with the code SHDB17.

Article 1. Definitions

Any expressions not defined hereunder but defined in the General Terms and Conditions of Group Life Insurance TRM17 shall have the same meanings in these Terms and Conditions. In the General Terms and Conditions of the Additional Contract for Hospitalisation of the Insured Person's Spouse (hereinafter: Terms and Conditions) and any other documents related to the Additional Contract marked with the code SHDB17, the following terms shall have the meanings as set forth below:

1. **"Spouse"** – a person married to the Insured Person on the date of Hospitalisation.
2. **"Hospital"** – a public or non-public inpatient healthcare facility which provides the patients with round-the-clock medical care and treatment based on relevant diagnostic and treatment equipment as well as medical staff, i.e. a qualified nursing personnel and at least one Physician on a permanent basis and keeping full medical records for each patient. For the purposes of the Terms and Conditions of the Additional Contract, a Hospital is not a nursing home, a mental institution, a hospice, a facility which treats alcoholism or other types of addiction, a rehabilitation hospital, a rehabilitation ward, a convalescence or rehabilitation centre, sanatorium, a recreation centre, a spa centre.
3. **"Hospital Stay" ("Hospitalisation")** – a permanent and uninterrupted stay of the Spouse in a Hospital, documented in the manner as specified herein, aimed at keeping, restoring or improving the Spouse's health. Hospitalisation shall also be regarded as uninterrupted if the Spouse is transferred to another Hospital. A stay aimed at rehabilitation or convalescence of the Spouse shall not be considered as Hospitalisation.
4. **"Day of Hospitalisation caused by an Accident"** – each ended calendar day of Hospitalisation of the Spouse.

   The first day of Hospitalisation shall be the time between the admission to Hospital until the end of that day (until 12 p.m.).
5. **"Day of Hospitalisation caused by a Disease"** – each commenced calendar day of Hospitalisation of the Spouse. The first day of Hospitalisation shall be the time between the admission to Hospital until the end of that day (until 12 p.m.).
6. **"ICU"** (Intensive Medical Care Unit or Intensive Care Unit) – a separate hospital ward for patients whose life is in danger and who require intensive specialised treatment, permanent care and supervision, equipped with specialised equipment for constant monitoring of the patients' vital functions.
7. **"Day of Hospitalisation in the ICU"** – each commenced calendar day of Insured Person's stay in the ICU. The first day of stay in the ICU shall be the ICU admission date until the end of that date (12 p.m.).
8. **"Physician"** – a person who has the required qualifications authorising them to provide medical assistance, confirmed by relevant documents, and in particular to: check the health condition, diagnose and prevent diseases, treat and rehabilitate patients, provide medical advice, and issue opinions and medical certificates within their speciality.
9. **"Disease"** – a reaction of the body to a pathogenic factor, internal or external, diagnosed by a Physician and leading to functional disorders, organic changes in tissues, organs, systems or the entire body; within the meaning of the Terms and Conditions, pregnancy, childbirth and puerperium shall not be regarded as a Disease.
10. **"Mental Illness"** – mental disorder or behavioural disorder as specified in the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
11. **"Congenital Defects"** – any deviation from the normal structure of tissues, organs or the entire body developed during foetal life and diagnosed in line with the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
12. **"Accident"** – a sudden, external event beyond control of the Spouse that was the direct and sole cause of their Hospitalisation and took place during the period in which the Insured Person was provided with insurance cover by Nationale-Nederlanden. Within the meaning of the GTCI, a Disease, a Mental Illness or psychical bodily injuries suffered by the Insured Person due to an overload, effort, lifting or bending shall not be considered an external cause of the Accident.
13. **"Daily Hospital Benefit"** – an amount defined in the Policy and used to calculate the amount of the Benefit payable under the Additional Contract.

Article 2. What is the scope of cover?

1. The insurance shall cover the Spouse's health.
2. The insurance covers the occurrence of the following events:
   a) Hospitalisation of the Spouse caused by a Disease,
   b) Hospitalisation of the Spouse caused by an Accident, on condition that Hospitalisation began not later than 180 days after the Accident,
   c) stay of the Spouse in the ICU due to a direct threat to life.

   If they commenced in the period in which the Insured Person was provided with insurance cover under the Additional Contract.
3. During Spouse's Hospitalisation, the Insured Person must be provided with insurance cover on a continuous basis. The fulfilment of the above condition is not required if the following takes place before the end of the Hospitalisation:
   a) the insurance cover provided to the Insured Person expired due to the termination of the legal relationship between the Insured Person and the Policyholder – the employment referred to in Article 10 sec. 1(b) of the General Terms and Conditions of the Master Contract,
   b) the Additional Contract has expired.
4. Nationale-Nederlanden shall bear liability under the Additional Contract round-the-clock and worldwide.

Article 3. When does Nationale-Nederlanden apply Grace Periods?

1. In the case of conclusion of an Additional Contract, only the 2-month Grace Period shall apply, subject to sec. 2 and 3.
2. A 6-month Grace Period shall apply where the premium is paid on a monthly basis and the Insured Person joined the insurance during the term of the Additional Contract in the 4th or subsequent Settlement Period counting from the liability commencement date or from the date on which the Insured Person met the insurance membership criteria.
3. A 6-month Grace Period shall apply where the premium is paid on a basis other than monthly and the Insured Person joined the insurance during the term of the Additional Contract in the 2nd or subsequent Settlement Period counting from the date of commencement of liability or from the date on which the Insured Person met the insurance membership criteria.
4. During the Grace Period referred to in sec. 1, 2, and 3, Nationale-Nederlanden shall be liable for the Spouse's Hospitalisation only if it was caused by an Accident, subject to Article 7 sec. 3.
5. The Grace Period referred to in sec. 1 shall be waived if the Insured Person meets any and all conditions stipulated below on the coverage commencement date:
   a) before joining the insurance the Insured was covered for a period of at least one month by insurance based on a group life insurance contract concluded by the Policyholder with another insurance company providing for the same or similar scope of insurance to the cover provided under the Additional Contract, which means that the benefit under the present Contract would have been payable under the contract concluded with the previous insurer.
   b) the insurance cover referred to in item a) above expired in relation to that Insured Person not earlier than on the 30th day before the Insurance Cover commencement date and not later than on the 30th day after the Insurance Cover commencement date.
6. If an Insured Event takes place within 2 months from the date of commencement of the Insurance Cover, then an Insured Person meeting the criteria referred to in sec. 5 shall be obliged to provide a declaration (along with all the documents necessary for payment of the benefit referred to in the policy) to the insurance company. The declaration shall contain the following information:
   a) the list of Insured Events applicable in relation to the Insured Person and their corresponding Sums Insured as at the last date of the cover provided to the Insured Person by the insurance company that issued the declaration,
   b) the date of commencement and end of the insurance cover provided to the Insured Person.

Article 4. What is the Daily Hospital Benefit?

1. A Daily Hospital Benefit under the Additional Contract is defined in the Policy and in the Confirmation of membership in the insurance.
2. The Daily Hospital Benefit is a fixed amount during the term of the Additional Contract, subject to sec. 3.
3. The Daily Hospital Benefit may change on each Policy Anniversary at request of the Policyholder once the suggested change is accepted by Nationale-Nederlanden, subject to the Terms and Conditions defined in the Master Contract.
4. The amount of Daily Hospital Benefit may be specified individually for each Subgroup.

Article 5. Who has the right to receive the benefit and what is the amount of the benefit?

1. The benefit amounting to a multiple of the Daily Hospital Benefit shall be paid out to the Insured Person.
2. The calculation of the benefit due to the Spouse for Hospitalisation shall be based on the Daily Hospital Benefit applicable on the first day of the Spouse's Hospitalisation.
3. Nationale-Nederlanden shall pay the benefit if the Hospitalisation of the Spouse lasted at least:
   a) 3 days – if the Hospitalisation was caused by a Disease. The period of Hospitalisation shall begin the moment the Spouse is admitted to the Hospital and end at the moment the Spouse is discharged from the Hospital. In such a case, the benefit shall be paid for each day of Hospitalisation, including the date of discharge.
   b) 1 day – where the Hospitalisation of the Insured Person was caused by an Accident, on condition that the Hospitalisation began not later than 180 days after the

Accident. In such case, the benefit shall be paid as of the first day of Hospitalisation equivalent to twice the amount of daily hospital benefit for each day of Hospitalisation and for hospital discharge day,

c) 1 day – if the Insured Person stayed in the ICU during the Hospitalisation due to a direct threat to his or her life. In such a case, the benefit is paid for each Day of Hospitalisation in the ICU and it shall be twice the amount of Daily Hospital Benefit for each day of stay in the ICU and for the day of discharge from the ICU, plus the Daily Hospital Benefit for each Day of Hospitalisation immediately before and after the Hospitalisation in the ICU, including the date of discharge from the Hospital.

4. A one-off Hospitalisation Benefit is payable for no more than 180 days of Hospitalisation per Policy Year.
5. Throughout the Policy Year, the Insured Person is eligible for a total benefit for a period not longer than 360 days of Hospitalisation of the Spouse, counting as an aggregate of one-time stays. The benefit is calculated according to the rules defined in sec. 3.
6. If Hospitalisation was caused by more than one event covered under the Additional Contract, Nationale-Nederlanden shall only pay one benefit for each of those events (whichever is higher).
7. A temporary absence of the Spouse in a Hospital (upon a prior consent of the Physician authorised to grant it) shall not interrupt the Spouse's Hospitalisation. Nationale-Nederlanden shall not pay the Daily Hospital Benefit due to a temporary absence of the Spouse in a Hospital.

Article 6. What are the requirements for benefit payment?

1. Receiving the benefit shall require submitting the following documents to Nationale-Nederlanden:
   a) an insurance benefit payment request;
   b) an official identity document of the Insured Person and the Spouse,
   c) Spouse's hospital discharge report,
   d) the hospital discharge report defining the period of stay of the Spouse in an ICU (if the person has been in the ICU),
   e) a police report or other documents confirming the occurrence and circumstances of the Accident, on condition that Hospitalisation was caused by an Accident,
   f) a copy of the marriage certificate of the Insured Person or Spouse confirming that they were in a marital relationship as at the date of Insured Event provided for in this Additional Contract,
   g) any other documents, including medical documents, opinions, lab test results that can be obtained by legal and customary means, which are related to the event and are necessary to establish the grounds for benefit payment.
2. The benefit shall be paid not later than 14 days after Nationale-Nederlanden has been notified of the Insured Event. If it is not possible to clarify the circumstances necessary to determine the liability of Nationale-Nederlanden within that time limit, the benefit shall be paid within 14 days from the date on which it was possible to clarify these circumstances while exercising due care.

Article 7. Exclusions of liability of Nationale-Nederlanden

1. Nationale-Nederlanden shall not be liable and shall not pay the benefit if the Accident or Disease causing the Hospitalisation of the Spouse resulted from:
   a) warfare or martial law,
   b) active and voluntary participation of the Spouse in acts of violence, disturbances, riots, acts of terror,
   c) an event related to a mass chemical, biological or radioactive contamination caused by weapons or equipment using nuclear fission energy or radioactivity,
   d) self-mutilation or harm inflicted at the Spouse's request, irrespective of their sanity,
   e) the Spouse remaining intoxicated or under the influence of alcohol within the meaning of the Polish Upbringing in Sobriety and Alcoholism Prevention Act or under the influence of intoxicants, psychotropic substances, substitute substances within the meaning of the Polish Act on the Prevention of Drug Abuse, with the exception of medicines prescribed by a Physician and used as instructed by the same,
   f) the Spouse driving a mechanical vehicle or another means of transport without being entitled to do so or where the vehicle or another means of transport did not meet the public road traffic admission criteria imposed by the provisions of the applicable laws,
   g) a suicide attempt,
   h) any mental illnesses, congenital defects and resulting conditions,
   i) involvement of the Spouse in risky sport activities: motorsports, air sports, motorboating, mountain climbing, rock climbing, diving, potholing, martial arts and sports, water jumps, parachuting, bungee jumping,
   j) the Spouse deliberately committing or attempting to commit an offence.
   k) failure to use medical assistance or to observe medical advice or where the Spouse undergoes a medical procedure without the supervision of a Physician or other authorised persons.
2. Nationale-Nederlanden shall not be held liable and it shall refuse to pay the benefit if the reason for the Spouse's Hospitalisation was:
   a) plastic surgery (including breast augmentation or reduction), with the exception of removal of the effects of Accidents,
   b) dental surgery, with the exception of removal of the effects of Accidents,
   c) routine or preventive medical or diagnostic examinations unrelated to an Accident or Disease,
   d) treatment related to infertility, sterilisation, artificial insemination, abortion or miscarriage,

e) sex change, circumcision, phimosis surgery, uterine curettage,

f) genetic therapy, experimental surgery, alternative therapy, an event in which the Spouse took part 0as a donor of organs or tissues.

3. Nationale-Nederlanden shall not be liable if the Spouse's Hospitalisation occurs after the Premium due date where any prior, outstanding Total Premium was not covered in full until that date. However, the benefit shall be paid if Hospitalisation begins within 14 days from the Premium due date and all Total Premiums are covered in full within the period of those 14 days.
4. Nationale-Nederlanden shall not pay the benefit if the Spouse's Hospitalisation begins during the Grace Period, during the Premium suspension period or in the circumstances excluding the liability of Nationale-Nederlanden, subject to Article 3 sec. 4.

Article 8. When does the insurance cover expire?

The insurance cover shall expire in the following cases:

a) expiry of the Additional Contract,

b) expiry of insurance cover under the Master Contract.

Article 9. Miscellaneous

To all matters not regulated herein, relevant General Terms and Conditions of Group Life Insurance TRM17 shall apply.

Article 10. Effective date of the Terms and Conditions

The Terms and Conditions, approved by the Management Board of Nationale-Nederlanden Towarzystwo Ubezpieczeń na Życie S.A. by Resolution No. 66/2019 of 28 November 2019, shall be effective as of 1 December 2019.

Michał Hucał

Member of the Management Board

Jacek Koronkiewicz

Member of the Management Board

Information concerning:

General Terms and Conditions of the Additional Contract for Hospitalisation of the Insured Person's Spouse as a result of an Accident SAHDB17 (GTCI)

Information included in the GTCI	Article No.
1. Grounds for the payment of indemnity and other benefits or the Insurance surrender value.	Article 1, Article 2, Article 4, Article 5
2. Limitations and exclusions of the insurance company's liability based whereon the payment of the indemnity or other benefits may be refused or reduced.	Article 6, Article 7
3. Costs and other charges deducted from insurance premiums, from the assets of unit-linked insurance funds or through the redemption of units in unit-linked insurance funds.	Not applicable
4. The surrender value in particular periods of insurance cover and the period in which the claim for payment of the surrender value does not apply.	Not applicable

General Terms and Conditions of the Additional Contract for Hospitalisation of the Insured Person's Spouse as a result of an Accident SAHDB17

General Terms and Conditions of the Additional Contract for Hospitalisation of the Insured Person's Spouse as a result of an Accident shall apply in relation to the Additional Contract specified in the policy and other documents issued by Nationale-Nederlanden and marked with the code SAHDB17.

Article 1. Definitions

Any expressions not defined hereunder but defined in the General Terms and Conditions of Group Life Insurance TRM17 shall have the same meanings in these Terms and Conditions. In the General Terms and Conditions of the Additional Contract for Hospitalisation of the Insured Person's Spouse as a result of an Accident (hereinafter: Terms and Conditions) and any other documents related to the Additional Contract marked with the code SAHDB17, the following terms shall have the meanings as set forth below:

1. **"Spouse"** – a person married to the Insured Person on the date of Hospitalisation.
2. **"Hospital"** – a public or non-public inpatient healthcare facility which provides the patients with round-the-clock medical care and treatment based on relevant diagnostic and treatment equipment as well as medical staff, i.e. a qualified nursing personnel and at least one Physician on a permanent basis and keeping full medical records for each patient. For the purposes of the Terms and Conditions of the Additional Contract, a Hospital is not a nursing home, a mental institution, a hospice, a facility which treats alcoholism or other types of addiction, a rehabilitation hospital, a rehabilitation ward, a convalescence or rehabilitation centre, sanatorium, a recreation centre, a spa centre.
3. **"Hospital Stay" ("Hospitalisation")** – a permanent and uninterrupted stay of the Spouse in a Hospital, documented in the manner as specified herein, aimed at keeping, restoring or improving the Spouse's health. Hospitalisation shall also be regarded as uninterrupted if the Spouse is transferred to another Hospital. A stay aimed at rehabilitation or convalescence of the Spouse shall not be considered as Hospitalisation.
4. **"Day of Hospitalisation"** – each ended calendar day of Hospitalisation of the Spouse. The first day of Hospitalisation shall be the time between the admission to Hospital until the end of that day (until 12 p.m.).
5. **"ICU"** (Intensive Medical Care Unit or Intensive Care Unit) – a separate hospital ward for patients whose life is in danger and who require intensive specialised treatment, permanent care and supervision, equipped with specialised equipment for constant monitoring of the patients' vital functions.
6. **"Physician"** – a person who has the required qualifications authorising them to provide medical assistance, confirmed by relevant documents, and in particular to: check the health condition, diagnose and prevent diseases, treat and rehabilitate patients, provide medical advice, and issue opinions and medical certificates within their speciality.
7. **"Accident"** – a sudden, external event beyond control of the Spouse that was the direct and sole cause of their Hospitalisation and took place during the period in which the Insured Person was provided with insurance cover by Nationale-Nederlanden. Within the meaning of the GTCI, a Disease, a Mental Illness or psychical bodily injuries suffered by the Insured Person due to an overload, effort, lifting or bending shall not be considered an external cause of the Accident.
8. **"Daily Hospital Benefit"** – an amount defined in the Policy and used to calculate the amount of the Benefit payable under the Additional Contract.

Article 2. What is the scope of cover?

1. The insurance shall cover the Spouse's health.
2. The scope of insurance shall cover Hospitalisation of the Spouse caused by an Accident which took place in the period in which the Insured Person was provided with insurance cover under the Additional Contract, on condition that Hospitalisation began not later than 180 days from the Accident counting from the date of the Accident,
3. During Spouse's Hospitalisation, the Insured Person must be provided with insurance cover on a continuous basis. The fulfilment of the above condition is not required if the following takes place before the end of the Hospitalisation:
   a) the insurance cover provided to the Insured Person expired due to the termination of the legal relationship between the Insured Person and the Policyholder – the employment referred to in the Terms and Conditions of the Master Contract,
   b) the Additional Contract has expired.
4. Nationale-Nederlanden shall bear liability under the Additional Contract round-the-clock and worldwide.

Article 3. What is the Daily Hospital Benefit?

1. A Daily Hospital Benefit under the Additional Contract is defined in the Policy and in the Confirmation of membership in the insurance.
2. The Daily Hospital Benefit is a fixed amount during the term of the Additional Contract, subject to sec. 3.
3. The Daily Hospital Benefit may change on each Policy Anniversary at request of the Policyholder once the suggested change is accepted by Nationale-Nederlanden, subject to Article 13 sec. 10 of the Terms and Conditions defined in the Master Contract.
4. The amount of Daily Hospital Benefit may be specified individually for each Subgroup.

Article 4. Who has the right to receive the benefit and what is the amount of the benefit?

1. The benefit amounting to a multiple of the Daily Hospital Benefit shall be paid out to the Insured Person.
2. The calculation of the benefit due to the Spouse for Hospitalisation shall be based on the Daily Hospital Benefit applicable on the first day of the Spouse's Hospitalisation.
3. Nationale-Nederlanden shall pay the benefit where the Hospitalisation of the Spouse lasted at least 1 day and was caused by an Accident, on condition that the Hospitalisation began not later than 180 days from the Accident. In such a case, the benefit shall be paid as of the first day of Hospitalisation and shall be twice the amount of Daily Hospital Benefit for each day of Hospitalisation.
4. A one-off Hospitalisation Benefit is payable for no more than 180 days of Hospitalisation per Policy Year.
5. Throughout the Policy Year, the Insured Person is eligible for a total benefit for a period not longer than 360 days of Hospitalisation of the Spouse, counting as an aggregate of one-time stays. The benefit is calculated according to the rules defined in sec. 3.
6. If Hospitalisation was caused by more than one event covered under the Additional Contract, Nationale-Nederlanden shall only pay one benefit for each of those events (whichever is higher).
7. A temporary absence of the Spouse in a Hospital (upon a prior consent of the Physician authorised to grant it) shall not interrupt the Spouse's Hospitalisation. Nationale-Nederlanden shall not pay the Daily Hospital Benefit due to a temporary absence of the Spouse in a Hospital.

Article 5. What are the requirements for benefit payment?

1. Receiving the benefit shall require submitting the following documents to Nationale-Nederlanden:
   a) an insurance benefit payment request;
   b) an official identity document of the Insured Person and the Spouse,
   c) Spouse's hospital discharge report,
   d) the hospital discharge report defining the period of stay of the Spouse in an ICU (if the person has been in the ICU),
   e) a police report or other documents confirming the occurrence and circumstances of the Accident, a copy of the marriage certificate of the Insured Person or Spouse confirming that they were in a marital relationship as at the date of Insured Event provided for in this Additional Contract,
   f) any other documents, including medical documents, opinions, lab test results that can be obtained by legal and customary means, which are related to the event and are necessary to establish the grounds for benefit payment,
2. The benefit shall be paid not later than 14 days after Nationale-Nederlanden has been notified of the Insured Event. If it is not possible to clarify the circumstances necessary to determine the liability of Nationale-Nederlanden within that time limit, the benefit shall be paid within 14 days from the date on which it was possible to clarify these circumstances while exercising due care.

Article 6. Exclusions of liability of Nationale-Nederlanden

1. Nationale-Nederlanden shall not be liable and shall not pay the benefit if the Accident causing the Hospitalisation of the Spouse resulted from:
   a) warfare or martial law,
   b) active and voluntary participation of the Spouse in acts of violence, disturbances, riots, acts of terror,
   c) an event related to a mass chemical, biological or radioactive contamination caused by weapons or equipment using nuclear fission energy or radioactivity,
   d) remaining intoxicated or under the influence of alcohol within the meaning of the Polish Upbringing in Sobriety and Alcoholism Prevention Act or under the influence of intoxicants, psychotropic substances, substitute substances within the meaning of the Polish Act on the Prevention of Drug Abuse, with the exception of medicines prescribed by a Physician and used as instructed by the same,
   e) the Spouse driving a mechanical vehicle or another means of transport without being entitled to do so or where the vehicle or another means of transport did not meet the public road traffic admission criteria imposed by the provisions of the applicable laws
   f) involvement of the Spouse in risky sport activities: motorsports, air sports, motorboating, mountain climbing, rock climbing, diving, potholing, martial arts and sports, water jumps, parachuting, bungee jumping,
   g) the Spouse deliberately committing or attempting to commit an offence.
2. Nationale-Nederlanden shall not be liable if the Spouse's Hospitalisation occurs after the Premium due date where any prior, outstanding Total Premium was not covered in full until that date. However, the benefit shall be paid if Hospitalisation begins within 14 days from the Premium

due date and all Total Premiums are covered in full within the period of those 14 days.

3. Nationale-Nederlanden shall not pay the benefit if the Spouse's Hospitalisation begins during the Premium suspension period or in the circumstances excluding the liability of Nationale-Nederlanden.

Article 7. When does the insurance cover expire?

The insurance cover shall expire in the following cases:

a) expiry of the Additional Contract,

b) expiry of insurance cover under the Master Contract.

Article 8. Miscellaneous

To all matters not regulated herein, relevant General Terms and Conditions of Group Life Insurance TRM17 shall apply.

Article 9. Effective date of the Terms and Conditions

The Terms and Conditions, approved by the Management Board of Nationale-Nederlanden Towarzystwo Ubezpieczeń na Życie S.A. by Resolution No. 66/2019 of 28 November 2019, shall be effective as of 1 December 2019.

Michał Hucał

Member of the Management Board

Jacek Koronkiewicz

Member of the Management Board

Information concerning:

General Terms and Conditions of the Additional Contract for Permanent Damage to Health due to an Accident SLHB17 (GTCI)

Information included in the GTCI	Article No.
1. Grounds for the payment of indemnity and other benefits or the Insurance surrender value.	Article 1, Article 2, Article 3, Article 4
2. Limitations and exclusions of the insurance company's liability based whereon the payment of the indemnity or other benefits may be refused or reduced.	Article 5, Article 6
3. Costs and other charges deducted from insurance premiums, from the assets of unit-linked insurance funds or through the redemption of units in unit-linked insurance funds.	Not applicable
4. The surrender value in particular periods of insurance cover and the period in which the claim for payment of the surrender value does not apply.	Not applicable

General Terms and Conditions of the Additional Contract for Spouse's Permanent Damage to Health due to an Accident SLHB17

General Terms and Conditions of the Additional Contract for Spouse's Permanent Damage to Health due to an Accident shall apply in relation to the Additional Contract specified in the policy and other documents issued by Nationale-Nederlanden and marked with the code SLHB17.

Article 1. Definitions

Any expressions not defined hereunder but defined in the General Terms and Conditions of Group Life Insurance TRM17 shall have the same meanings in these Terms and Conditions. In the General Terms and Conditions of the Additional Contract for Spouse's Permanent Damage to Health due to an Accident (hereinafter: Terms and Conditions) and any other documents related to the Additional Contract marked with the code SLHB17, the following terms shall have the meanings as set forth below:

1. **"Permanent Damage to Health"** – the body's function being affected in a way impairing its functions without any prognosis of improvement.
2. **"Accident"** – a sudden, external event beyond control of the Spouse that was the direct and sole cause of their Bodily Injury and took place during the term of the Additional Contract for Permanent Damage to Health due to an Accident. Within the meaning of the Terms and Conditions, a Disease, a Mental Illness or psychical bodily injuries suffered by the Spouse due to an overload, effort, lifting or bending shall not be considered an external cause of the Accident.
3. **"Spouse"** – a person married to the Insured Person as at the date of their Accident giving rise to the Permanent Damage to their health.

Article 2. What is the scope of cover?

1. The insurance shall cover the Spouse's health.
2. The scope of insurance covers the Spouse's Permanent Damage to Health due to an Accident that occurred during the period of insurance cover provided to the Insured Person under the Additional Contract.
3. Nationale-Nederlanden shall bear liability under the Additional Contract round-the-clock, regardless of the place of stay of the Spouse.

Article 3. Who has the right to receive the benefit and what is the amount of the benefit?

1. The benefit corresponding to relevant percentage amount of the Sum Insured defined on the basis of the table specified in sec. 5 shall be paid to the Insured Person.
2. The benefit due to Permanent Damage to Health shall be determined based on the Sum Insured effective as at the date of the Accident.
3. Nationale-Nederlanden shall decide whether the claim is justified based on the documentation referred to in Article 4 and based on the results of medical examinations which the Insured Person is obliged to undergo at the request and cost of Nationale-Nederlanden in the Medical Facilities authorised by Nationale-Nederlanden to determine whether Permanent Damage to Health suffered by the Spouse is an Insured Event covered under the Additional Contract.
4. The degree of Permanent Damage to Health is determined after the end of treatment, rehabilitation, and stabilisation of the Spouse's health, but no later than 3 years after the date of the Accident. If the Spouse suffered any loss of or damage to an organ or a system before the Accident, the percentage of Permanent Damage to Health shall be the difference between the post-accident condition and the pre- accident condition.
5. The degree of Permanent Damage to Health shall be established based on the Table of Post-Accident Permanent Damage to Health approved by Nationale-Nederlanden and attached to the Terms and Conditions.
6. The aggregate of benefits paid to the Insured Person under Permanent Damage to Health cannot exceed 100% of the Sum Insured effective as the date of the last Accident.
7. Once the degree of Permanent Damage to Health is established and the benefit is paid, it is no longer possible to decrease or increase the degree of damage.

Article 4. What are the requirements for benefit payment?

1. Receiving the benefit shall require submitting the following documents to Nationale-Nederlanden:
   a) an insurance benefit payment request;
   b) an abridged copy of the marriage certificate,
   c) documents confirming the occurrence and circumstances of the Accident and an official document confirming the identity of the Insured Person,
   d) medical records related to the course of treatment with a confirmation of Permanent Damage to Health,
   e) any other documents, including medical documents, opinions, lab test results that can be obtained by legal and customary means, which are related to the event and are necessary to establish the grounds for benefit payment.
2. It is recommended for the Spouse to seek medical care within 7 days following the date of the Accident and to take actions to mitigate its results by complying with medical instructions.
3. The benefit shall be paid not later than 30 days after Nationale-Nederlanden has been notified of the Insured Event. If it is not possible to clarify the circumstances necessary to determine the liability of Nationale-Nederlanden within that time limit, the benefit shall be paid within 14 days from the date on which it was possible to clarify these circumstances while exercising due care.

Article 5. Exclusions of liability of Nationale-Nederlanden

1. Nationale-Nederlanden shall not be held liable and it shall refuse to pay the benefit if the Accident which gave rise to the Permanent Damage to Health of the Spouse was directly caused by or resulted from:
   a) warfare, martial law,
   b) active and voluntary participation of the Spouse in acts of violence, disturbances, riots, acts of terror,
   c) an event related to a mass chemical, biological or radioactive contamination caused by weapons or equipment using nuclear fission energy or radioactivity,
   d) self-mutilation or harm inflicted at the Spouse's request, irrespective of their sanity,
   e) the Spouse remaining intoxicated or under the influence of alcohol within the meaning of the Polish Upbringing in Sobriety and Alcoholism Prevention Act or under the influence of intoxicants, psychotropic substances, substitute substances within the meaning of the Polish Act on the Prevention of Drug Abuse, with the exception of medicines prescribed by a Physician and used as instructed by the same,
   f) involvement of the Spouse in risky sport activities: motorsports, air sports, motorboating, mountain climbing, rock climbing, diving, potholing, martial arts and sports, water jumps, parachuting, bungee jumping,
   g) the Spouse driving a mechanical vehicle or another means of transport without being entitled to do so or where the vehicle or another means of transport did not meet the public road traffic admission criteria imposed by the provisions of the applicable laws,
   h) committing or attempting to commit an offence deliberately by the Spouse.
2. Nationale-Nederlanden shall not be liable if Damage to Health is caused by an occupational disease of the Spouse.
3. Nationale-Nederlanden shall not be liable if the Accident which gave rise to the Damage to Health of the Spouse took place after the Premium due date where any prior, outstanding Total Premium was not covered in full until that date. However, the benefit shall be paid if the Accident that caused the Damage to Health of the Spouse took place within 14 days of the Premium due date, and all outstanding Total Premiums were fully paid during the period of those 14 days.
4. Nationale-Nederlanden shall not pay the benefit if the Accident which gave rise to the Damage to Health of the Spouse took place within the Premium suspension period or in the circumstances excluding the liability of Nationale-Nederlanden.

Article 6. When does the insurance cover expire?

1. The insurance cover shall expire in the following cases:
   a) expiry of the Additional Contract,
   b) expiry of insurance cover under the Master Contract.
   c) payment of the benefits amounting to 100% of the Sum Insured.
2. In the case defined in sec. 1 item c), the insurance cover shall expire without a possibility of being resumed.

Article 7. Miscellaneous

To all matters not regulated herein, relevant General Terms and Conditions of Group Life Insurance TRM17 shall apply.

Article 8. Effective date of the Terms and Conditions

The Terms and Conditions and the Table of Percentage Evaluation Standards for Post-Accident Permanent Damage to Health approved by the Management Board of Nationale-Nederlanden Towarzystwo Ubezpieczeń na Życie S.A. by way of resolution no. 66/2019 of 28 November 2019 shall come into force on 1 December 2019.

Michał Hucał
Member of the Management Board

Jacek Koronkiewicz
Member of the Management Board

Information concerning:

General Terms and Conditions of the Additional Contract for the Monthly Payment for Orphaning a Child of the Insured Person as a result of an Accident AOCB17 (GTCI)

Information included in the GTCI	Article No.
1. Grounds for the payment of indemnity and other benefits or the Insurance surrender value.	Article 1, Article 2, Article 3, Article 4 of the GTCI
2. Limitations and exclusions of the insurance company's liability based whereon the payment of the indemnity or other benefits may be refused or reduced.	Article 1, Article 3, Article 5 of the GTCI
3. Costs and other charges deducted from insurance premiums, from the assets of unit-linked insurance funds or through the redemption of units in unit-linked insurance funds.	Not applicable
4. The surrender value in particular periods of insurance cover and the period in which the claim for payment of the surrender value does not apply.	Not applicable

General Terms and Conditions of the Additional Contract for the Monthly Payment for Orphaning a Child of the Insured Person as a result of an Accident AOCB17

The General Terms and Conditions of the Additional Contract for the Monthly Payment for Orphaning a Child of the Insured Person as a result of an Accident shall apply in relation to the Additional Contract specified in the policy and other documents issued by Nationale-Nederlanden and marked with the code AOCB17.

Article 1. Definitions

Any expressions not defined hereunder but defined in the General Terms and Conditions of Group Life Insurance TRM17 shall have the same meanings in these Terms and Conditions. The General Terms and Conditions of the Additional Contract for the Monthly Payment for Orphaning a Child of the Insured Person as a result of an Accident (hereinafter: Terms and Conditions) and any other documents related to the Additional Contract marked with the code AOCB17, the following terms shall have the meanings as set forth below:

1. **"Accident"** – a sudden, external event beyond control of the Insured Person that took place during the Insured Person's insurance cover period and which became the direct and sole cause of the Insured Event. Within the meaning of the GTCI, a Disease, a Mental Illness or psychical bodily injuries suffered by the Insured Person due to an overload, effort, lifting or bending shall not be considered an external cause of the Accident.
2. **"Child"** – an own or adopted child of the Insured Person below 18 years of age, born and alive at the moment of the Insured Event.
3. **"Adoption"** – a voluntary, legal adoption of a child as their own where the relationship between the adopter and the adoptee is that of between parents and children. including full/ full insoluble (complete) adoption confirmed by a birth certificate of the child in which the adopter is indicated as a parent of the child or by a legal decision on adoption issued by a guardianship court.
4. **"Statutory Representative"** – a person whose authorisation to act on behalf of a person having no or limited capacity to perform acts in law results from the provisions of law.

Article 2. What is the scope of cover?

1. The subject of insurance is the Insured Person's life.
2. The scope of insurance shall cover orphaning a Child as a result of death of the Insured Person that occurred during the period of insurance cover provided to the Insured Person under the Additional Contract, on condition that the Insured Person's death took place not later than 180 days from the date of the Accident.
3. The Insured Person shall be provided with insurance cover under the Additional Contract round-the-clock, regardless of the place of their stay.

Article 3. Who has the right to receive the benefit and what is the amount of the benefit?

1. In the event of death of the Insured Person as a result of an Accident, Nationale-Nederlanden shall begin paying out the insurance benefit for each Child of the Insured Person based on the rules defined below.
2. The benefit shall be paid on a monthly basis until the Child turns 18.
3. The amount of the monthly benefit for each Child under the Additional Contract shall be defined in the Policy and in the Confirmation of membership in the insurance, subject to Article 4. sec. 2 in relation to the first benefit paid.
4. Nationale-Nederlanden shall pay the benefit also where the Insured Person's death as a result of the Accident occurred during the premium suspension period and after the expiry of the Additional Contract as well as following the expiry of the insurance cover in relation to the Insured Person in question under the Master Contract, on condition that the Accident which gave rise to the death of the Insured Person occurred within the period of liability of Nationale-Nederlanden.
5. A Child that has intentionally contributed to the Accident resulting in the death of the Insured Person shall not be eligible for the monthly benefit.

Article 4. What are the requirements for benefit payment?

1. Receiving the benefit shall require submitting the following documents to Nationale-Nederlanden:

a) an insurance benefit payment request;

b) a copy of the Insured Person's death certificate and statement with the cause of death issued by relevant authorities or physician;

c) documents confirming the occurrence and circumstances of the Accident;

d) a copy of the Child's birth certificate;

e) a legally binding decision of the guardianship court stating the adoption of the Child by the Insured Person – where the benefit is to be paid to the adopted Child;

f) a document confirming the authorisation to act on behalf of the Child – where the application is filed by the Statutory Representative of the Child;

g) a document confirming the identity of the Child's Statutory Representative;

h) a decision closing judicial proceedings in the case or other documents related to the pending proceedings that may confirm the validity of the claim – if the proceedings took place or are pending;

i) any other documents, including medical documents, opinions, lab test results that can be obtained by legal and customary means, which are related to the event and are necessary to establish the right to the benefit payment.

2. The first benefit shall be paid not later than 30 days after Nationale-Nederlanden is notified of the Insured Event. If it is not possible to clarify the circumstances necessary to determine the liability of Nationale-Nederlanden within that time limit, the benefit shall be paid within 14 days from the date on which it was possible to clarify these circumstances while exercising due care. Whereas the first benefit shall be paid in the amount corresponding to the aggregate of monthly benefits for the period from the month following the month of the death of the Insured Person until the month in which Nationale- Nederlanden decided to award the benefit, and subsequent benefits shall be paid on the 1st day of each month.

3. Nationale-Nederlanden shall cease to pay the monthly benefit from the month following the month in which the orphaned Child turned 18 or in which the orphaned Child died.

4. The Statutory Representative of the Child shall inform Nationale-Nederlanden of any circumstancing affecting the payment of benefit under this Additional Contract, i.e.:

a) death of the Child,

b) change of the Statutory Representative authorised to act on behalf of the Child and manage the Child's property,

c) change in the address data of the Child.

Article 5. Exclusions of liability of Nationale-Nederlanden

1. Nationale-Nederlanden shall not be held liable and it shall refuse to pay the benefit if the Accident which gave rise to the death of the Insured Person was directly caused by or resulted from:

a) warfare, martial law,

b) active and voluntary participation of the Insured Person in acts of violence, disturbances, riots, acts of terror,

c) an event related to a mass chemical, biological or radioactive contamination caused by weapons or equipment using nuclear fission energy or radioactivity,

d) self-mutilation or harm inflicted at the Insured Person's request, irrespective of their sanity,

e) the Insured Person remaining intoxicated or under the influence of alcohol within the meaning of the Polish Upbringing in Sobriety and Alcoholism Prevention Act or under the influence of intoxicants, psychotropic substances, substitute substances within the meaning of the Polish Act on the Prevention of Drug Abuse, with the exception of medicines prescribed by a Physician and used as instructed by the same,

f) involvement of the Insured Person in risky sport activities: motorsports, air sports, motorboating, mountain climbing, rock climbing, diving, potholing, martial arts and sports, water jumps, parachuting, bungee jumping,

g) committing or attempting to commit an offence deliberately by the Insured Person,

h) the Insured Person driving a mechanical vehicle or another means of transport without being entitled to do so or where the vehicle or another means of transport did not meet the public road traffic admission criteria imposed by the provisions of the applicable laws.

2. Nationale-Nederlanden shall not be liable if the Accident which gave rise to the death of the Insured Person took place after the Premium due date where any prior, outstanding Total Premium was not covered in full until that date. However, the benefit shall be paid if the Accident which gave rise to the death of the Insured Person took place within 14 days from the Premium due date and all outstanding Total Premiums are covered in full within the period of those 14 days.

3. Nationale-Nederlanden shall not pay the benefit if the Accident which gave rise to the death of the Insured Person took place within the Premium suspension period or in the circumstances excluding the liability of Nationale-Nederlanden.

Article 6. When does the insurance cover expire?

The insurance cover shall expire in the following cases:

a) expiry of the Additional Contract,

b) expiry of insurance cover under the Master Contract.

c) payment of benefit for an Insured Event under the Additional Contract.

Article 7. Miscellaneous

To all matters not regulated herein, relevant General Terms and Conditions of Group Life Insurance TRM17 shall apply.

Article 8. Effective date of the Terms and Conditions

The Terms and Conditions, approved by the Management Board of Nationale-Nederlanden Towarzystwo Ubezpieczeń na Życie S.A. by Resolution No. 66/2019 of 28 November 2019, shall be effective as of 1 December 2019.

Michał Hucał

Member of the Management Board

Jacek Koronkiewicz

Member of the Management Board

Information concerning:

General Terms and Conditions of the Additional Contract for a dread disease of a Child CCIB17 (GTCI)

Information included in the GTCI	Article No.
1. Grounds for the payment of indemnity and other benefits or the Insurance surrender value.	Article 1, Article 2, Article 5, Article 6
2. Limitations and exclusions of the insurance company's liability based whereon the payment of the indemnity or other benefits may be refused or reduced.	Article 3, Article 7, Article 8
3. Costs and other charges deducted from insurance premiums, from the assets of unit-linked insurance funds or through the redemption of units in unit-linked insurance funds.	Not applicable
4. The surrender value in particular periods of insurance cover and the period in which the claim for payment of the surrender value does not apply.	Not applicable

General Terms and Conditions of the Additional Contract for a dread disease of a Child CCIB17

General Terms and Conditions of the Additional Contract for a dread disease of a Child shall apply in relation to the Additional Contract specified in the policy and other documents issued by Nationale-Nederlanden and marked with the code CCIB17.

Article 1. Definitions

Any expressions not defined hereunder but defined in the General Terms and Conditions of Group Life Insurance TRM17 shall have the same meanings in these Terms and Conditions. In the General Terms and Conditions of the Additional Contract for a dread disease of the Child (hereinafter: Terms and Conditions) and any other documents related to the Additional Contract marked with the code CCIB17, the following terms shall have the meanings as set forth below:

1. **"Child"** – all own or adopted children of the Insured Person that were at least over 6 months old and below 18 years of age as at the date of Insured Event or are below 25 years of age and continue their education.
2. **"Dread Disease"** – a disease experienced by a Child or a medical procedure underwent by the same.
3. **"Physician"** – a person who has the required qualifications authorising them to provide medical assistance, confirmed by relevant documents, and in particular to: check the health condition, diagnose and prevent diseases, treat and rehabilitate patients, provide medical advice, and issue opinions and medical certificates within their speciality.
4. **"Groups of Dread Diseases or Procedures"** – groups of dread diseases or procedures excluded from the scope of insurance after the payment of the first and subsequent benefits under the Additional Contract.

   The Groups consist of the following dread diseases or surgeries:

   a) **Group I** – renal failure, organ transplantation, diabetes requiring insulin treatment, sepsis,

   b) **Group II** – bacterial meningitis, severe encephalitis, pneumococcus,

   c) **Group III** – malignant neoplasm, benign brain tumour, severe (bronchial) asthma.

Article 2. What is the scope of cover?

1. Insurance shall cover the Child's health.
2. The scope of insurance shall comprise one of the following Dread Diseases suffered by the Child or performance of a procedure in the period in which the Insured Person was provided with insurance cover:

   a) **"Malignant Neoplasm (Tumour)"** – a tumour characterised by an uncontrolled growth and the spread of malignant cells causing invasion and destruction of normal tissues. The diagnosis must be confirmed in a histopathological examination carried out by a qualified oncologist or a histopathologist.

   The following shall be excluded from the scope of insurance:

   - carcinoma in situ,
   - dysplasia and any pre-cancerous lesions,
   - any skin cancers, except for melanoma at stage T1bN0M0 or higher,
   - papillary thyroid cancer limited to thyroid gland,
   - all neoplasms concomitant with HIV infection.

   b) **Severe (bronchial) asthma: diagnosed on the basis of the following criteria:** a sudden severe asthma attack which, in the opinion of a paediatrician, requires a hospital stay and mechanical ventilation (e.g. using a respirator) for at least 4 hours or the diagnosis of at least three of the following symptoms of severe chronic asthma:

   - the need for daily and chronic application of oral corticosteroids for at least 6 months as prescribed by a paediatrician,
   - the diagnosis of chest deformation in the form of Harrison's groove confirmed by a paediatrician,
   - a significant growth impairment which, in the opinion of a Paediatrician, is caused by asthma (for the purpose of this definition, a "significant growth impairment" shall mean the growth of the child below the 3rd centile as appropriate for the age and sex of the Child where during the previous evaluation of the Child's development at the age of at least one year growth at the level of the 5th centile (or more) was found as appropriate for the age and sex of the Child,
   - the need for at least three hospital stays per year during the last two years was caused by severe asthma attacks; hospital stays shall be regarded as a stay in a hospital for at least 48 hours resulting from a referral by a paediatrician,
   - a significant and persistent limitation of peak expiratory flow (PEF) which, for the purpose of this definition, shall comprise less than 80% of that indicator for a Child of the same age, sex, and posture during asthma treatment recommended by a paediatrician and confirmed on the basis of at least four readings of that indicator made no more than once a month in the last year; it is critical for the paediatrician in charge of treatment to confirm compliance with the prescribed treatment.

c) Bacterial Meningitis: confirmed by an examination of cerebrospinal fluid and resulting in permanent neurologic deficit which lasts for at least six months. The diagnosis must be confirmed by a neurologist.

d) Severe Encephalitis – a severe inflammation of the brain (brain hemispheres, bran stem, cerebellum) resulting in a significant and permanent neurologic deficit which lasts for at least 6 consecutive months. The diagnosis must be confirmed by a neurologist.

e) Benign Brain Tumour: intracranial, life- threatening non-malignant brain neoplasm causing brain damage, as confirmed by a neurologist or a neurosurgeon, that needs to be surgically removed, otherwise resulting in permanent neurological loss.

f) Diabetes Requiring Insulin Treatment: cases of diabetes which must be treated with insulin due to a threat to life, with the treatment being applied for at least 6 consecutive months before the claim is made. The diagnosis must be made by an endocrinologist.

g) Renal Failure – an end-stage renal disease manifested by an irreversible impairment of both kidneys, which constitutes an absolute indication for the use of chronic dialysis or for a kidney transplant.

h) Organ Transplantation: transplantation of one of the organs mentioned below to a Child as a recipient or placement of a Child on the list of recipients awaiting a transplantation of one of the organs mentioned below:

- heart, lung, liver, kidney, pancreas; or
- bone marrow with the use of blood stem cells after prior complete ablation (destruction) of the recipient's own bone marrow.

An organ transplantation must be medically justified and result from the diagnosis and confirmation of an irreversible end-stage organ failure. The insurance shall not cover transplants using maternal cells other than those mentioned above.

i) Sepsis: a systemic inflammatory response syndrome caused by a bacterial, viral or fungal infection spreading through the circulatory system and manifested by the presence of micro- organisms or their toxic metabolites in the blood leading to organ failure. The insurance shall also cover cases of septic shock. In addition, at least two of the following diagnosis criteria for systemic inflammatory response syndrome:

- tachycardia at a rate of more than two standard deviations (SD) above the limit for a given age with lack of other factors affecting tachycardia, such as pain or impact of medicines or tachycardia due to other unknown reasons lasting from 30 minutes to 4 hours; in the case of Children, a pulse rate below the 10th percentile for a given age with lack of other factors affecting bradycardia, in particular medicines (beta-blockers) or a congenital heart defect or heart rate slowdown due to other unknown reasons lasting more than 30 minutes,
- body temperature measured in the oral cavity, rectum or large vein above 38.5ºC or below 36ºC,
- respiratory rate increased by more than two standard deviations (SD) above the limit for a given age or the need to introduce mechanical ventilation, regardless of the conditions of the neuromuscular system or the effects of medicines,
- the amount of white blood cells is higher or lower than the reference range for a given age not resulting from chemotherapy or the content of immature forms in the blood smear at the level of over 10%.

The insurance shall not cover bacterial, viral, or fungal infection in the form of post-surgical or post-traumatic complications. The diagnosis must be confirmed by medical documentation from the centre in charge of treatment.

j) Invasive Pneumococcal Infection: an infection caused by Streptococcus pneumoniae (pneumococci) in the form of meningitis, brain abscess, osteomyelitis, septic arthritis, endocarditis, pericarditis, peritonitis, otitis media or pneumococcal sepsis causing a permanent hearing impairment, permanent impairment of cognitive functions, verbal dyspraxia, paralysis or other permanent neurologic deficits. The diagnosis of infection and its consequences must be confirmed by relevant medical examinations, including bacteriological tests, carried out in the centre in charge of treatment.

3. Nationale-Nederlanden shall consider the following day as the date of Insured Event:

a) the date on which diagnosis is made by a medical specialist from relevant field – for malignant neoplasm, (bronchial) asthma, bacterial meningitis, severe inflammation of the brain, benign brain tumour, renal failure, sepsis, invasive pneumococcal infection,

b) the 181st (one hundred eighty first) day after the commencement of insulin treatment prescribed by a Physician – in the case of diabetes requiring insulin treatment,

c) the date of surgery or the date on which the Child is entered into the registry of recipients awaiting an organ transplant – in the case of organ transplantation.

4. Nationale-Nederlanden shall bear liability under the Additional Contract round-the-clock, regardless of the place of stay of the Insured Person.

Article 3. When does Nationale-Nederlanden apply Grace Periods?

1. In the case of conclusion of an Additional Contract, the 3-month Grace Period shall apply only with regard to the following Dread Diseases:

a) malignant neoplasm (cancer),

b) sepsis,

c) invasive pneumococcal infection,

d) diabetes requiring insulin treatment,

e) asthma,

f) benign brain tumour.

2. A 6-month Grace Period covering all Dread Diseases of the Child and Procedures referred to in Article 2 sec. 3 shall apply where the premium is paid on a monthly basis

and the Insured Person joined the insurance during the term of the Additional Contract in the 4th or subsequent Settlement Period counting from the liability commencement date or from the date on which the Insured Person met the insurance membership criteria.

3. A 6-month Grace Period covering all Dread Diseases and procedures of the Child referred to in Article 2 sec. 2 shall apply where the premium is paid on a non-monthly basis and the Insured Person joined the insurance during the term of the Additional Contract in the 2nd or subsequent Settlement Period counting from the liability commencement date or from the date on which the Insured Person met the insurance membership criteria.
4. The Grace Period referred to in sec. 1 shall be waived if the Insured Person meets any and all conditions stipulated below on the coverage commencement date:
   a) before joining the insurance the Insured was covered for a period of at least one month by insurance based on a group life insurance contract concluded by the Policyholder with another insurance company providing for the same or similar scope of insurance to the cover provided under the Additional Contract, which means that the benefit under the present Contract would have been payable under the contract concluded with the previous insurer.
   b) the insurance cover referred to in item a) above expired in relation to that Insured Person not earlier than on the 30th day before the Insurance Cover commencement date and not later than on the 30th day after the Insurance Cover commencement date.
5. If an Insured Event takes place within 3 months from the date of commencement of the Insurance Cover, then an Insured Person meeting the criteria referred to in sec. 4 shall be obliged to provide a declaration (along with all the documents necessary for payment of the benefit referred to in the policy) to the insurance company. The declaration shall contain the following information:
   a) the list of Insured Events applicable in relation to the Insured Person and their corresponding Sums Insured as at the last date of the cover provided to the Insured Person by the insurance company that issued the declaration,
   b) the date of commencement and end of the insurance cover provided to the Insured Person.

Article 4. What are the obligations of the Insured Person?

1. At the request of Nationale-Nederlanden, the Insured Person shall see to it that the Child submits to clinical observation or medical examinations at the cost of Nationale-Nederlanden in the medical facilities approved by Nationale-Nederlanden to determine whether the Child's Dread Disease constitutes an Insured Event provided for in the Additional Contract.
2. If the event referred to in Article 2 sec. 2 occurs, the Insured Person shall see to it that the Child immediately submits to medical care and treatment recommended by a Physician in order to minimise the effects of the event.

Article 5. Who has the right to receive the benefit and what is the amount of the benefit?

1. The benefit amounting to the Sum Insured shall be paid out to the Insured Person, except for the situation referred to in sec. 4 and sec. 6.
2. Subject to sec. 3, the benefit under the Additional Contract shall be determined on the basis of the Sum Insured effective as at the date referred to in Article 2 sec. 3.
3. Depending on the type of Dread Disease or procedure, the benefit under the Additional Contract shall result in:
   a) the expiry of insurance cover provided for in the Additional Contract in relation to the Insured Person – where the Dread Disease or procedure belonged to Group I; or
   b) the continuation of insurance cover provided for in the Additional Contract in relation to the Insured Person, except for the Dread Diseases or procedures specified in sec. 4.
4. If a Dread Disease or procedure giving rise to the payment of the benefit belonged to Groups II or III, the scope of insurance shall not comprise the group in which that Dread Disease or procedure was included as well as Group I.
5. Nationale-Nederlanden shall not pay the benefit if the Child died as a result of Dread Disease within 30 days from the date of that Dread Disease.
6. Nationale-Nederlanden shall pay the Insured Person not more than two benefits under two different Insured Events, subject to sec. 4.

Article 6. What are the requirements for benefit payment?

1. Receiving the benefit shall require submitting the following documents to Nationale-Nederlanden:
   a) an insurance benefit payment request;
   b) Insured Person's official identification document,
   c) a copy of the Child's birth certificate,
   d) medical records related to the course of treatment with a confirmation of Child's Dread Disease,
      - hospital discharge report,
      - outpatient treatment records with test results,
      - Attending Physician's opinion,
      - a copy of examination confirming the surgery or presence of the disease entity being the basis for requesting benefit payment on account of Child's Dread Disease,
   e) any other documents, including medical documents, opinions, lab test results that can be obtained by legal and customary means, which are related to the event and are necessary to establish the grounds for benefit payment.
2. The benefit shall be paid not later than 30 days after Nationale-Nederlanden has been notified of the Insured

Event. If it is not possible to clarify the circumstances necessary to determine the liability of the Insurer during said period, the benefit should be paid within 14 days of the date on which it became possible with due diligence to clarify these circumstances.

3. Nationale-Nederlanden shall pay the benefit under Child's Dread Disease that was recognised or diagnosed during the period of insurance cover provided under this Additional Contract.

Article 7. Exclusions of liability of Nationale-Nederlanden

1. Nationale-Nederlanden shall not be held liable and it shall refuse to pay the Sum Insured if the Child's Dread Disease was directly caused by or resulted from:
   a) warfare, martial law,
   b) active and voluntary participation of the Child in acts of violence, disturbances, riots, acts of terrorism,
   c) an event related to a mass chemical, biological or radioactive contamination caused by weapons or equipment using nuclear fission energy or radioactivity,
   d) HIV infection or AIDS disease.
2. Nationale-Nederlanden shall not be held liable where the Child's Dread Disease is a consequence of a Disease diagnosed or treated within 24 months before the date on which the Insured Person was provided with insurance cover under this Additional Contract.
3. The limitations of liability referred to in sec. 2 shall not apply if a Dread disease of the Child took place after the period of 2 years from the date on which the Insured Person was provided with insurance cover under this Additional Contract.
4. Nationale-Nederlanden shall not be held liable where the Insured Person wilfully failed to comply with the obligation specified in Article 4 sec. 1 and 2, which affected the establishment of the progress of Dread disease or deteriorated the Child's health condition.
5. Nationale-Nederlanden shall not be liable if an Insured Event occurs after the Premium due date where any prior, outstanding Total Premium was not covered in full until that date. However, the benefit shall be paid if an Insured Event provided for in the Additional Contract occurs within 14 days from the Premium due date and all Total Premiums are covered in full within the period of those 14 days.
6. Nationale-Nederlanden shall not be liable if the Insured Person wilfully contributed to the Dread Disease of the Child.
7. Nationale-Nederlanden shall not pay the benefit if an Insured Event occurs within the Premium suspension period or in the circumstances excluding the liability of Nationale-Nederlanden.

Article 8. When does the insurance cover expire?

1. The insurance cover shall expire in the following cases:
   a) expiry of the Additional Contract,
   b) expiry of insurance cover under the Master Contract.
   c) expiry of the insurance cover referred to in Article 5 sec. 3(a) and Article 5 sec. 6.
2. In the case defined in sec. 1 (c), the insurance cover shall expire in relation to the Insured Person without a possibility of being resumed.

Article 9. Miscellaneous

To all matters not regulated herein, relevant General Terms and Conditions of Group Life Insurance TRM17 shall apply.

Article 10. Effective date of the Terms and Conditions

The Terms and Conditions, approved by the Management Board of Nationale-Nederlanden Towarzystwo Ubezpieczeń na Życie S.A. by Resolution No. 66/2019 of 28 November 2019, shall be effective as of 1 December 2019.

Michał Hucał
Member of the Management Board

Jacek Koronkiewicz
Member of the Management Board

Information concerning:

General Terms and Conditions of the Additional Contract for Hospitalisation of the Insured Person's Child CHDB17 (GTCI)

Information included in the GTCI	Article No.
1. Grounds for the payment of indemnity and other benefits or the Insurance surrender value.	Article 1, Article 2, Article 5, Article 6
2. Limitations and exclusions of the insurance company's liability based whereon the payment of the indemnity or other benefits may be refused or reduced.	Article 3, Article 7, Article 8
3. Costs and other charges deducted from insurance premiums, from the assets of unit-linked insurance funds or through the redemption of units in unit-linked insurance funds.	Not applicable
4. The surrender value in particular periods of insurance cover and the period in which the claim for payment of the surrender value does not apply.	Not applicable

General Terms and Conditions of the Additional Contract for Hospitalisation of the Insured Person's Child CHDB17

General Terms and Conditions of the Additional Contract for Hospitalisation of the Insured Person's Child shall apply in relation to the Additional Contract specified in the policy and other documents issued by Nationale-Nederlanden and marked with the code CHDB17.

Article 1. Definitions

Any expressions not defined hereunder but defined in the General Terms and Conditions of Group Life Insurance TRM17 shall have the same meanings in these Terms and Conditions. In the General Terms and Conditions of the Additional Contract for Hospitalisation of the Insured Person's Child (hereinafter: Terms and Conditions) and any other documents related to the Additional Contract marked with the code CHDB17, the following terms shall have the meanings as set forth below:

1. **"Child"** – all own or adopted children of the Insured Person that were at least over 6 months old and below 18 years of age as at the date of Insured Event or are below 25 years of age and continue their education.
2. **"Hospital"** – a public or non-public inpatient healthcare facility which provides the patients with round-the-clock medical care and treatment based on relevant diagnostic and treatment equipment as well as medical staff, i.e. a qualified nursing personnel and at least one Physician on a permanent basis and keeping full medical records for each patient. For the purposes of the Terms and Conditions of the Additional Contract, a Hospital is not a nursing home, a mental institution, a hospice, a facility which treats alcoholism or other types of addiction, a rehabilitation hospital, a rehabilitation ward, a convalescence or rehabilitation centre, sanatorium, a recreation centre, a spa centre.
3. **"Hospital Stay" ("Hospitalisation")** – a permanent and uninterrupted stay of the Child in a Hospital, documented in the manner as specified herein, aimed at keeping, restoring or improving the Child's health. Hospitalisation shall also be regarded as uninterrupted if the Child is transferred to another Hospital. A stay aimed at rehabilitation or convalescence of the Child shall not be considered as Hospitalisation.
4. **"Day of Hospitalisation caused by an Accident"** – each ended calendar day of Hospitalisation of the Child. The first day of Hospitalisation shall be the time between the admission to Hospital until the end of that day (until 12 p.m.).
5. **"Day of Hospitalisation caused by a Disease"** – each commenced calendar day of Hospitalisation of the Child. The first day of Hospitalisation shall be the time between the admission to Hospital until the end of that day (until 12 p.m.).
6. **"ICU"** (Intensive Medical Care Unit or Intensive Care Unit) – a separate hospital ward for patients whose life is in danger and who require intensive specialised treatment, permanent care and supervision, equipped with specialised equipment for constant monitoring of the patients' vital functions.
7. **"Day of Hospitalisation in the ICU"** – each commenced calendar day of Insured Person's stay in the ICU. The first day of stay in the ICU shall be the ICU admission date until the end of that date (12 p.m.).
8. **"Physician"** – a person who has the required qualifications authorising them to provide medical assistance, confirmed by relevant documents, and in particular to: check the health condition, diagnose and prevent diseases, treat and rehabilitate patients, provide medical advice, and issue opinions and medical certificates within their speciality.
9. **"Disease"** – a reaction of the body to a pathogenic factor, internal or external, diagnosed by a Physician and leading to functional disorders, organic changes in tissues, organs, systems or the entire body; within the meaning of the Terms and Conditions, pregnancy, childbirth and puerperium shall not be regarded as a Disease.
10. **"Mental Illness"** – mental disorder or behavioural disorder as specified in the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
11. **"Congenital Defects"** – any deviation from the normal structure of tissues, organs or the entire body developed during foetal life and diagnosed in line with the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
12. **"Accident"** – a sudden, external event beyond control of the Child that was the direct and sole cause of their Hospitalisation and took place during the period in which the Insured Person was provided with insurance cover by Nationale-Nederlanden. Within the meaning of the GTCI, a Disease, a Mental Illness or psychical bodily injuries suffered by the Insured Person due to an overload, effort, lifting or bending shall not be considered an external cause of the Accident.
13. **"Daily Hospital Benefit"** – an amount defined in the Policy and used to calculate the amount of the Benefit payable under the Additional Contract.

Article 2. What is the scope of cover?

1. Insurance shall cover the Child's health.

2. The insurance covers the occurrence of the following events:

   a) Hospitalisation of the Child caused by a Disease,

   b) the Hospitalisation of the Child was caused by an Accident, on condition that the Hospitalisation began not later than 180 days after the Accident,

   c) stay of the Child in the ICU due to a direct threat to life, if they commenced in the period in which the Insured Person was provided with insurance cover under the Additional Contract.

3. During Child's Hospitalisation, the Insured Person must be provided with insurance cover on a continuous basis. The fulfilment of the above condition is not required if the following takes place before the end of the Hospitalisation:

   a) the insurance cover provided to the Insured Person expired due to the termination of the legal relationship between the Insured Person and the Policyholder – the employment referred to in Article 10 sec. 1(b) of the Terms and Conditions of the Master Contract,

   b) the Additional Contract has expired.

4. Nationale-Nederlanden shall bear liability under the Additional Contract round-the-clock and worldwide.

Article 3. When does Nationale-Nederlanden apply Grace Periods?

1. In the case of conclusion of an Additional Contract, only the 2-month Grace Period shall apply, subject to sec. 2 and 3.
2. A 6-month Grace Period shall apply where the premium is paid on a monthly basis and the Insured Person joined the insurance during the term of the Additional Contract in the 4th or subsequent Settlement Period counting from the liability commencement date or from the date on which the Insured Person met the insurance membership criteria.
3. A 6-month Grace Period shall apply where the premium is paid on a basis other than monthly and the Insured Person joined the insurance during the term of the Additional Contract in the 2nd or subsequent Settlement Period counting from the date of commencement of liability or from the date on which the Insured Person met the insurance membership criteria.
4. During the Grace Period referred to in sec. 1, 2, and 3, Nationale-Nederlanden shall be liable for the Child's Hospitalisation only if it was caused by an Accident, subject to Article 7 sec. 3.
5. The Grace Period referred to in sec. 1 shall be waived if the Insured Person meets any and all conditions stipulated below on the coverage commencement date:

   a) before joining the insurance the Insured was covered for a period of at least one month by insurance based on a group life insurance contract concluded by the Policyholder with another insurance company providing for the same or similar scope of insurance to the cover provided under the Additional Contract, which means that the benefit under the present Contract would have been payable under the contract concluded with the previous insurer.

   b) the insurance cover referred to in item a) above expired in relation to that Insured Person not earlier than on the 30th day before the Insurance Cover commencement date and not later than on the 30th day after the Insurance Cover commencement date.

6. If an Insured Event takes place within 2 months from the date of commencement of the Insurance Cover, then an Insured Person meeting the criteria referred to in sec. 5 shall be obliged to provide a declaration (along with all the documents necessary for payment of the benefit referred to in the policy) to the insurance company. The declaration shall contain the following information:

   a) the list of Insured Events applicable in relation to the Insured Person and their corresponding Sums Insured as at the last date of the cover provided to the Insured Person by the insurance company that issued the declaration,

   b) the date of commencement and end of the insurance cover provided to the Insured Person.

Article 4. What is the Daily Hospital Benefit?

1. A Daily Hospital Benefit under the Additional Contract is defined in the Policy and in the Confirmation of membership in the insurance.
2. The Daily Hospital Benefit is a fixed amount during the term of the Additional Contract, subject to sec. 3.
3. The Daily Hospital Benefit may change on each Policy Anniversary at request of the Policyholder once the suggested change is accepted by Nationale-Nederlanden, subject to the Terms and Conditions defined in the Master Contract.
4. The amount of Daily Hospital Benefit may be specified individually for each Subgroup.

Article 5. Who has the right to receive the benefit and what is the amount of the benefit?

1. The benefit amounting to a multiple of the Daily Hospital Benefit shall be paid out to the Insured Person.
2. The calculation of the benefit due to the Child's Hospitalisation shall be based on the Daily Hospital Benefit applicable on the first day of the Child's Hospitalisation.
3. Nationale-Nederlanden shall pay the benefit if the Hospitalisation of the Child lasted at least:

   a) 3 days – if the Hospitalisation was caused by a Disease. The period of Hospitalisation shall begin the moment the Child is admitted to the Hospital and end at the moment the Child is discharged from the Hospital. In such a case, the benefit shall be paid for each day of Hospitalisation, including the date of discharge.

   b) 1 day – where the Hospitalisation of the Insured Person was caused by an Accident, on condition that the Hospitalisation began not later than 180 days after the Accident. In such case, the benefit shall be paid as of the first day of Hospitalisation equivalent to twice the

amount of daily hospital benefit for each day of Hospitalisation and for hospital discharge day,

c) 1 day – if the Insured Person stayed in the ICU during the Hospitalisation due to a direct threat to his or her life. In such a case, the benefit is paid for each Day of Hospitalisation in the ICU and it shall be twice the amount of Daily Hospital Benefit for each day of stay in the ICU and for the day of discharge from the ICU, plus the Daily Hospital Benefit for each Day of Hospitalisation immediately before and after the Hospitalisation in the ICU, including the date of discharge from the Hospital.

4. A one-off Hospitalisation Benefit is payable for no more than 180 days of Hospitalisation per Policy Year.
5. Throughout the Policy Year, the Insured Person is eligible for a total benefit for a period not longer than 360 days of Hospitalisation of the Child, counting as an aggregate of one-time stays. The benefit is calculated according to the rules defined in sec. 3.
6. If Hospitalisation was caused by more than one event covered under the Additional Contract, Nationale-Nederlanden shall only pay one benefit for each of those events (whichever is higher).
7. A temporary absence of the Child in a Hospital (upon a prior consent of the Physician authorised to grant it) shall not interrupt the Child's Hospitalisation. Nationale-Nederlanden shall not pay the Daily Hospital Benefit due to a temporary absence of the Child in a Hospital.

Article 6. What are the requirements for benefit payment?

1. Receiving the benefit shall require submitting the following documents to Nationale-Nederlanden:
   a) an insurance benefit payment request;
   b) an official identity document of the Insured Person and the Child,
   c) Child's hospital discharge report,
   d) the hospital discharge report defining the period of stay of the Child in an ICU (if the person has been in the ICU),
   e) a police report or other documents confirming the occurrence and circumstances of the Accident, on condition that Hospitalisation was caused by an Accident,
   f) a copy of the Child's birth certificate,
   g) any other documents, including medical documents, opinions, lab test results that can be obtained by legal and customary means, which are related to the event and are necessary to establish the grounds for benefit payment.
2. The benefit shall be paid not later than 14 days after Nationale-Nederlanden has been notified of the Insured Event. If it is not possible to clarify the circumstances necessary to determine the liability of Nationale-Nederlanden within that time limit, the benefit shall be paid within 14 days from the date on which it was possible to clarify these circumstances while exercising due care.

Article 7. Exclusions of liability of Nationale-Nederlanden

1. Nationale-Nederlanden shall not be liable and shall not pay the benefit if the Accident or Disease causing the Hospitalisation of the Insured Person resulted from:
   a) warfare or martial law,
   b) active and voluntary participation by the Child in acts of violence, disturbances, riots, acts of terror,
   c) an event related to a mass chemical, biological or radioactive contamination caused by weapons or equipment using nuclear fission energy or radioactivity,
   d) the Child remaining intoxicated or under the influence of alcohol within the meaning of the Polish Upbringing in Sobriety and Alcoholism Prevention Act or under the influence of intoxicants, psychotropic substances, substitute substances within the meaning of the Polish Act on the Prevention of Drug Abuse, with the exception of medicines prescribed by a Physician and used as instructed by the same,
   e) Diseases resulting from alcohol consumption,
   f) the Child driving a mechanical vehicle or another means of transport without being entitled to do so or where the vehicle or another means of transport did not meet the public road traffic admission criteria imposed by the provisions of the applicable laws,
   g) a suicide attempt,
   h) any mental illnesses, congenital defects and resulting conditions,
   i) involvement of the Child in risky sport activities: motorsports, air sports, motorboating, mountain climbing, rock climbing, diving, potholing, martial arts and sports, water jumps, parachuting, bungee jumping,
   j) the Child deliberately committing or attempting to commit an offence,
   k) failure to use medical assistance or to observe medical advice or where the Child undergoes a medical procedure without the supervision of a Physician or other authorised persons.
2. Nationale-Nederlanden shall not be held liable and it shall refuse to pay the benefit if the purpose of or reason for the Hospitalisation of the Insured Person's Child was:
   a) plastic surgery (including breast augmentation or reduction), with the exception of removal of the effects of Accidents,
   b) dental surgery, with the exception of removal of the effects of Accidents,
   c) routine or preventive medical or diagnostic examinations unrelated to an Accident or Disease,
   d) treatment related to infertility, sterilisation, artificial insemination, abortion or miscarriage,
   e) sex change, circumcision, phimosis surgery, uterine curettage,
   f) genetic therapy, experimental surgery, alternative therapy,
   g) an event in which the Insured Person's Child took part as a donor of organs or tissues.

3. Nationale-Nederlanden shall not be liable if the Child's Hospitalisation occurs after the Premium due date where any prior, outstanding Total Premium was not covered in full until that date. However, the benefit shall be paid if Hospitalisation begins within 14 days from the Premium due date and all Total Premiums are covered in full within the period of those 14 days.
4. Nationale-Nederlanden shall not pay the benefit if the Child's Hospitalisation begins during the Grace Period, during the Premium suspension period or in the circumstances excluding the liability of Nationale-Nederlanden, subject to Article 3 sec. 4.

Article 8. When does the insurance cover expire?

The insurance cover shall expire in the following cases:

a) expiry of the Additional Contract,

b) expiry of insurance cover under the Master Contract.

Article 9. Miscellaneous

To all matters not regulated herein, relevant General Terms and Conditions of Group Life Insurance TRM17 shall apply.

Article 10. Effective date of the Terms and Conditions

The Terms and Conditions, approved by the Management Board of Nationale-Nederlanden Towarzystwo Ubezpieczeń na Życie S.A. by Resolution No. 66/2019 of 28 November 2019, shall be effective as of 1 December 2019.

Michał Hucał
Member of the
Management Board

Jacek Koronkiewicz
Member of the
Management Board

Information concerning:

General Terms and Conditions of the Additional Contract for Hospitalisation of the Insured Person's Child as a result of an Accident CAHDB17 (GTCI)

Information included in the GTCI	Article No.
1. Grounds for the payment of indemnity and other benefits or the Insurance surrender value.	Article 1, Article 2, Article 4, Article 5
2. Limitations and exclusions of the insurance company's liability based whereon the payment of the indemnity or other benefits may be refused or reduced.	Article 6, Article 7
3. Costs and other charges deducted from insurance premiums, from the assets of unit-linked insurance funds or through the redemption of units in unit-linked insurance funds.	Not applicable
4. The surrender value in particular periods of insurance cover and the period in which the claim for payment of the surrender value does not apply.	Not applicable

General Terms and Conditions of the Additional Contract for Hospitalisation of the Insured Person's Child as a result of an Accident CAHDB17

General Terms and Conditions of the Additional Contract for Hospitalisation of the Insured Person's Child as a result of an Accident shall apply in relation to the Additional Contract specified in the policy and other documents issued by Nationale-Nederlanden and marked with the code CAHDB17.

Article 1. Definitions

Any expressions not defined hereunder but defined in the General Terms and Conditions of Group Life Insurance TRM17 shall have the same meanings in these Terms and Conditions. In the General Terms and Conditions of the Additional Contract for Hospitalisation of the Insured Person's Child as a result of an Accident (hereinafter: Terms and Conditions) and any other documents related to the Additional Contract marked with the code CAHDB17, the following terms shall have the meanings as set forth below:

1. **"Child"** – all own or adopted children of the Insured Person that were at least over 6 months old and below 18 years of age as at the date of Insured Event or are below 25 years of age and continue their education.
2. **"Hospital"** – a public or non-public inpatient healthcare facility which provides the patients with round-the-clock medical care and treatment based on relevant diagnostic and treatment equipment as well as medical staff, i.e. a qualified nursing personnel and at least one Physician on a permanent basis and keeping full medical records for each patient. For the purposes of the Terms and Conditions of the Additional Contract, a Hospital is not a nursing home, a mental institution, a hospice, a facility which treats alcoholism or other types of addiction, a rehabilitation hospital, a rehabilitation ward, a convalescence or rehabilitation centre, sanatorium, a recreation centre, a spa centre.
3. **"Hospital Stay" ("Hospitalisation")** – a permanent and uninterrupted stay of the Child in a Hospital, documented in the manner as specified herein, aimed at keeping, restoring or improving the Child's health. Hospitalisation shall also be regarded as uninterrupted if the Child is transferred to another Hospital. A stay aimed at rehabilitation or convalescence of the Child shall not be considered as Hospitalisation.
4. **"Day of Hospitalisation"** – each ended calendar day of Hospitalisation of the Child. The first day of Hospitalisation shall be the time between the admission to Hospital until the end of that day (until 12 p.m.).
5. **"ICU"** (Intensive Medical Care Unit or Intensive Care Unit) – a separate hospital ward for patients whose life is in danger and who require intensive specialised treatment, permanent care and supervision, equipped with specialised equipment for constant monitoring of the patients' vital functions.
6. **"Physician"** – a person who has the required qualifications authorising them to provide medical assistance, confirmed by relevant documents, and in particular to: check the health condition, diagnose and prevent diseases, treat and rehabilitate patients, provide medical advice, and issue opinions and medical certificates within their speciality.
7. **"Accident"** – a sudden, external event beyond control of the Child that was the direct and sole cause of their Hospitalisation and took place during the period in which the Insured Person was provided with insurance cover by Nationale-Nederlanden. Within the meaning of the GTCI, a Disease, a Mental Illness or psychical bodily injuries suffered by the Insured Person due to an overload, effort, lifting or bending shall not be considered an external cause of the Accident.
8. **"Daily Hospital Benefit"** – an amount defined in the Policy and used to calculate the amount of the Benefit payable under the Additional Contract.

Article 2. What is the scope of cover?

1. Insurance shall cover the Child's health.
2. The scope of insurance shall cover Hospitalisation of the Child caused by an Accident which took place in the period in which the Insured Person was provided with insurance cover under the Additional Contract, on condition that Hospitalisation began not later than 180 days from the Accident counting from the date of the Accident.
3. During Child's Hospitalisation, the Insured Person must be provided with insurance cover on a continuous basis. The fulfilment of the above condition is not required if the following takes place before the end of the Hospitalisation:
   a) the insurance cover provided to the Insured Person expired due to the termination of the legal relationship between the Insured Person and the Policyholder – the employment referred to in Article 10 sec. 1(b) of the Terms and Conditions of the Master Contract,

b) the Additional Contract has expired.

4. Nationale-Nederlanden shall bear liability under the Additional Contract round-the-clock and worldwide.

Article 3. What is the Daily Hospital Benefit?

1. A Daily Hospital Benefit under the Additional Contract is defined in the Policy and in the Confirmation of membership in the insurance.
2. The Daily Hospital Benefit is a fixed amount during the term of the Additional Contract, subject to sec. 3.
3. The Daily Hospital Benefit may change on each Policy Anniversary at request of the Policyholder once the suggested change is accepted by Nationale-Nederlanden, subject to the Terms and Conditions defined in the Master Contract.
4. The amount of Daily Hospital Benefit may be specified individually for each Subgroup.

Article 4. Who has the right to receive the benefit and what is the amount of the benefit?

1. The benefit amounting to a multiple of the Daily Hospital Benefit shall be paid out to the Insured Person.
2. The calculation of the benefit due to the Child's Hospitalisation shall be based on the Daily Hospital Benefit applicable on the first day of the Child's Hospitalisation.
3. Nationale-Nederlanden shall pay the benefit where the Hospitalisation of the Child lasted at least 1 day and was caused by an Accident, on condition that the Hospitalisation began not later than 180 days from the Accident. In such a case, the benefit shall be paid as of the first day of Hospitalisation and shall be twice the amount of Daily Hospital Benefit for each day of Hospitalisation.
4. A one-off Hospitalisation Benefit is payable for no more than 180 days of Hospitalisation per Policy Year.
5. Throughout the Policy Year, the Insured Person is eligible for a total benefit for a period not longer than 360 days of Hospitalisation of the Child, counting as an aggregate of one-time stays. The benefit is calculated according to the rules defined in sec. 3.
6. If Hospitalisation was caused by more than one event covered under the Additional Contract, Nationale-Nederlanden shall only pay one benefit for each of those events (whichever is higher).
7. A temporary absence of the Child in a Hospital (upon a prior consent of the Physician authorised to grant it) shall not interrupt the Child's Hospitalisation. Nationale-Nederlanden shall not pay the Daily Hospital Benefit due to a temporary absence of the Child i n a Hospital.

Article 5. What are the requirements for benefit payment?

1. Receiving the benefit shall require submitting the following documents to Nationale-Nederlanden:
   a) an insurance benefit payment request;
   b) an official identity document of the Insured Person and the Child,
   c) Child's hospital discharge report,
   d) the hospital discharge report defining the period of stay of the Child in an ICU (if the person has been in the ICU),
   e) a police report or other documents confirming the occurrence and circumstances of the Accident,
   f) a copy of the Child's birth certificate,
   g) any other documents, including medical documents, opinions, lab test results that can be obtained by legal and customary means, which are related to the event and are necessary to establish the grounds for benefit payment.
2. The benefit shall be paid not later than 14 days after Nationale-Nederlanden has been notified of the Insured Event. If it is not possible to clarify the circumstances necessary to determine the liability of Nationale-Nederlanden within that time limit, the benefit shall be paid within 14 days from the date on which it was possible to clarify these circumstances while exercising due care.

Article 6. Exclusions of liability of Nationale-Nederlanden

1. Nationale-Nederlanden shall not be liable and shall not pay the benefit if the Accident causing the Hospitalisation of the Insured Person's Child resulted from:
   a) warfare or martial law,
   b) active and voluntary participation of the Child in acts of violence, disturbances, riots, acts of terrorism,
   c) an event related to a mass chemical, biological or radioactive contamination caused by weapons or equipment using nuclear fission energy or radioactivity,
   d) the Child remaining intoxicated or under the influence of alcohol within the meaning of the Polish Upbringing in Sobriety and Alcoholism Prevention Act or under the influence of intoxicants, psychotropic substances, substitute substances within the meaning of the Polish Act on the Prevention of Drug Abuse, with the exception of medicines prescribed by a Physician and used as instructed by the same,
   e) the Child driving a mechanical vehicle or another means of transport without being entitled to do so or where the vehicle or another means of transport did not meet the public road traffic admission criteria imposed by the provisions of the applicable laws,
   f) involvement of the Child in risky sport activities: motorsports, air sports, motorboating, mountain climbing, rock climbing, diving, potholing, martial arts and sports, water jumps, parachuting, bungee jumping,
   g) the Child deliberately committing or attempting to commit an offence.
2. Nationale-Nederlanden shall not be liable if the Child's Hospitalisation occurs after the Premium due date where any prior, outstanding Total Premium was not covered in

full until that date. However, the benefit shall be paid if Hospitalisation begins within 14 days from the Premium due date and all Total Premiums are covered in full within the period of those 14 days.

3. Nationale-Nederlanden shall not pay the benefit if the Child's Hospitalisation begins during the Premium suspension period or in the circumstances excluding the liability of Nationale-Nederlanden.

Article 7. When does the insurance cover expire?

The insurance cover shall expire in the following cases:

a) expiry of the Additional Contract,

b) expiry of insurance cover under the Master Contract.

Article 8. Miscellaneous

To all matters not regulated herein, relevant General Terms and Conditions of Group Life Insurance TRM17 shall apply.

Article 9. Effective date of the Terms and Conditions

The Terms and Conditions, approved by the Management Board of Nationale-Nederlanden Towarzystwo Ubezpieczeń na Życie S.A. by Resolution No. 66/2019 of 28 November 2019, shall be effective as of 1 December 2019.

Michał Hucał

Member of the Management Board

Jacek Koronkiewicz

Member of the Management Board

Information concerning:

General Terms and Conditions of the Additional Contract for Damage to Health of the Insured Person's Child as a result of an Accident CLHB17 (GTCI)

Information included in the GTCI	Article No.
1. Grounds for the payment of indemnity and other benefits or the Insurance surrender value.	Article 1, Article 2, Article 3, Article 4 of the GTCI
2. Limitations and exclusions of the insurance company's liability based whereon the payment of the indemnity or other benefits may be refused or reduced.	Article 1, Article 2, Article 3, Article 5 of the GTCI
3. Costs and other charges deducted from insurance premiums, from the assets of unit-linked insurance funds or through the redemption of units in unit-linked insurance funds.	Not applicable
4. The surrender value in particular periods of insurance cover and the period in which the claim for payment of the surrender value does not apply.	Not applicable

General Terms and Conditions of the Additional Contract for Damage to Health of the Insured Person's Child as a result of an Accident CLHB 17

General Terms and Conditions of the Additional Contract for Damage to Health of the Insured Person's Child as a result of an Accident shall apply in relation to the Additional Contract specified in the policy and other documents issued by Nationale-Nederlanden and marked with the code CLHB17.

Article 1. Definitions

Any expressions not defined hereunder but defined in the General Terms and Conditions of Group Life Insurance TRM17 shall have the same meanings in these Terms and Conditions. In the General Terms and Conditions of the Additional Contract for Damage to Health of the Insured Person's Child as a result of an Accident (hereinafter: Terms and Conditions) and any other documents related to the Additional Contract marked with the code CLHB17, the following terms shall have the meanings as set forth below:

1. **"Child"** – all own or adopted children of the Insured Person that at the moment of Insured Event were at least over 6 months old and below 18 years of age.
2. **"Disease"** – reaction of the body to a pathogenic factor, internal or external, diagnosed by a Physician and leading to functional disorders, organic changes in tissues, organs, systems or the entire body. Within the meaning of the General Terms and Conditions of the Additional Contract for Permanent Damage to Health due to an Accident, a Disease shall not mean in particular pregnancy, birth, confinement.
3. **"Mental Illness"** – mental disorder or behavioural disorder as specified in the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
4. **"Accident"** – a sudden, external event beyond control of the Child that was the direct and sole cause of their Damage to Health and took place during the term of the Additional Contract for Damage to Health of the Insured Person's Child as a result of an Accident an Accident. Within the meaning of the Terms and Conditions, a Disease, a Mental Illness or psychical bodily injuries suffered by the Child due to an overload, effort, lifting or bending shall not be considered an external cause of the Accident.
5. **"Damage to Health"** – an event resulting from an Accident and listed in the Annex to the General Terms and Conditions of the Additional Contract for Damage to Health of the Insured Person's Child as a result of an Accident CLHB17.
6. **"Fracture"** – interruption of the continuity of skeletal tissue caused by an Accident. Pathological fractures, i.e. fractures connected with a pre-existing condition, shall not be regarded as Fractures.
7. **"Dislocation"** – dislocation of adjacent joint surfaces that was caused by an Accident and that requires setting and then stabilising with plaster or orthosis. Habitual dislocations shall not be regarded as Dislocations.

Article 2. What is the scope of cover?

1. Insurance shall cover the Child's health.
2. The scope of insurance covers Child's Damage to Health as a result of an Accident that occurred during the period of insurance cover provided to the Insured Person under this Additional Contract.
3. Nationale-Nederlanden shall bear liability under the Additional Contract round-the-clock, regardless of the place of stay of the Child.

Article 3. Who has the right to receive the benefit and what is the amount of the benefit?

1. The benefit corresponding to relevant percentage amount of the Sum Insured defined on the basis of the table specified in sec. 5 shall be paid to the Insured Person.
2. The benefit due to Damage to Health shall be determined based on the Sum Insured effective as at the date of the Accident.
3. Nationale-Nederlanden shall decide whether the claim is justified based on the documentation referred to in Article 4.
4. Nationale-Nederlanden shall have the right to refer the Child to medical examinations at the cost of Nationale-Nederlanden in the medical facilities approved by Nationale-Nederlanden to determine whether the Child's Damage to Health constitutes an Insured Event provided for in the Additional Contract.
5. The degree of Damage to Health shall be established on the basis of the Table of Post-Accident Damage to Health approved by Nationale-Nederlanden and attached to these Terms and Conditions.

6. If the Child suffered any loss of or damage to an organ or a system before the Accident, the percentage of Damage to Health shall be the difference between the post-accident condition and the pre-accident condition.
7. If an Accident leads to more than one Damage to Health, the percentage values of these injuries shall be summed up to no more than 100% of the Damage to Health.
8. When determining the degree of the Child's Damage to Health, the type of work or activities performed by the Child shall not be taken into account.
9. The total amount of the benefits paid out for several Damages to Health that took place during the same Policy Year and concerning the same Child shall not exceed 100% of the Sum Insured. Therefore, the benefit for any subsequent Damage to Health of the same Child may not exceed the amount resulting from the difference between the value of the Sum Insured and the sum of the benefits previously paid under this Additional Contract.
10. The Sum Insured indicated in the Additional Contract shall apply to each Child separately.

Article 4. What are the requirements for benefit payment?

1. Receiving the benefit shall require submitting the following documents to Nationale-Nederlanden:
   a) an insurance benefit payment request,
   b) Insured Person's official identification document,
   c) a copy of the Child's birth certificate,
   d) medical records related to the course of treatment with a confirmation of the Child's Damage to Health,
   e) document confirming the occurrence and circumstances of the Accident,
   f) any other documents, including medical documents, opinions, lab test results that can be obtained by legal and customary means, which are related to the event and are necessary to establish the grounds for benefit payment,
2. It is recommended for the Child to seek medical care immediately and to take actions to mitigate the results of the Accident results by complying with medical instructions.
3. The benefit shall be paid not later than 30 days after Nationale-Nederlanden has been notified of the Insured Event. If it is not possible to clarify the circumstances necessary to determine the liability of Nationale-Nederlanden within that time limit, the benefit shall be paid within 14 days from the date on which it was possible to clarify these circumstances while exercising due care.

Article 5. Exclusions of liability of Nationale-Nederlanden

1. Nationale-Nederlanden shall not be held liable and it shall refuse to pay the benefit if the Accident which gave rise to the Child's Damage to Health was directly caused by or resulted from:
   a) warfare, martial law,
   b) active and voluntary participation of the Child in acts of violence, disturbances, riots, acts of terrorism,
   c) an event related to a mass chemical, biological or radioactive contamination caused by weapons or equipment using nuclear fission energy or radioactivity,
   d) self-mutilation or harm inflicted at the Child's request, irrespective of their sanity,
   e) the Child remaining intoxicated or under the influence of alcohol within the meaning of the Polish Upbringing in Sobriety and Alcoholism Prevention Act or under the influence of intoxicants, psychotropic substances, substitute substances within the meaning of the Polish Act on the Prevention of Drug Abuse, with the exception of medicines prescribed by a Physician and used as instructed by the same,
   f) the Child's participation in the following risky sports or recreational activities: motorsports, air sports, motorboating, mountain climbing, rock climbing, diving, potholing, martial arts and sports, water jumps, parachuting, bungee jumping,
   g) the Child driving a mechanical vehicle or another means of transport without being entitled to do so or where the vehicle or another means of transport did not meet the public road traffic admission criteria imposed by the provisions of the applicable laws,
   h) the Child attempting to commit an offence or committing an intentional offence.
2. Nationale-Nederlanden shall not be liable if the Accident which gave rise to the Damage to Health of the Child took place after the Premium due date where any prior, outstanding Total Premium was not covered in full until that date. However, the benefit shall be paid if the Accident that caused the Damage to Health of the Child took place within 14 days of the Premium due date, and all outstanding Total Premiums were fully paid during the period of those 14 days.
3. Nationale-Nederlanden shall not pay the benefit if the Accident which gave rise to the Damage to Health of the Child took place within the Premium suspension period or in the circumstances excluding the liability of Nationale-Nederlanden.
4. If the Child's Damage to Health is a result of an intentional act committed by the Insured Person, the benefit under the Additional Contract shall not be paid.

Article 6. When does the insurance cover expire?

The insurance cover shall expire in the following cases:

a) expiry of the Additional Contract,
b) expiry of insurance cover under the Master Contract.
c) in relation to a given Child, in the case of payment of the benefits amounting to 100% of the Sum Insured.

Article 7. Miscellaneous

To all matters not regulated herein, relevant General Terms and Conditions of Group Life Insurance TRM17 shall apply.

Article 8. Effective date of the Terms and Conditions

The Terms and Conditions, approved by the Management Board of Nationale-Nederlanden Towarzystwo Ubezpieczeń na Życie S.A. by Resolution No. 66/2019 of 28 November 2019, shall be effective as of 1 December 2019.

Michał Hucał

Member of the Management Board

Jacek Koronkiewicz

Member of the Management Board

Appendix to the General Terms and Conditions of the Additional Contract for Damage to Health of the Insured Person's Child as a result of an Accident CLHB17

List of Damages to Health of the Insured Person's Child covered by insurance:

	Head trauma	%
D01	Scalp wounds requiring stitches	2
D02	Fracture of the skull base bones	6
D03	Skull-cap fracture	6
D04	Orbital fracture	5
D05	Zygomatic bones fracture	5
D06	Maxillary fracture	5
D07	Mandibular fracture	4
D08	Nasal fracture	4
D09	Septal fracture	3
D10	Concussion	8
D11	Cerebral contusion	40
D12	Intracranial hematomas	60
D13	Eyelid wounds requiring stitches	3
D14	Conjunctival injuries	2
D15	Corneal erosion	4
D16	Canalicular trauma	7
D17	Perforating ocular injury	25
D18	Facial wounds requiring stitches	3
D19	Neck wounds requiring stitches	3
D20	Ear wounds requiring stitches	3
D21	Lip wounds requiring stitches	3
D22	Tongue wounds requiring stitches	3
D23	Loss of permanent tooth	1
D24	Damage to tympanic membrane	5
	Foreign bodies	**%**
D25	A foreign body in the respiratory tract requiring to be removed	8
D26	A foreign body in the oesophagus requiring to be removed	8
	Wounds in membranes, tendons and muscles	**%**
D27	Upper limb wounds requiring stitches	2
D28	Lower limb wounds requiring stitches	1
D29	Torso wounds requiring stitches	1
D30	Damage to one or several tendons	5
D31	Damage to one or several muscles	7
	Sprains	**%**
D32	Ankle sprain	2
D33	Knee sprain	3
D34	Cervical spine sprain	5
D35	Thoracic spine sprain	5
D36	Lumbosacral spine sprain	5
	Dislocations	**%**
D37	Shoulder dislocation	6
D38	Acromioclavicular joint dislocation	6
D39	Sternoclavicular joint dislocation	6
D40	Elbow dislocation	5
D41	Wrist dislocation	3
D42	Hip dislocation	6
D43	Knee dislocation	5
D44	Ankle dislocation	3
	Fractures	**%**
D45	Spinal fracture – vertebral body or vertebral arch – one vertebra	5
D46	Fracture of the spine – transverse, joint and spinous processes – of one vertebra	3
D47	Clavicle fracture	5
D48	Sternal fracture	4
D49	Fracture of one rib	2
D50	Scapular fracture	8
D51	Humerus fracture	10
D52	Ulna fracture	8
D53	Radius fracture	8
D54	Fracture of one or several wrist bones	5
D55	Fracture of one or several metacarpal bones	3
D56	Fracture of one finger – middle, ring, little finger	2
D57	Thumb fracture	3
D58	Forefinger fracture	2
D59	Pelvic fracture (excluding coccyx) – with interruption of the girdle continuity	20
D60	Pelvic fracture (excluding coccyx) – without interruption of the girdle continuity	10
D61	Coccyx fracture	4
D62	Femur fracture	12
D63	Tibia fracture	10
D64	Fibula fracture	3
D65	Calcaneal fracture	5
D66	Talus fracture	5
D67	Fracture of one or several tarsal bones (navicular, cuboid or cuneiform bones)	4
D68	Fracture of one or several metatarsal bones	4
D69	Big toe fracture	2
D70	Fracture of one or several toes (from the second to the fifth)	2

	Organ injuries	%
D71	Damage to the throat	8
D72	Damage to the oesophagus	20
D73	Damage to the stomach	15
D74	Damage to the duodenum	15
D75	Damage to an intestine or bowel mesentery	15
D76	Damage to the omentum	15
D77	Damage to the larynx	12
D78	Damage to the trachea	12
D79	Damage to the pleura, pneumothorax	12
D80	Damage to a lung	15
D81	Damage to the heart	40
D82	Damage to the diaphragm	15
D83	Damage to the liver	15
D84	Damage to the gallbladder or bile ducts	15
D85	Damage to the pancreas	15
D86	Damage to the spleen	10
D87	Damage to the rectum or anus	10
D88	Damage to a kidney	15
D89	Damage to the perineum, genital organs	8
D90	Damage to the bladder	8
D91	Damage to ureters or the urethra	8
	Burns	**%**
D92	Second-degree burns covering less than 2% of the body surface area	2
D93	Second-degree burns covering from 2% to 10% of the body surface area	4
D94	Second-degree burns covering from 11% to 15% of the body surface area and third-degree burns covering less than 5% of the body surface area	10
D95	Second-degree burns covering from 16% to 25% of the body surface area and third-degree burns covering from 5% to 10% of the body surface area, affecting face, hands, eyes, ears, feet, and crotch	20
D96	Second-degree burns covering less than 25% of the body surface area and third-degree burns covering more than 10% of the body surface area	40
	Frostbite	**%**
D97	Second-degree frostbite or higher covering one finger or one toe	1.5
D98	Second-degree frostbite or higher covering more than one finger or one toe	4
D99	Second-degree frostbite or higher covering nose or ear	4

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