

Health Insurance

# General Conditions of Group Health Insurance: Allianz Health Care (Index AOZ 01)

Allianz – ubezpieczenia od A do Z.

**Allianz** 

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# General Conditions of Group Health Insurance: Allianz Health Care (Index AOZ 01)

## § 1.

### General Provisions

1.

These General Conditions of Insurance, hereinafter referred to as the GCI, shall apply to group health insurance contracts made by Towarzystwo Ubezpieczeń Allianz Życie Polska Spółka Akcyjna (hereinafter referred to as „Allianz”) with Policyholders.

2.

For the purposes of these GCI and the supplementary insurance contracts, the following terms shall have the following respective meanings:

- 1) **„act of violence”** shall mean a direct physical act against the Insured, whereby the Insured is forced to submit to the will of the person using violence and to behave in a manner imposed upon the Insured, or against a thing possessed by the Insured, thus restricting the free will of the Insured with regard to the possession of such thing or the holding or the use thereof;
- 2) **„act of terror”** shall mean illegal individual or group actions involving the use of violence, organised for ideological or political reasons against people or property in order to bring about chaos, intimidate the population and disrupt public life, and directed against society with a view to intimidating it to achieve political or social goals;
- 3) **„Operation Centre”** shall mean Mondial Assistance Sp. z o.o., a company with its registered office in Warsaw at ul. Domaniewska 50B, a representative of Allianz providing care services, whose telephone number is given to the Insureds by Allianz through the Policyholder;
- 4) **„disease”** shall mean a response of the organism to a pathogen, leading to dysfunctions and organic changes in tissues, organs, systems or the entire organism;
- 5) **„chronic disease”** shall mean a pathological condition diagnosed prior to entering into the insurance contract, characterised by slow development and long-term persistence, a disease treated continuously or periodically in an outpatient setting or being a cause of hospitalisation within the period of 12 months prior to entering into the insurance contract;
- 6) **„mental disease”** shall mean a disease classified by the International Statistical Classification of Diseases and Related Health Problems ICD-10 as mental and behavioural disorders (F00-F99);
- 7) **„date of joining the insurance scheme”** shall mean a date stated in the individual certificate of insurance as the date of commencement of Allianz’s liability to the Insured
- 8) **„supplementary insurance contract”** shall mean an insurance contract made under general conditions of supplementary insurance;
- 9) **„Head Office”** shall mean the primary administrative establishment of Allianz set up to initiate, organise and supervise the performance of business by Allianz; the address of the Head Office shall be the registered address of Allianz shown on the policy;
- 10) **„acting under the influence of alcohol”** shall mean acting in a state where blood alcohol content in the body amounts or leads to:
  - a) blood alcohol concentration of at least 0.2 ‰
  - or
  - b) alcohol content in 1 dm<sup>3</sup> of breath of at least 0.1 mg;
- 11) **„child”** shall mean a natural or adopted child of the Principal Insured or his/her spouse, covered under the Family Package, who becomes an Insured after insurance cover is provided;
- 12) **„Principal Insured”** shall mean an employee indicating the persons to be covered under the Family Package to the Policyholder, who represents them with regard to insurance cover in relations with the Policyholder and Allianz and is also an Insured;
- 13) **„identifier”** shall mean a document used for preliminary verification of the Insured by medical facilities; the identifier shall be valid only together with the Insured’s identity document with a photograph (in particular, an identity card, passport, driving licence, student card);
- 14) **„waiting period”** shall mean the exclusion or limitation of the liability of Allianz in respect of events covered under supplementary insurance contracts for the period stated therein;
- 15) **„Individual Package”** shall mean an insurance formula under which cover is provided to the Policyholder’s employee;
- 16) **„Family Package”** shall mean an insurance formula under which cover is provided to the Principal Insured, his/her spouse, and their natural or adopted children; it is allowed to provide insurance cover to the Principal Insured with his/her child/children or to the Principal Insured and his/her spouse;
- 17) **„medical facilities”** shall mean healthcare establishments referred to in the Act of 30 August 1991 on healthcare establishments (Journal of Laws of 2007, No 14, item 89, consolidated text, as amended), designated by Allianz, where the Insured can be provided with the health benefits listed in Appendix 1 to this insurance contract, and benefits under the general conditions of supplementary insurance for the Insured’s medical rehabilitation and the general conditions of supplementary insurance for the Insured’s dental treatment; information on the up-to-date list of medical facilities that have signed a health benefits agreement and the scope of the health benefits provided there is available on the medical helpline number stated on the personal identifier; a list of medical facilities is available on the [www.allianz.pl](http://www.allianz.pl) website.
- 18) **„policy”** shall mean a document issued by Allianz to certify the conclusion of an insurance contract;
- 19) **„preventive health review”** shall mean medical examinations, medical and diagnostic services provided in an outpatient setting with a view to preventing diseases;
- 20) **„external cause”** shall mean an event originating outside the Insured’s organism, which was the sole factor leading to the Insured’s bodily injuries, where the Insured’s body was affected by:
  - a) kinetic energy – mechanical factors causing injuries in the form of traumas, knocks,
  - b) gravitational factors causing bodily injuries due to falling,
  - c) thermal or electric energy – causing injuries in the form of burns, chemical factors causing injuries in the form of burns and poisoning,
  - d) acoustic factors causing damage in the form of acoustic traumas; it is stipulated that no stress or experiences of the Insured shall be deemed to constitute an external cause according to the GCI;
- 21) **„adoption”** shall mean the establishment of a relationship between the adopter and the adoptee corresponding to that between parents and children (including full irreversible adoption of a child as confirmed by the birth certificate of the child, where the adopter appears as the child’s parent);
- 22) **„employee”** shall mean a natural person employed under a contract of employment, appointment, election, nomination, cooperative contract of employment or other civil-law contract, in particular a work-for-hire contract, a contract of mandate, which provides for the performance of work, or a person who is connected with the Policyholder by virtue of the legal relationship described in point 30 below;
- 23) **„statutory representative”** shall mean a person power to act on behalf of a person without legal capacity or with limited legal capacity arises from the provisions of the law;
- 24) **„policy anniversary”** shall mean any anniversary of the date stated in the policy as the date of commencement of cover;
- 25) **„policy year”** shall mean a period between the date of commencement of cover and the first policy anniversary and each period between successive policy anniversaries;
- 26) **„premium”** shall mean an insurance premium in the amount stated in the insurance contract, intended to cover the cost of insurance protection provided under the insurance contract for basic cover and under any supplementary contracts for extended cover;
- 27) **„sum insured”** shall mean the amount set forth in the policy, providing a basis for the calculation of the amount of benefit under the insurance contract, payable upon the occurrence of an insured event defined in the insurance contract or in a supplementary insurance contract;
- 28) **„health benefits”** shall mean medical examinations, medical and diagnostic services provided in an outpatient setting as specified in the insurance contract for the applicable insurance option, aimed to restore or improve the Insured’s health; within the meaning of these GCI, health benefits also include a preventive health review;
- 29) **„insurance option”** shall mean a range of benefits available to the Insured under the insurance contract concluded;

- 30) „**Policyholder**” shall mean a natural person, body corporate or unincorporated body providing employment to employees; for the purposes of these GCI, the existence, between the Policyholder and the employee, of a relationship that justifies, in the opinion of Allianz, the provision of cover to such persons on the terms of these GCI (e. g. the Insured’s membership in a political party, association or trade union) shall be treated on a par with employment (employment relationship);
- 31) „**Insured**” shall mean a natural person for whose benefit an insurance contract is made and whose life or health is insured; where the insurance contract is entered into under an Individual Package, the Insured is Policyholder’s employee, and where the insurance contract is entered into under a Family Package, the Insured is the Principal Insured and the persons named by him/her to be covered under the Family Package;
- 32) „**insurance contract**” shall mean a contract made between Allianz and the Policyholder under these GCI;
- 33) „**Beneficiary**” shall mean a person entitled to receive the benefit in the event of death of the Insured;
- 34) „**spouse**” shall mean a person of the opposite sex to whom the Principal Insured is married or with whom he/she lives in common-law marriage at the date of entering into the insurance contract under a Family Package, who becomes the Insured after insurance cover is provided; in the event of the Insured’s death, the spouse shall be a person who is married to the Insured at the date of his/her death and is named in the death certificate as the spouse;
- 35) „**accident**” shall mean a sudden and accidental event which simultaneously meets all of the following criteria:
- is independent of the will and health condition of the Insured,
  - is due to an external cause of a fortuitous nature, which was the direct and sole cause of the event,
  - occurred within the period between the date of commencement and the date of termination of liability of Allianz to the Insured,
  - was the direct and sole cause of the event for which Allianz is liable,
  - there is adequate direct causality between the consequences of the event and the external cause of the event;
- 36) „**healthcare establishment**” shall mean a hospital, outpatient clinic or surgery operating legally within the framework of the healthcare system in the territory of the Republic of Poland; within the meaning of these GCI, a spa hospital, rehabilitation hospital, sanatorium, spa or crèche are not considered to be healthcare establishments;
- 37) „**insured event**” shall mean an event covered under the insurance contract, involving:
- the Insured’s death,
  - the Insured developing a disease;
  - the Insured sustaining bodily injuries as a result of an accident;
  - the Insured’s pregnancy.

## § 2. Subject and Scope of Liability of Allianz

1.

Under basic cover, the subject of insurance is the life and health of the Insured.

2.

The liability of Allianz under the insurance contract shall involve:

- the arrangement and payment of the cost of health benefits within the territory of the Republic of Poland, specified in Appendix 1 to these GCI, made available to the Insured within the period between the dates of commencement and termination of liability of Allianz, and provided at medical facilities designated by Allianz through the medical helpline due to a disease, bodily injuries resulting from an accident, pregnancy condition, on the basis of a valid referral issued during the period of liability of Allianz by a physician available under the Insured’s insurance option at the medical facility referring him/her for examinations or at its subcontractor’s facility; the referral requirement does not apply to medical consultations, except professorial consultations and preventive health review as provided in Appendix 1 hereto;
- in the event of the Insured’s death – the payment to the Beneficiary of the Insured’s death benefit if the Insured’s death occurs during the period between the dates of commencement and termination of insurance cover.

3.

The basic cover under the insurance contract may be extended by entering into supplementary insurance contracts.

4.

In connection with entering into supplementary insurance contracts, the liability of Allianz may cover the insured events listed in the general conditions of supplementary insurance.

5.

The scope of insurance shall be set forth in the policy on the basis of the Policyholder’s proposal for a new insurance contract or for contract amendment.

6.

The scope of insurance may be different for the different Insured subgroups under a single insurance contract.

7.

Allianz shall not be liable for insured events resulting from:

- the Insured acting under the influence of alcohol, narcotics or other toxic substances having a similar effect, medications not prescribed by a physician or taken contrary to a physician’s advice or contrary to the indications for the use thereof;
- active and illegal participation by the Insured in acts of violence, acts of terror, civil commotions or riots
- suicide or self-inflicted injury or injury inflicted at the Insured’s own request, within 24 months of the Insured joining the insurance scheme;
- the commitment or attempted commitment by the Insured or the Co-insured of an act meeting the statutory definition of an intentional offence;
- hostilities, martial law.

8.

Allianz shall not be liable for:

- payment of the cost health benefits in situations that require immediate action, in particular those involving emergency medical assistance provided by the ambulance service (resuscitation ambulances, accident ambulances);
- payment of the cost of health benefits provided without the intermediary of the Allianz medical helpline and at medical facilities not designated by Allianz, unless Allianz elects otherwise;
- refund of the cost of health benefits mentioned in § 12 paragraphs 9-12 hereof, provided at healthcare establishments not reported and not approved through the Allianz medical helpline;
- health benefits not prescribed by a physician made available under the Insured’s insurance option, even if such benefits are available under the insurance option;
- failure to provide information or to arrange health benefits;
- infertility treatment and diagnostics.

9.

The extent of harm, suffering and pain experienced shall not be covered by Allianz.

10.

Any home visit requests requiring urgent medical intervention, in particular cases of poisoning, loss of consciousness, breathlessness, dyspnoea, thoracic pain, acute abdominal pain, sudden occurrence of convulsions (also associated with a high temperature), paralysis and paresis, haemorrhage, threat to life caused by an accident, threat to pregnancy, major traumas and bone fractures shall be treated as life-threatening states and should be reported directly by the Insured to the Ambulance Service.

## § 3. Conclusion of the Insurance Contract

1.

The insurance contract together with any supplementary contracts shall be made for a period of one year. The insurance contract together with supplementary contracts shall be renewed for the next annual insurance period if neither party gives the other party, no later than on month before the end of each annual insurance period, a written non-renewal notice. A supplementary insurance contract shall be renewed for the next annual

insurance period always when the insurance contract is renewed. The insurance contract and supplementary contracts may be renewed multiple times, subject to the procedure set forth above.

2.

If the insurance contract is renewed together with supplementary contracts for the next annual insurance period, subject to the procedure set forth in paragraph 1, the contracts shall be renewed on the same terms as contracts made in the previous annual period, and the documents in force so far, confirming the conclusion of the insurance contract together with supplementary contracts shall remain in force unless the parties decide to amend the terms and conditions of the insurance contract in accordance with the procedure set forth in § 5 hereof.

3.

The insurance contract and supplementary insurance contracts may be concluded for a group of at least 5 employees.

4.

The insurance contract may be entered into under:

- 1) an Individual Package;
- 2) a Family Package.

5.

Insurance under the Individual Package may be provided to a person who has reached the age of 18 and has not reached the age of 64 on the date of joining the insurance scheme, unless Allianz elects otherwise.

6.

Insurance under the Family Package may be provided to the Principal Insured and his/her spouse, provided that they meet the age criteria set forth in paragraph 5 above, and their own or adopted children have not reached the age of 25 date of joining the insurance scheme, unless Allianz elects otherwise.

7.

The insurance contract and supplementary insurance contracts shall be made on the basis of a correctly completed group health insurance proposal form signed by the Policyholder on a form provided by Allianz. The Policyholder shall be required to correctly and fully complete the group insurance proposal form.

8.

The Policyholder shall be required to attach the following documents to the insurance proposal form and submit them to Allianz not later than the 20th day of the calendar month preceding the commencement of insurance cover:

- 1) a list of names of the persons proposed for insurance;
- 2) a declaration to join the insurance scheme for each person proposed for insurance; the document should be completed and signed by the person joining the insurance scheme (if the contract is entered into under a Family Package, the declaration shall be signed on behalf of a juvenile child by the child's parent or other statutory representative).

9.

Allianz may require other documents to be enclosed to the insurance proposal form, as considered by Allianz to be necessary for the insurance contract to be concluded, including documentation necessary for insurance risk assessment for the persons proposed for insurance.

10.

The documents mentioned in paragraphs 8 and 9 above, when approved by Allianz, shall form appendices to the insurance proposal form.

11.

Based on information obtained by Allianz, contained in the proposal form, and on the basis of the documents attached thereto, Allianz may, relying on its risk assessment, refuse to conclude an insurance contract.

12.

In the event where, in response to a proposal form submitted by the Policyholder together with documents attached thereto, Allianz suggests that the Policyholder enter into an insurance contract on terms different from those stated in the proposal form submitted by the Policyholder, to the Policyholder's disadvantage, Allianz shall bring this fact in writing to the attention of the Policyholder and the persons entering into the insurance

contract under an Individual Package and/or the Principal Insureds and the persons entering into the insurance contract under Family Packages, and shall allow them a seven days" time limit for lodging a written objection. An objection from the Policyholder shall render the contract invalid, whereas in the absence of the Policyholder's objection the contract shall enter into force as proposed by Allianz on the next day after the expiry of the time limit for lodging an objection. An objection from a person entering into the insurance contract shall be deemed to constitute a waiver of coverage on the amended terms proposed by Allianz. If an objection is lodged by the Principal Insured, it shall be deemed to constitute a waiver of coverage also for the persons proposed by the Principal Insured for insurance under the Family Package.

13.

Allianz shall confirm the conclusion of an insurance contract by issuing a policy for the Policyholder and a certificate for each Insured.

14.

With consent from Allianz and on the terms proposed by Allianz, it shall be allowed to set up several Insured subgroups with a different scope of cover. Unless Allianz elects otherwise, this shall require the following conditions to be met:

- 1) the same persons may not be insured in more than one subgroup;
- 2) Insureds may change subgroups by changing the form of insurance from the Individual Package to the Family Package and by changing their insurance option only once in a policy year. A change of the insurance option shall not require the Insured to sign a new declaration to join the insurance scheme.

15.

If the number of members of a group changes after the conclusion of the insurance contract, the Policyholder shall be required to furnish Allianz, not later than the 20th day of each calendar month of the term of the contract:

- 1) a list of persons joining the insurance scheme in a successive month, together with their declarations, subject to the provisions of paragraph 8 (2) hereof;
- 2) a list of persons withdrawing from the insurance scheme, for whom the liability of Allianz expires in the successive month.

16.

If the 20th day of the calendar month referred to in paragraphs 8 and 15 is a non-working day, the documents mentioned in those paragraphs shall be sent on the first following working day.

#### § 4.

1.

The contract shall be made in the manner mentioned in § 3 hereof if the insurance scheme is joined by the number of persons designated by Allianz on entering into the insurance contract.

2.

If the number of persons proposed for insurance does not meet the requirements mentioned in paragraph 1 above, the insurance contract may be made with the consent of Allianz and on the terms proposed by Allianz.

#### § 5.

##### Amendments to the Insurance Contract

1.

Either party to the contract may request the amendment of the insurance contract. A request for the amendment of the insurance contract shall be submitted to the other party:

- 1) not later than one month before a policy anniversary if the amendment is requested by the Policyholder;
- 2) not later than two months before each policy anniversary if the amendment is requested by Allianz.

2.

Any amendments to the insurance contract requested by the Policyholder shall be made with written consent from Allianz, having previously obtained consent from the Insureds covered under the insurance contract in the form of Individual Packages or Family Packages, subject to the provisions of paragraph 3 below. Any amendment shall be possible only with consent from all the Insureds covered under the insurance contract in the form of Individual Packages or the Principal Insureds covered under Family Packages, and in the absence of consent from any of them no amendment shall be made to the contract.

3.

Any amendments that do not infringe on the Insured's rights may be made without the Insured's consent.

4.

An Insured covered under the Individual Package or a Principal Insured covered under the Family Package may consent to amendments to the insurance contract in person or through another duly authorised person (attorney).

5.

For the amendments mentioned in paragraph 1 to enter into effect, the Insureds' acceptance must be obtained as provided in paragraphs 2, 3 and 4, and in the absence of authorisation or where such authorisation has been revoked, the Policyholder shall be required to attach to the request for the amendment of the terms of the insurance contract submitted to Allianz, statements by the Insureds covered under the Individual Package or the Family Package giving consent to the amendment of the insurance contract.

## **§ 6. Premium**

1.

Under the insurance contract, the Policyholder shall be required to pay premiums in the amount and at the frequency stated in the insurance contract.

2.

Premiums may be payable on a monthly, quarterly or semi-annual basis, or in advance for the whole year of the term of the contract.

3.

The premium rate shall be determined depending on the scope of insurance, form of insurance, age and gender of the Insured, and any supplementary contracts expanding the basic contract.

4.

Premium shall be payable for the whole group not later than the 20th day of the month preceding the period for which it is due.

5.

A premium shall be deemed paid by the Policyholder when credited to the relevant bank account of Allianz in the amount provided by the insurance contract.

6.

The premium rate shall be determined by Allianz for each year of the term of the insurance contract. If the premium rate is to be changed, Allianz shall notify the Policyholder and the Insureds covered in under Individual Packages or the Principal Insureds covered under Family Packages of the change of the premium rate applicable in the next annual insurance period, not later than two months before the end of each annual insurance period.

7.

If the Policyholder, having been notified by Allianz of the premium rate for the next annual insurance period, serves a written notice on Allianz, not later than 30 days before the policy anniversary, declining to accept the premium rate proposed by Allianz, such notice shall be deemed to constitute a non-renewal notice mentioned in § 3 (1) hereof, unless the parties elect otherwise

8.

If the Insured gives the notice described in paragraph 7 within the time limit stated in that paragraph, the same shall be deemed to constitute a waiver of insurance cover for the Insured concerned under the insurance contract made for the next annual period. If such notice is given by the Principal Insured, it shall have the effect of waiver of cover provided also to the Insureds covered under Family Packages.

9.

When notifying the Policyholder and the Insureds covered under Individual Packages or the Principal Insureds covered under Family Packages of a change in the premium rate applicable in the next annual insurance

period, Allianz shall also inform them of the consequences of their non-acceptance of the proposed change, as described in paragraphs 7 and 8 above.

10.

If no written notice declining to accept the proposed premium rate is delivered by the Policyholder to Allianz within the time limit laid down in paragraph 9 above, this shall operate as consent to:

- 1) renewal of the insurance contract for the next annual insurance period; and
- 2) the premium rate proposed by Allianz, applicable in the next annual insurance period.

In the case of the Insured covered under an Individual Package or the Principal Insured covered under a Family Package, the absence of a written notice declining to accept the proposed premium rate shall be construed as the intention to continue the insurance contract on the amended terms proposed by Allianz in the successive annual period.

11.

If any supplementary contracts are made, the premium shall equal to the sum of premiums due under the insurance contract and the supplementary contracts.

## **§ 7. Non-payment of Premiums**

1.

If a premium is not paid by the Policyholder by the last day of the working month preceding the period for which it is due (grace period), Allianz shall demand that the Policyholder pay the premium within the date stated in the demand for payment, and the insurance contract shall be deemed terminated as of the last day of the first month of the next period of cover for which no premium has been paid. A notice of termination shall not relieve the Policyholder from the obligation to pay premium for the period of notice of termination. Immediately upon payment of premium for the period of notice of termination, the Policyholder must serve a written statement on Allianz to confirm the intention to terminate the contract. Failing such statement, the notice of termination shall be deemed null and void. The demand mentioned in this paragraph shall be sent by Allianz to the Policyholder by the 5th working day of the first month of the period for which the premium was due.

2.

Premium shall be deemed unpaid, in particular, if:

- 1) the amount of the premium paid to the relevant account of Allianz is smaller than that resulting from the number of Individual Packages or the number of Family Packages to be covered during the period concerned. The number of Individual Packages and/or the number of Family Packages to be covered during the period concerned shall be determined on the basis of the documents mentioned in § 3 paragraph 8 and paragraph 15 hereof;
- 2) the premium has not been paid to the relevant account of Allianz;
- 3) the premium has not been paid within the time limit set forth in these GCI.

## **§ 8. Commencement and Duration of Cover**

1.

The liability of Allianz to each Insured shall commence at the date stated by Allianz in the individual certificate, in each case on the first day of the calendar month, no sooner, however, than the day on which the following conditions are met by the 20th day of the month preceding the period of cover:

- 1) Allianz has received and accepted the declaration to join the insurance scheme from the person concerned and other documents mentioned in these GCI;
- 2) the Insured's name appears on the list of persons proposed for insurance mentioned in § 3 paragraph 8 (1) and paragraph 15 (1) hereof;
- 3) the Policyholder has paid the premium within the time limit set forth in § 6 paragraph 4 hereof;
- 4) the premium amount paid to the bank account of Allianz is not smaller than that resulting from the number of Individual Packages and the number of Family Packages to be covered in the period concerned.

2.

The liability of Allianz shall terminate irrespective of other provisions of the GCI:

- 1) at the date of termination of the insurance contract;
- 2) at the date of the Insured's death, and with regard to the Insureds covered under a Family Package, on the last day of the month of death of the Principal Insured;
- 3) on the last day of the month in which the Insured, in the case of an Individual Package, or the Principal Insured, in the case of a Family Package, has withdrawn from the insurance contract, as confirmed by a list of persons withdrawing from the insurance contract in accordance with § 3 paragraph 15 (2); withdrawal of the Principal Insured from the insurance contract shall result in termination of cover provided to the Insureds covered under the contract under the Family Package;
- 4) on the policy anniversary following the Insured's 65th birthday or, where the Insured is a child, on the policy anniversary following the child's 26th birthday; for Insureds covered under a Family Package – on the policy anniversary following the Principal Insured's 65th birthday;
- 5) on the first day of the first month of the new annual insurance period if the Policyholder and the Insured do not accept the proposed premium rate.

3.

As of the date set forth in paragraph 2, the liability of Allianz under all supplementary insurance contracts made for the benefit of the Insured shall terminate unless the general conditions of supplementary contracts provide for another date of termination of liability.

4.

The Insured under an Individual package or the Principal Insured under a Family Package shall have the right to withdraw from the insurance contract at any time during the continuance of insurance cover by giving an appropriate notice to the Policyholder. Withdrawal from the insurance contract shall take effect as of the last day of the month in which the notice was served, referred to in the previous sentence, subject to the provisions of paragraph 2 (3) above.

## **§ 9. Termination of the Insurance Contract**

1.

The insurance contract shall be terminated in consequence of:

- 1) failure to pay the premium within the time limit laid down in these GCI;
- 2) termination of the insurance contract in accordance with paragraph 2 below;
- 3) giving the insurance non-renewal notice mentioned in § 3 paragraph 1 hereof.

2.

The insurance contract may be terminated by the Policyholder by one month's written notice, the period of notice running from the last day of the month in which Allianz received the notice of termination. Termination of the insurance contract shall not relieve the Policyholder from the obligation to pay premiums for the period of notice of termination.

3.

Termination of the insurance contract shall take effect as of the last day of the month and cause the termination of all supplementary insurance contracts.

4.

In the event of termination of the insurance contract, the Policyholder shall be entitled to the refund of the premium for any unused period of insurance cover. The Insured's death for which Allianz pays a benefit under the GCI shall constitute the utilization of insurance cover provided to the Insured concerned.

5.

The Policyholder may withdraw from the insurance contract within 30 days, and where the Policyholder is a business operator – within 7 days from the conclusion of the contract.

6.

Withdrawal from the contract shall not relieve the Policyholder from the obligation to pay premiums for the period of insurance cover provided by Allianz.

7.

In the event of termination of the insurance contract, the conclusion of the next insurance contract shall be possible after the expiry of 6 months from the last day of insurance cover, unless Allianz elects otherwise.

## **§ 10. Provision of Cover to New Persons During the Term of the Insurance Contract**

1.

During the term of the insurance contract, Allianz may provide insurance cover to persons not insured previously.

2.

By the 20th day of the month preceding a successive month of insurance cover at the latest, the Policyholder shall be required to furnish Allianz with a list of names of persons joining the insurance scheme, their declarations to join the insurance scheme and other documents specified by Allianz. The fulfilment of this requirement shall be prerequisite for the provision of insurance cover to new persons joining an existing insurance contract.

3.

In the event an Insured withdraws from the insurance contract, Allianz may agree to resume cover provided that the insurance scheme is joined after the expiry of 6 months running from the last day of insurance cover, unless Allianz elects otherwise.

## **§ 11. Withdrawal from Insurance**

Exclusion of an Insured from insurance shall be conditional on the inclusion of his/her name in a list of persons withdrawing from insurance, for whom the liability of Allianz expires in the successive monthly insurance period, and the receipt by Allianz of the list of withdrawing persons mentioned above, by the 20th day of the calendar month preceding a successive monthly period of cover.

If the Policyholder does not report any changes in the list of persons within the time limit set forth in the previous sentence, Allianz shall have a claim against the Policyholder for the payment of premium due for all the persons who continue to be insured.

## **§ 12. Arrangement of Health Benefits**

1.

Under this insurance contract, Allianz shall arrange for the Insureds the health benefits listed in Appendix 1 at medical facilities designated through the Allianz medical helpline in accordance with the insurance option selected by the Policyholder in insurance proposal form and in the documents attached thereto.

2.

All the health benefits listed in Appendix 1 shall be arranged for the Insureds if:

- 1) they are provided in an outpatient setting in accordance with medical advice;
- 2) they can be provided at a given medical facility during its working hours;
- 3) they are provided on the basis of a valid referral issued during the period of liability of Allianz by a physician available under the Insured's insurance option at the medical facility referring him/her for examinations or at its subcontractor's facility; the referral requirement does not apply to medical consultations, except professorial consultations and preventive health review as provided in Appendix 1 hereto.

3.

In order to obtain health benefits for which the Insured is eligible under the insurance contract as well as benefits under supplementary insurance for the Insured's medical rehabilitation and supplementary insurance for the Insured's dental treatment, the Insured shall be required to:

- 1) contact the medical helpline on the number stated on the personal identifier;
- 2) make an appointment for health benefits and visit the medical facility designated by the Allianz medical helpline;
- 3) present the health insurance identifier together with a valid identity document unambiguously confirming the Insured's identity to the

medical facility; in the absence of the identifier, the Insured should present to the medical facility a valid document unambiguously confirming his/her identity;

- 4) follow the instructions and advice received from the medical facility;
- 5) meet appointments for benefits and report to the medical helpline consultant, well in advance of the appointed date and time of the health benefit, any inability to use a medical visit or examination.

4.

The condition necessary to obtain the health benefits listed in Appendix 1 and benefits under supplementary insurance for the Insured's medical rehabilitation and supplementary insurance for the Insured's dental treatment, is to contact the Allianz medical helpline operating on a 24-hour basis. When contacting the medical helpline, the Insured shall be required to furnish the following information to the medical helpline operator:

- 1) first name and surname of the Insured;
- 2) residence address of the Insured;
- 3) date of birth or PESEL number;
- 4) policy number if the Insured has his/her identifier;
- 5) contact telephone number of the Insured;
- 6) type of necessary assistance;
- 7) date of issue of the referral and specialty of the physician referring the Insured for examination;
- 8) other information necessary to arrange benefits due under the insurance cover provided.

5.

Allianz shall not arrange any health benefits for the Insured other than those listed in Appendix 1 to the insurance contract and reserves the right to change medical facilities during the continuance of the insurance contract. In each case, the current list of medical facilities shall be available from the helpline on the number stated on the personal identifier. A change of the helpline number shall not constitute an amendment of this insurance contract.

6.

In the case of change of medical facilities which does not result in a change of the scope of health benefits, the Policyholder and the Insured shall have the right to lodge an objection against a new list of available medical facilities within 14 days of receipt of information on such changes. The objection mentioned in the previous sentence shall be submitted by the Policyholder and the Insured in writing at the address stated in the insurance documents listed in § 3 paragraph 13 hereof.

7.

The objection mentioned in paragraph 6 above shall be deemed to constitute, with regard to:

- 1) the Policyholder – as notice of termination of the insurance contract in accordance with § 9 paragraph 2 hereof;
- 2) the Insured – as withdrawal from the insurance contract as of the expiry of the last day of the month in which Allianz has received relevant written information. If an objection is lodged by the Principal Insured, it shall have the effect of a waiver of coverage also for the Insureds covered under the contract under Family Packages.

8.

In the absence of the objection mentioned in paragraph 6 above, insurance cover shall be deemed to be continued, and the Policyholder and the Insured shall be deemed to have accepted the change of medical facilities.

9.

In the case of change of medical facilities resulting in inability to obtain health benefits in the network of medical facilities designated by Allianz, the Insured shall have the right to obtain health benefits at another healthcare establishment of his/her choice. Allianz shall pay the cost of health benefits covered by the insurance, provided that the intention to seek medical benefits is notified on the medical helpline number and approval is obtained through the Allianz medical helpline. In the situation described in the previous sentence, the Insured shall use health benefits at the healthcare establishment of his/her choice, receiving an invoice issued by the healthcare establishment concerned, for the scope of benefits confirmed through the Allianz medical helpline

10.

The invoice mentioned in paragraph 9 above, showing the costs of health benefits incurred by the Insured, must contain a detailed specification

including in particular:

- 1) identification of the medical specialist consulted by the Insured;
- 2) a list of diagnostic and laboratory tests performed;
- 3) a list of other health benefits provided to the Insured;
- 4) the date of the health benefits provided to the Insured.

11.

Having delivered the original invoice to Allianz, the Insured shall receive a refund of the cost of health benefits within 30 days of invoice receipt by Allianz.

12.

The invoice should be addressed to the Health Insurance Department at the address stated in the medical documents listed in § 3 paragraph 13 hereof together with the description of the method of refund of the cost of health benefits.

13.

The Insured shall have the right to receive health benefits at a healthcare establishment selected by the Insured until Allianz makes the health benefits available as provided herein, subject to the provisions of paragraph 9 above

### § 13.

#### Determination and Payment of the Benefit

1.

In the event of the Insured's death Allianz shall pay a benefit to the person entitled to receive it in the amount stated in the insurance contract.

2.

The persons entitled to receive the benefit in respect of the Insured's death shall be:

- 1) the Beneficiaries;
- 2) the persons named in § 16 hereof, failing any Beneficiaries.

3.

If the sum of percentage shares of the Beneficiaries does not equal 100, the persons' shares in the benefit amount due shall be determined on a pro rata basis according to the proportions arising from the Insured's designation.

4.

No benefit shall be available to a person who has deliberately contributed to the death of the Insured.

5.

Notice of the insured event mentioned in paragraph 1 shall be deemed given at the date of receipt of a written notification of such event by the Head Office or a branch of Allianz.

6.

The document necessary to consider notice of the Insured's death to have been duly given shall be an attached copy of the Insured's death certificate.

7.

Having received a written notice of the occurrence of an insured event, Allianz shall inform the Policyholder and entitled persons thereof within seven days of receipt of the notice, specifying a list of documents necessary for the claim to be examined.

8.

Based on the documents received, Allianz shall conduct an inquiry to:

- 1) confirm the occurrence of the event;
- 2) confirm the legitimacy of the claims made;
- 3) determine the amount of the benefit;
- 4) identify the person (s) entitled to receive the benefit;
- 5) determine the way of delivering the benefit.

9.

Allianz shall be obligated to make available to the persons mentioned in paragraph 7 any information and documents that have affected the determination of liability of Allianz and the amount of the benefit. The persons shall have the right to inspect the claim file and to make transcripts or photocopies of claim file documents, provided that the method of making claim files available does not involve any excessive and unnecessary difficulty for such persons.



## § 14.

1.

The benefit mentioned in § 13 paragraph 1 hereof and the benefit under a contract of supplementary insurance for the Insured's same day surgery shall be payable against a benefit payment request on a form provided by Allianz, to which the entitled person shall be required to attach documents specified by Allianz, necessary to determine the legitimacy and amount of the benefit.

2.

If the benefit is not available or it is available in an amount other than that stated in the claim, Allianz shall give written notice thereof to the person making the claim, referring to the circumstances and the legal basis for refusal to pay the benefit in part or in whole. The entitled person shall have the right to pursue claims in court.

3.

The payment by Allianz of the benefit in respect of the Insured's death shall be subject to the presentation of the following documents:

- 1) transcript or certified copy of the death certificate;
- 2) statistical death card or certificate confirming the cause of death and the occurrence of the event;
- 3) a document confirming the Beneficiary's identity;
- 4) other documents necessary to consider the claims in a fair manner and to determine obligations of Allianz under the insurance contract, as specified by Allianz, in particular complete medical documentation to the extent necessary to examine the claim;
- 5) description of the circumstances of the accident if the event is a consequence of an accident.

Copies of the documents may be certified as true copies by one of the following persons:

- 1) an employee of the institution that has issued the document concerned,
- 2) a notary,
- 3) an employee of the Policyholder's personnel or accounting department, or its management;
- 4) the person managing the policy at the Policyholder's office;
- 5) authorised persons designated by Allianz.

4.

Allianz shall pay the benefit immediately, not later than 30 days from the receipt of the notice of the event.

5.

Should it prove impossible to clarify all the circumstances relevant to the determination of the legitimacy of the payment of the benefit within the above time limit, the benefit shall be paid within 14 days from the day on which it is possible to clarify the circumstances on a best efforts basis. However, any indisputable part of the benefit shall be paid by Allianz within the time limit provided for in paragraph 4.

6.

The benefit shall be payable in Polish zlotys within the territory of the Republic of Poland.

## § 15.

1.

The Insured may name the Beneficiary (ies) as the person (s) entitled to the benefit for the Insured's death – both prior to the conclusion of the insurance contract and any time during the term thereof.

2.

The Insured shall have the right to change the designation mentioned in paragraph 1 any time during the term of the insurance contract.

3.

A request to designate or change the Beneficiary shall be submitted by the Insured in writing.

4.

Allianz shall be bound by such change from the day following that on which it receives the request to designate or change the Beneficiary.

## § 16.

1.

If the Insured has not named any Beneficiary or if no Beneficiary has survived the Insured or all Beneficiaries have lost their benefit entitlement, the benefit shall be available to the members of the family of the deceased in the following order of priority:

- 1) the spouse;
- 2) in the absence of a spouse, the Insured's children in equal parts;
- 3) in the absence of children and a spouse, the Insured's parents in equal parts;
- 4) in the absence of children, a spouse and parents, the Insured's siblings in equal parts;
- 5) in the absence of any of the persons mentioned above, other legal heirs of the Insured.

2.

If the Insured has designated more than one Beneficiary and as at the date of the insured event for which Allianz is liable one of the designated Beneficiaries has died or lost the benefit entitlement, the part of the benefit attributable to that Beneficiary shall be taken over by the other Beneficiaries on a pro rata basis as designated by the Insured.

## § 17.

### The Policyholder's Obligations

1.

[...]

- 1) information on the content of the insurance contract concluded;
- 2) prior to giving consent to the amendment of the terms and conditions of the insurance contract or change of the governing law for an insurance contract concluded – relevant information, stating the influence of such changes on the value of future benefits;
- 3) information on the amount of benefits available under the insurance contract, immediately after the receipt thereof from Allianz.

2.

The Policyholder shall be required to immediately notify Allianz of any changes in the lists of names of the persons covered by the insurance contract. In the absence of notification of change, Allianz shall consider the most recent list of names to be up-to-date.

3.

The Policyholder shall be required to pay the insurance premium and furnish Allianz with documents necessary to ensure proper administration of the insurance contract concluded, subject to the terms and conditions set forth in these GCI, and to immediately deliver to the Insured an identifier provided by Allianz.

4.

The Policyholder shall be required to make Allianz aware of all circumstances known to the Policyholder, which Allianz has requested in the insurance proposal form or in other letters prior to the conclusion of the contract.

## § 18.

### Final Provisions

1.

No notices or statements related to the insurance contract shall be effective unless duly given in writing.

2.

If the Policyholder or the Insured have changed the address of registered office or residence and failed to give notice thereof to Allianz, Allianz shall be deemed to have fulfilled its obligation to give notice or make a statement, by sending a letter to the last address known to it. The above rule shall also apply to a change of the registered address of Allianz and failure to inform the Policyholder or the Insureds thereof.

## § 19.

1.

Provisions additional to or different from those laid down herein may be included in the insurance contract in consultation with the Policyholder and the Insureds by separate rider.

2.  
If the scope of benefits is expanded by adding benefits covered by supplementary insurance contracts, such supplementary insurance contracts shall form an integral part of the insurance contract.

**§ 20.**

1.  
Any claims under the insurance contract shall be barred by limitation after a period of three years.

2.  
The period of limitation shall be interrupted by any claim submitted to Allianz or by notification of an insured event.

**§ 21.**

1.  
Where not provided for herein, the applicable provisions of the Civil Code, the Act on Insurance Business or other provisions of the Polish law shall apply as appropriate.

2.  
Any claims or complaints concerning the conclusion or performance of the insurance contract may be lodged by the Policyholder, the Insured, the Beneficiary or any person entitled under the insurance contract to the Head Office of Allianz. Claims or complaints may also be submitted to the Insurance Ombudsman.


3.  
Action for claims arising from insurance contracts may be brought either under the rules of general jurisdiction (a court having territorial jurisdiction over the registered office of Allianz in Warsaw) or before a court having territorial jurisdiction over the place of residence or registered office of the Policyholder, the Insured, the Beneficiary or any person entitled under the insurance contract.

4.  
Polish shall be the ruling language for correspondence and contacts with Allianz.

5.  
These GCI were approved by Resolution of the Management Board of TU Allianz Życie Polska S.A. No 45/2009 of 18 May 2009 and enters into force on 1 June 2009.



Paweł Dangel  
President of the  
Management Board



Michael Müller  
Vice President of the  
Management Board



Jerzy Nowak  
Vice President of the  
Management Board



Piotr Dzikiewicz  
Vice President of the  
Management Board



Stanisław Borkowski  
Member of the  
Management Board



Zbigniew Świątek  
Member of the  
Management Board

# General Conditions of Supplementary Insurance for Care Benefits for the Insured and the Insured's Family (Index AOZ AU 01)

## § 1.

### General Provisions

1.

The terms used in this supplementary insurance contract shall have the meanings assigned to them in the insurance contract, and:

- 1) „insured event” shall mean an event covered by Allianz under the supplementary insurance contract, which involves any of the following circumstances on the part of the persons covered:
  - a) a disease;
  - b) bodily injuries as a result of an accident;
  - c) deterioration of health as a result of any of the difficult life situations mentioned in § 2 paragraph 1 (3) of this supplementary insurance contract;
  - d) pregnancy and childbirth;
- 2) „operating centre physician” shall mean a medical consultant of the operation centre;
- 3) „place of stay” shall mean a place within the territory of the Republic of Poland where the Insured is staying;
- 4) „rehabilitation equipment” shall mean equipment necessary for rehabilitation, which enables the patient to function independently or with greater ease;
- 5) „parent” shall mean the father or mother of the Insured or the Insured's spouse, or the stepmother and stepfather of the Insured or the Insured's spouse within the meaning of the GCI;
- 6) „mother” shall mean a natural mother;
- 7) „stepmother” shall mean a person to whom the father of the Insured or the Insured's spouse is married after the death of the natural mother of the Insured or the natural mother of the Insured's spouse, as the case may be, or a person who was married to the natural father at the time of his death;
- 8) „father” shall mean a natural father;
- 9) „stepfather” shall mean a person to whom the mother of the Insured or the mother of the Insured's spouse is married after the death of the natural father of the Insured or the natural father of the Insured's spouse, as the case may be, or a person who was married to the natural mother at the time of his death;
- 10) „non-self-reliant person” shall mean a person living with the Insured, who, owing to poor health condition, old age or congenital defect is not self-reliant and is unable to meet his/her essential needs and required constant care;
- 11) „abortion” shall mean premature termination of pregnancy shorter than 20 weeks;
- 12) „Co-insured” shall mean a member of the Insured's family, who is covered under this supplementary insurance contract; any of the following persons shall be a Co-insured:
  - a) the Insured's spouse who is married to the Insured at the date of the insured event;
  - b) the Insured's own or adopted child under 20 years of age, living with the Insured;
  - c) the Insured's parent or the Insured's spouse – only with regard to the benefits mentioned in § 2 paragraph 12 of this supplementary insurance contract.

2.

The persons covered under this supplementary insurance contract shall be:

- 1) the Insured;
- 2) the Co-insured.

3.

The subject of insurance under this supplementary insurance contract shall be the health and life of the persons mentioned in paragraph 2 above.

4.

Under the supplementary insurance contract, Allianz Życie shall pay the cost of the care benefits defined in § 2 of this supplementary insurance contract.

5.

Care benefits shall be provided through the operation centre.

## § 2.

1.

The insurance under the supplementary insurance contract shall cover the following care benefits provided solely within the territory of the Republic of Poland, subject to paragraph 2 (13) below:

- 1) benefits involving the provision of assistance to the Insured, the Insured's spouse or the Insured's child in the event of a disease;
- 2) benefits involving the provision of assistance to the Insured, the Insured's spouse or the Insured's child in the event of an accident;
- 3) benefits guaranteed in difficult life situations of the Insured, the Insured's spouse or the Insured's child including:
  - a) death of a child or stillbirth,
  - b) death of the spouse,
  - c) disease of the Insured, the Insured's spouse or the Insured's child.
- 4) health information services in the event of disease, accident or pregnancy of the Insured, the Insured's spouse or the Insured's child;
- 5) access to the „Baby Assistance” helpline in the case of pregnancy or childbirth;
- 6) benefits involving the provision of assistance to the Insured or the Insured's spouse in the case of childbirth;
- 7) benefits involving the provision of medical assistance to the Insured's parent or the Insured's spouse in the event of disease or accident.

2.

As part of the services mentioned in paragraph 1 (1) and (2) of this supplementary insurance contract, Allianz guarantees to arrange the following services for the Insured, the Insured's spouse or the Insured's child and to cover their costs up to the limits stated below per insured event:

- 1) **supplying medications prescribed by a physician to the place of stay** in a situation where the Insured, the Insured's spouse or the Insured's child needs to stay in bed as a result of the insured event; Allianz shall cover the cost of delivery of medications up to the total of PLN 100 per insured event;
- 2) **medical transport with a close person from the place of the insured event to an appropriate healthcare establishment** designated by the attending physician or the operation centre physician if an insured event occurs that requires the Insured, the Insured's spouse or the Insured's child to stay at a healthcare establishment; transport shall be arranged unless ambulance intervention is necessary and if the health condition of the Insured, the Insured's spouse or the Insured's child makes it difficult to use an available public or private conveyance; Allianz shall pay the cost up to the total amount of PLN 1000 per insured event;
- 3) **medical transport with a close person from a healthcare establishment to the place of residence** if the Insured, the Insured's spouse or the Insured's child has stayed at a healthcare establishment in consequence of an insured event; transport shall be arranged if the health condition of the Insured, the Insured's spouse or the Insured's child makes it difficult to use an available public or private conveyance; Allianz shall pay the cost up to the total amount of PLN 1000 per insured event;
- 4) **medical transport with a close person from a medical facility to a healthcare establishment** if the medical facility at which the Insured, the Insured's spouse or the Insured's child stays does not meet treatment requirements appropriate to his or her health condition, or if the Insured, the Insured's spouse or the Insured's child is referred for specialist examinations or a surgical procedure at another healthcare establishment; transport shall be arranged if the health condition of the Insured, the Insured's spouse or the Insured's child makes it difficult to use an available public or private conveyance; Allianz shall pay the cost up to the total amount of PLN 500 per insured event;
- 5) **arranging the rehabilitation process** if the Insured, the Insured's spouse or the Insured's child requires rehabilitation at home or at a rehabilitation clinic in consequence of an insured event, as prescribed by the attending physician; Allianz shall ensure:  
arranging and covering the cost of a physiotherapist's visits to the Insured's home up to the total amount of PLN 700 per insured event or

arranging and covering the cost of transport of the Insured, the Insured's spouse or the Insured's child to a rehabilitation clinic and visits to a rehabilitation clinic up to the total amount of PLN 700 per insured event;

- 6) **arranging the rental or purchase of rehabilitation equipment** if the Insured, the Insured's spouse or the Insured's child is expected, in consequence of an insured event, to use rehabilitation equipment at home as prescribed by the attending physician; Allianz shall ensure the provision of information on retail outlets or rental shops that offer rehabilitation equipment, and shall pay the cost of purchase or rental of such rehabilitation equipment; Allianz shall:

arrange and cover the cost of transport of rehabilitation equipment to the Insured's home up to the total amount of PLN 500 per insured event and

arrange and cover the cost of purchase or rental of rehabilitation equipment up to the total amount of PLN 500 per insured event;

- 7) **care of children and non-self-reliant persons** – in a situation where the Insured, the Insured's spouse or the Insured's child stay in hospital for more than three days, Allianz shall arrange and cover the cost of:
- transport of children under the care of a person authorised by Allianz to the place of residence of the person appointed to take care of the children and their return (first-class railway or coach tickets);
  - travel of the person appointed to take care of children/ non-self-reliant persons from the person's place of residence to the Insured's place of residence and his/her return (first-class railway or coach tickets);

The operation centre shall provide the services mentioned in paragraph 7 (a) and (b) above after the operation centre physician has obtained from the hospital information on the expected time of hospitalisation and where it is possible to contact the person appointed to provide care; if the operation centre has not managed to contact the person appointed to provide care within 24 hours of the submission of a claim by the Insured at the address stated by the Insured or if the person declines to provide such care, and hence it is not possible to render the services mentioned in paragraph 7 (a) or (b), Allianz shall:

- arrange and cover the cost of care of children/non-self-reliant persons at the Insured's place of residence up to the amount of PLN 150 per day, for a maximum period of three days; if it is necessary to extend the care beyond that period, the operation centre shall endeavour to arrange care by extended family members or by the social welfare service;

the services mentioned in paragraph 7 (a), (b) and (c) shall be rendered at the Insured's request and with the Insured's written consent in a situation where there is no other person available to provide such care;

- care of children and non-self-reliant persons in the event of their illness** – if the insured event occurs involving a child or a non-self-reliant person, as certified by a physician, Allianz shall arrange and cover the cost of care of the Insured's child or the non-reliant person. The service shall be provided for 1 day up to the amount of PLN 200. The benefit shall be provided at the Insured's request and with the Insured's written consent;
- arranging private lessons** – in a situation where the Insured's child has to stay at home for more than 7 days on sick leave, Allianz shall pay the cost of private lessons at the place of residence of the Insured's child up to PLN 200 per insured event;
- arranging for a legal guardian's stay at the hospital in the case of the child's hospitalisation** – in a situation where the Insured's child is hospitalised, Allianz shall arrange for and cover the cost of stay of one of the child's guardians at the hospital in so far as such service can be arranged in the hospital setting where the child is admitted, or in a hospital hotel, up to the amount of PLN 500 per insured event;
- nursing care after hospitalisation** – in a situation where the Insured, the Insured's spouse or the Insured's child is hospitalised for more than 5 days in consequence of an insured event, Allianz shall arrange and cover the cost of nursing care after hospitalisation, in connection with a medically justified need to provide care at the Insured's place of residence, up to the amount of PLN 1500 for a maximum period of 5 days;
- home assistance** – if the Insured, the Insured's spouse or the Insured's child is hospitalised for a period of more than seven days, Allianz shall arrange and cover the cost of home assistance after hospitalisation if the Insured is unable to use the assistance of household members; the service shall be provided up to the limit of PLN 300 for a maximum of 5 days;

- medical assistance abroad** – if an insured event occurs outside the territory of the Republic of Poland or the country of permanent or temporary registered residence of the Insured, the Insured's spouse or the Insured's child, Allianz guarantees to arrange and cover the cost of a medical visit at a healthcare establishment abroad or to arrange and cover the cost of travel of a physician to the place of stay of the Insured, the Insured's spouse or the Insured's child and to cover the cost of fees unless ambulance intervention is necessary. Allianz shall cover the cost of the services mentioned in the previous sentence, which are available twice in a policy year, up to the total limit of EUR 200 per insured event.

3.

As part of the benefits mentioned in paragraph 1 (3) of this supplementary insurance contract, Allianz guarantees to arrange the following services for the Insured, the Insured's spouse or the Insured's child and to cover their costs up to the limits stated below per insurance event resulting from an accident:

- nurse's visit – arranging and covering the cost of a nurse's fees and cost of travel to the place of stay of the Insured, the Insured's spouse or the Insured's child; Allianz shall cover the cost up to the total amount of PLN 500 per accident.

4.

As part of the benefits mentioned in paragraph 1 (6) of this supplementary insurance contract, Allianz guarantees psychological assistance to the Insured, the Insured's spouse or the Insured's child. Allianz shall arrange and cover the cost of visits to a psychologist up to the limit of PLN 500 per situation. At the request of the Insured, the Insured's spouse or the Insured's child, Allianz shall also ensure information services concerning any further treatment at a psychological clinic under social insurance.

5.

The cost limits laid down in paragraphs 2, 3 and 4 above shall apply separately to the Insured, the Insured's spouse and the Insured's child. During the term of liability of Allianz under the insurance contract, the limits may be used multiple times, provided that they relate to different insurance events.

6.

The advisability of arranging and covering the cost of the services mentioned above shall be decided by the operation centre.

7.

If a service guaranteed as part of care services exceeds the cost limit laid down in § 2 of the supplementary insurance contract, it may be performed by the operation centre, provided that the Insured, the Insured's spouse, the Insured's child or his/her statutory representative agrees to pay the difference between the cost actually incurred and the limit guaranteed by Allianz.

8.

As part of the benefits mentioned in paragraph 1 (4) above, Allianz guarantees to provide the following to the Insured, the Insured's spouse or the Insured's child:

- information on public and private healthcare establishments in the event of disease or accident sustained outside the place of residence;
- information on the effects of medications, side effects, interactions with other medications, use in pregnancy, etc.;
- information on healthcare establishments offering rehabilitation services;
- information on retail outlets offering rehabilitation equipment;
- medical information, including information on how to prepare for medical procedures or examinations;
- information on diets, healthy eating;
- access to a medical helpline, where the physician on duty at the operation centre will provide oral information to the Insured by telephone as to any further action, to the best of his/her professional knowledge and capabilities available;
- information on social care homes, hospices;
- information on formalities following the death of a close person;
- information on illnesses, treatment methods used and advanced treatment methods (in compliance with the regulations in force in the Republic of Poland);
- information on necessary follow-up examinations for high-risk age groups;

- 12) information on support groups for persons affected by alcoholism, in a difficult family situation, suffering from specific illnesses, women after mastectomy, parents of seriously ill children;
- 13) information on 24-hour pharmacies;
- 14) information for travellers: vaccination, epidemiological threats.

9.

The information mentioned in paragraph 8 above shall not be of a diagnostic and medicinal nature, and must not be treated as a basis for any claims against the operation centre physician or Allianz.

10.

As part of the benefits mentioned in paragraph 1 (5) above, Allianz guarantees to provide the Insured, the Insured's spouse or the Insured's child with access, through the „Baby Assistance“ helpline, to information on:

- 1) pregnancy symptoms;
- 2) prenatal examinations;
- 3) labour preparation guidance;
- 4) birth preparation courses;
- 5) pregnancy and post-labour care;
- 6) newborn feeding;
- 7) obligatory vaccination of children;
- 8) newborn care.

11.

As part of the benefits mentioned in paragraph 1 (6) of this supplementary insurance contract, Allianz guarantees to arrange the following services for the Insured or the Insured's spouse and to pay the cost thereof up to the limits stated above:

- 1) assistance provided by a midwife or nurse in the care of a newborn child – arranging and paying the cost of a midwife's or nurse's fees and travel expenses to the Insured's place of residence for a period of 1 month after the mother's discharge from hospital. Allianz shall pay the cost of one visit up to the total amount of PLN 150. The care of a newborn child shall include:
  - a) instruction and advice on the care and correct feeding of a newborn and an infant,
  - b) instruction and advice on correct carrying, changing and dressing of a newborn,
  - c) advice in the event of lactation problems,
  - d) advice on the mother's correct diet during the puerperium,
  - e) preventive vaccination education.

12.

As part of the benefits listed in paragraph 1 (7) above, Allianz guarantees to arrange the following services for the Insured's parent and the Insured's parent's spouse and pay the cost thereof up to the limits stated below:

- 1) **home and nursing assistance** – arranging and paying the cost of home assistance or nursing care after hospitalisation for more than five days in connection with a medically justified need to provide care at the place of residence of the Insured's parent or the Insured's parent's spouse. Allianz shall pay the cost of up to the total; amount of PLN 500 per insured event;
- 2) **transport for a follow-up visit** – arranging and paying the cost of transport for one follow-up visit in a year, provided that hospitalisation lasted more than five days (as prescribed by the attending physician);
- 3) **personal assistant** – arranging and paying the fee of a person who will accompany the Insured's parent or the Insured's parent's spouse in medical transport to and from a healthcare establishment, and will help the parent to complete formalities at the healthcare establishment (assistance in registration and discharge from hospital). Allianz shall pay the cost up to the total amount of PLN 200 per insured event;
- 4) **access to the medical helpline** – making a physician on duty at the operation centre available for telephone conversation, who will provide oral information as to any further action, to the best of his/her professional knowledge and capabilities available.

13.

With regard to the benefits mentioned in paragraph 12 (1) and (2) above, the provisions of § 2 paragraph 14 (5n) (k) of this supplementary insurance contract.

14.

The liability of Allianz shall not include any:

- 1) benefits or services outside the territory of the Republic of Poland,

- 2) costs incurred by the Insured, the Insured's spouse or the Insured's child without giving prior notice to and obtaining approval from the operation centre, even where such costs fall within the limits of liability, subject to § 3 paragraph 5 of this supplementary insurance contract;
- 3) the cost of purchase of medications (Allianz shall not be liable for any medication stock shortages at pharmacies);
- 4) the cost of purchase or rental of rehabilitation equipment, which is covered under social insurance (Allianz shall not be liable for any stock shortages);
- 5) costs in respect of and incidental to:
  - a) sanatorium treatment, physiotherapy, procedures for aesthetic reasons, heliotherapy,
  - b) epidemics, contamination or nuclear disasters, war, hostilities, armed conflicts, civil commotions, riots, coup d'état, acts of terror;
  - c) the Insured or the Co-insured being under the influence of alcohol, narcotics or other toxic substances having a similar effect, medications not prescribed by a physician or taken contrary to a physician's advice or contrary to the indications for the use thereof;
  - d) mental diseases;
  - e) events resulting from the commitment or attempted commitment by the Insured or the Co-insured of an act meeting the statutory definition of an intentional offence;
  - f) engaging in the following dangerous sports or physical activities: mountaineering, ballooning, hang-gliding, aviation, diving involving the use of special apparatus, bungee jumping, parachuting, potholing, motor water sports, gliding, car and motorcycle racing;
  - g) the impact of nuclear energy or radioactive radiation and electromagnetic fields if harmful to human beings, except where used for therapeutic purposes in accordance with medical advice;
  - h) the submission of the Insured or the Co-insured to medical, conservative or operational treatment, unless recommended by a physician;
  - i) attempted suicide, self-inflicted injury or injury inflicted at own request, whether sane or insane;
  - j) the acquired immune deficiency syndrome (AIDS);
  - k) chronic diseases.

### § 3.

1.

Upon the occurrence of an event that gives rise to an entitlement to care services, the Insured, the Insured's spouse, the Insured's child, a parent of the Insured or a parent of the Insured's spouse shall be required, prior to taking any steps on their own initiative, to contact the operation centre. The operation centre shall be available on a 24-hour basis.

2.

The person contacting the operation centre should furnish the following information:

- 1) first name and surname;
- 2) address of residence;
- 3) policy number;
- 4) insurance period;
- 5) brief description of the event and the type of assistance needed;
- 6) telephone number for feedback;
- 7) other information necessary for the operation centre staff to arrange assistance as part of the services provided.

3.

At the operation centre's request, the Insured shall submit the documents required, including, in particular: medical certificates and referrals, prescriptions, original invoices.

4.

If the Insured, spouse, child or parent fails to meet the obligations laid down in the paragraphs above, Allianz shall have the right to refuse to pay the benefit.

5.

In exceptional cases, where the Insured or the Co-insured has been unable to contact the operation centre and consequently paid directly the cost of the care services mentioned in § 2 paragraph 2 (2), (3), (4), (5) and (6) of this supplementary insurance contract owing to a misfortune or an event of force majeure, Allianz may reimburse the Insured or the Co-insured for the

cost incurred, in whole or in part, provided that the operation centre is contacted not later than five calendar days of the occurrence of the event that gave rise to the entitlement to care services and documents are presented as required by the operation centre. The costs shall be refunded upon approval by the operation centre. Allianz reserves the right to reimburse costs in the amount that it would have incurred if such care services had been arranged by Allianz directly.

6.

The date of occurrence of the event mentioned in paragraph 5 above shall mean:

- 1) in the case of the benefit mentioned in § 2 paragraph 2 (2) and (4) of this supplementary insurance contract – the date of medical referral;
- 2) in the case of the benefit mentioned in § 2 paragraph 2 (3) of this supplementary insurance contract – the date of discharge from hospital;
- 3) in the case of the benefit mentioned in § 2 paragraph 2 (5) and (6) of this supplementary insurance contract – the date of referral for rehabilitation by the attending physician.

#### § 4.

1.

Where not provided for in this supplementary insurance contract, the provisions of the GCI shall apply as appropriate.

2.

This supplementary insurance contract was approved by Resolution of the Management Board of TU Allianz Życie Polska S.A. No 47/2009 of 18 May 2009 and enters into force on 1 June 2009.



Paweł Dangel  
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Michael Müller  
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Jerzy Nowak  
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Stanisław Borkowski  
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# General Conditions of Supplementary Insurance for the Insured's Same Day Surgery (Index AOZ CH 01)

## § 1.

The terms used in this supplementary insurance contract shall have the meanings assigned to them in the GCI, and:

- 1) „same day surgery” shall mean operative treatment performed during hospitalisation of not more than 5 full days, provided that the same day surgery procedure is performed during the period between the dates of commencement and termination of insurance cover;
- 2) „hospitalisation” shall mean a stay at a healthcare establishment selected by the Insured, related to the performance of a same day surgery procedure;
- 3) „insured event” shall mean an event covered by Allianz under the supplementary insurance contract, which involves the Insured suffering a disease or bodily injuries sustained as a result of an accident, making it necessary for the Insured to undergo, during the period of cover provided by Allianz and out of the waiting period mentioned in § 3 paragraph 5 of this supplementary insurance contract of one of the same day surgery procedures described in § 2 below, provided that the symptoms of the diseases being a direct or indirect cause of the same day surgery procedure or the accident that is the cause of the same day surgery procedure occur for the first time during the period between the commencement and termination of liability of Allianz.

## § 2.

For the purposes of this supplementary contract, same day surgery procedures shall include:

- 1) hernia operations:
  - a) one-sided/two-sided inguinal hernia operation;
  - b) one-sided/two-sided scrotal hernia operation;
  - c) hernia operation with the use of polyene mesh;
  - d) umbilical hernia operation;
  - e) operation of hernia of the linea alba;
  - f) postoperative scar hernia operation;
  - g) abdominal wall hernia operation;
  - h) femoral hernia operation;
- 2) cyst operations:
  - a) epididymal cystectomy,
  - b) pilonidal cystectomy,
  - c) hepatic cystectomy,
  - d) renal cystectomy,
  - e) removal of cysts and papillomas from the throat and oral cavity;
- 3) lower limb varicose vein operations:
  - a) endoscopic lower limb varicose vein operation,
  - b) classical lower limb varicose vein surgery;
- 4) appendix and cholecyst operations:
  - a) classical appendectomy,
  - b) laparoscopic appendectomy,
  - c) classical cholecystectomy,
  - d) laparoscopic cholecystectomy;
- 5) rectum and anal region operations:
  - a) classical haemorrhoid surgery,
  - b) haemorrhoid surgery using Longo's method,
  - c) anal fissure surgery,
  - d) rectal fistula surgery;
- 6) operations on testicles, epididymis, spermatic cord and urinary bladder:
  - a) scrotal/funicular hydrocele surgery,
  - b) testectomy or epididymetomy,
  - c) phimosis surgery;
  - d) laparoscopic varicocelelectomy,
  - e) classical varicocelelectomy;
- 7) joint operations:
  - a) knee joint arthroscopy,
  - b) open operation of knee joint,
  - c) reconstruction of lateral fibular ligament,
  - d) arthroscopic synovectomy,
  - e) arthroscopic meniscus suture,

- f) acromioclavicular joint surgery,
  - g) humeral joint arthroscopy;
  - h) open reduction of acromioclavicular joint dislocation,
  - i) arthroscopic surgical reduction of acromioclavicular joint dislocation;
- 8) otolaryngological operations:
    - a) maxillary sinus surgery,
    - b) endoscopic maxillary sinus operation,
    - c) nasal polypectomy,
    - d) nasal septoplasty surgery,
    - e) adenectomy,
    - f) tonsillectomy,
    - g) tonsillotomy,
    - h) adenotonsillotomy,
    - i) submaxillary gland excision,
    - j) parotid gland excision,
  - 9) surgery of the hand:
    - a) delayed suture of hand tendon,
    - b) carpal canal release,
    - c) wrist ganglion excision,
    - d) Dupuytren's contracture release,
    - e) ulnar nerve decompression and transposition;
  - 10) gynaecology:
    - a) classical adnexectomy,
    - b) laparoscopic adnexectomy,
    - c) cervix conisation,
    - d) Bartholin's gland incision with marsupialisation,
    - e) Bartholin's gland extirpation,
    - f) removal of reproductive organ polyps,
    - g) surgical removal of pointed condylomas from reproductive organ,
    - h) hysteroscopic polyp removal,
    - i) laparoscopic enucleation of uterine myomas,
    - j) classical enucleation of uterine myomas,
    - k) hysteroscopic myoma removal,
    - l) surgical and laparoscopic ovary removal,
    - m) laparoscopic ovarian cyst removal,
    - n) fractioned curettage of the uterine cervix and the uterus;
  - 11) ophthalmology:
    - a) chalazion operation,
    - b) xanthoma operation,
    - c) conjunctival cyst excision,
    - d) eyelid wart removal;
  - 12) other operations:
    - a) removal of binding material from bone,
    - b) excision of popliteal fossa ganglion,
    - c) elbow or knee bursa excision.

## § 3.

1.

The subject of insurance under this supplementary insurance contract shall be the Insured's health.

2.

The scope of cover shall include the refund to the Insured or medical expenses incurred within the territory of the Republic of Poland in connection with the performance of a same day surgery procedure covered under the contract up to the maximum amount of PLN 5,000 in 12-month periods of liability running from the date of provision of cover to the Insured concerned, with the proviso that one-time refund of medical expenses related to the occurrence of a single insured event may not exceed PLN 3,000. If the limit of PLN 3,000 is exceeded in respect of one insured event, Allianz shall refund the expenses incurred only up to the amount of PLN 3,000.

3.

The cost of medical procedures performed on a same day surgery basis shall be the expenses incurred during the stay at a medical facility or healthcare establishment, including in particular:

- 1) costs of diagnostic, operative or endoscopic procedures;

- 2) costs of anaesthesia;
- 3) costs of hospitalisation;
- 4) costs of nursing care;
- 5) costs of one follow-up visit after the procedure.

4.

Allianz shall be relieved of liability under the supplementary insurance contract on the terms set forth in § 2 paragraph 7 of the GCI and in a situation where the insured event has resulted directly or indirectly from:

- 1) engaging in the following dangerous sports or physical activities: mountaineering, ballooning, hang-gliding, aviation, diving involving the use of special apparatus, bungee jumping, parachuting, potholing, motor water sports, gliding, car and motorcycle racing;
- 2) the impact of nuclear energy or radioactive radiation and electromagnetic fields to an extent harmful to human beings, except where used for therapeutic purposes in accordance with medical advice;
- 3) chronic diseases and any other diseases existing before the date of the provision of cover to the Insured under the supplementary insurance contract;
- 4) mental diseases or behavioural disorders within the meaning of the International Statistical Classification of Diseases and Related Health Problems ICD-10 (F00-F99);
- 5) the Insured being in military service outside the territory of the Republic of Poland or participating in operations of the armed forces;
- 6) natural disaster or epidemics announced by competent authorities of government administration;
- 7) congenital defects and diseases related to congenital defects;
- 8) plastic or cosmetic surgery;
- 9) the Insured driving a vehicle without being licensed to do so;
- 10) the Insured driving a vehicle that is not declared roadworthy and has no valid inspection certificate.

5.

For the first 3 months running from the date of provision of cover under the supplementary insurance contract to the last day of the third month following after the date of provision of cover, the liability of Allianz under the supplementary insurance contract to the insured concerned shall be limited to events caused by an accident.

6.

The liability of Allianz under the supplementary insurance contract shall expire as provided in the GCI.

#### § 4.

1.

Upon the occurrence of the insured event defined in this supplementary insurance contract, Allianz shall refund the medical expenses incurred by the Insured, subject to the provisions of § 3 paragraphs 2 of this supplementary insurance contract.

2.

In order to obtain a refund of medical expenses in respect of same day surgery, the Insured shall be required, as soon as the treatment is completed, to submit a claim for payment on a form provided by Allianz and furnish all the documents specified by Allianz as being necessary to consider the claim, including in particular:

- 1) original personal bills or invoices issued by the healthcare establishment, stating the costs incurred by the Insured in connection with the insured event; such bills or invoices should contain a detailed specification of the different components described in § 3 paragraph 3 of this supplementary insurance contract;
- 2) a document confirming the Insured's identity;
- 3) complete medical documentation concerning the illness which was the cause of the same day surgery procedure;
- 4) in the case of events resulting from an accident, it is necessary to enclose documents describing the circumstances of the accident, e. g. as police report;
- 5) a copy of a medical referral for the same day surgery procedure.

#### § 5.

1.

Where not provided for in this supplementary insurance contract, the provisions of the GCI shall apply as appropriate.

2.

This supplementary insurance contract was approved by Resolution of the Management Board of TU Allianz Życie Polska S.A. No 48/2009 of 18 May 2009 and enters into force on 1 June 2009.



Paweł Dangel  
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Zbigniew Świątek  
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# General Conditions of Supplementary Insurance for the Insured's Medical Rehabilitation (Index AOZ RM 01)

## § 1.

The terms used in this supplementary insurance contract shall have the meanings assigned to them in the GCI, and:

- 1) „rehabilitation benefits” shall mean the health benefits specified in § 2 paragraph 2 of this supplementary insurance contract and arranged for the Insured subject to the provisions of § 3 paragraphs 1 and 2 of this supplementary insurance contract;
- 2) „insured event” shall mean an event covered by Allianz under the supplementary insurance contract, which involves the Insured suffering a disease or bodily injuries sustained as a result of an accident, making it necessary for the Insured to undergo rehabilitation during the period of cover provided by Allianz, provided that the symptoms of the diseases being a direct or indirect cause of rehabilitation or the accident that is the cause of rehabilitation occur for the first time during the period between the commencement and termination of liability of Allianz.

## § 2.

1.

The subject of insurance under this supplementary insurance contract for extended cover shall be the Insured's health.

2.

The liability of Allianz to the Insured under the supplementary insurance contract shall involve the payment of the cost of the following rehabilitation benefits made available to the Insured during the period between the commencement and termination of liability of Allianz within the territory of the Republic of Poland:

- 1) kinesiotherapy, including:
  - a) instructional exercises,
  - b) general fitness exercises,
  - c) individual active/passive and aided exercises,
  - d) individual active exercises,
  - e) individual non-weight bearing exercises,
  - f) special exercises with the use of exercise devices,
  - g) traction,
- 2) physiotherapy, including electrotherapy and ultrasound therapy:
  - a) galvanization,
  - b) iontophoresis,
  - c) phonophoresis,
  - d) electrical stimulation,
  - e) diadynamic currents,
  - f) high-frequency currents,
  - g) low-frequency currents,
  - h) TENS currents,
  - i) Traebert currents,
  - j) magnetic therapy,
  - k) local ultratherapy,
  - l) local cryotherapy,
  - m) laser therapy.

3.

Allianz shall be relieved of liability under the supplementary insurance contract on the terms set forth in § 2 paragraph 7 of the GCI and in a situation where the insured event has resulted directly or indirectly from:

- 1) engaging in the following dangerous sports or physical activities: mountaineering, ballooning, hang-gliding, aviation, diving involving the use of special apparatus, bungee jumping, parachuting, potholing, motor water sports, gliding, car and motorcycle racing;
- 2) the impact of nuclear energy or radioactive radiation and electromagnetic fields to an extent harmful to human beings, except where used for therapeutic purposes in accordance with medical advice;
- 3) natural disaster or epidemics announced by competent authorities of government administration;
- 4) congenital defects and diseases related to congenital defects;
- 5) plastic or cosmetic surgery, with the exclusion of consequences of accidents sustained during the period of insurance cover;
- 6) an accident or disease that occurred before the commencement of insurance cover.

4.

The liability of Allianz to a child covered under the Family Package shall commence on the day following the child's 6th birthday, subject to the provisions of the GCI.

5.

The liability of Allianz under the supplementary insurance contract shall expire as provided in the GCI.

## § 3.

1.

Upon the occurrence of the insured event defined in § 1 paragraph 2 of this supplementary insurance contract, the Insured should follow the rules laid down in § 12 paragraphs 3-4 of the GCI.

2.

All the rehabilitation benefits mentioned in § 2 paragraph 2 of this supplementary insurance contract shall be arranged for the Insured if:

- 1) they are performed on the basis of a medical referral from a physician designated by the medical facility to provide health benefits and available under the Insured's insurance option;
- 2) they can be performed in an outpatient setting, in accordance with medical advice;
- 3) they are available at the medical facility concerned.

3.

Allianz shall not pay the cost of rehabilitation benefits provided at medical facilities not designated by Allianz, subject to the provisions of § 12 paragraphs 6-13 of the GCI.

4.

All the rehabilitation benefits mentioned in § 2 paragraph 2 of this supplementary insurance contract shall be available to the Insured at the medical facilities designated by Allianz, up to a maximum of 30 procedures in each 12-month liability period running from the date of provision of cover to the Insured concerned.

5.

The rehabilitation benefit limits set forth in paragraph 3 shall apply to each Insured separately.

6.

The liability of Allianz under the supplementary insurance contract shall expire as provided in the GCI.

## § 4.

1.

Where not provided for in this supplementary insurance contract, the provisions of the GCI shall apply as appropriate.

2.

This supplementary insurance contract was approved by Resolution of the Management Board of TU Allianz Życie Polska S.A. No 49/2009 of 18 May 2009 and enters into force on 1 June 2009.



Pawel Dangel  
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Management Board



Michael Müller  
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Piotr Dzikiewicz  
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Stanislaw Borkowski  
Member of the  
Management Board



Zbigniew Świątek  
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# General Conditions of Supplementary Insurance for the Insured's Dental Treatment A0Z ST 01)

## § 1.

The terms used in this supplementary insurance contract shall have the meanings assigned to them in the GCI, and:

- 1) „**dental surgery**” shall mean minor operative procedures performed in an outpatient setting within the alveolar process and soft tissues of the oral cavity;
- 2) „**extraction**” shall mean the removal of a tooth or its root from the tooth socket;
- 3) „**endodontic (root canal) treatment**” shall mean the removal of the pulp (nerve) and the processing and closing of the resulting space in order to prevent the proliferation of micro-organisms within the canal system;
- 4) „**preventive dental review**” shall mean a preventive visit to a dentist for information purposes, involving the assessment of any pathological condition and setting a treatment plan;
- 5) „**conservative dentistry**” shall mean the prevention and treatment of decay and dental pulp, including the treatment of tooth cavities and endodontic treatment;
- 6) „**trepanation**” shall mean the opening of the pulp cavity in order to expose the pathologically changed pulp (nerve).

## § 2.

1.

The subject of insurance under this supplementary insurance contract for extended cover shall be the Insured's health.

2.

The liability of Allianz to the Insured under the supplementary insurance contract shall involve arranging and paying the cost of dental treatment (service and material costs) as specified in paragraphs 4-7 below, made available to the Insured during the period between the commencement and termination of liability of Allianz, subject to the provisions of § 3 paragraph 1 and performed at medical facilities designated by Allianz within the territory of the Republic of Poland.

3.

Dental treatment shall include:

- 1) preventive dental review;
- 2) conservative dentistry;
- 3) dental surgery;
- 4) X-ray diagnostics.

4.

As part of the preventive dental review, Allianz guarantees to arrange the following services for the Insured and pay the cost thereof once in each 12-month liability period running from the commencement of the liability of Allianz to the Insured concerned:

- 1) medical examination in accordance with the current medical knowledge, resulting in a diagnosis;
- 2) guidance on a further treatment process;
- 3) instruction on the hygiene of the oral cavity.

5.

As part of conservative dentistry services, Allianz guarantees to arrange the following services to the Insured and pay the costs thereof at medical facilities:

- 1) medical examination in accordance with the current medical knowledge, resulting in a diagnosis and commencement of treatment;
- 2) issuing certificates, prescriptions for medicines and dressing materials, etc.;
- 3) chemically hardening permanent tooth filling, single-, double-, triple-layer;
- 4) light-hardening permanent tooth filling, single-, double-, triple-layer;
- 5) treatment of deciduous teeth;
- 6) pulp extirpation;
- 7) pulp devitalisation;

- 8) canal processing and clearance;
- 9) canal filling;
- 10) vital pulp amputation;
- 11) anaesthesia (infiltration or conduction method);
- 12) pulp devitalisation (permanent and/or deciduous tooth) with cavity dressing;
- 13) tooth trepanation with cavity dressing;
- 14) medicinal dressing in a permanent and/or deciduous tooth.

6.

As part of dental surgery services, Allianz guarantees to arrange the following services to the Insured and pay the costs thereof at medical facilities:

- 1) medical examination in accordance with the current medical knowledge, resulting in a diagnosis and commencement of treatment;
- 2) issuing certificates, prescriptions for medicines and dressing materials, etc.;
- 3) deciduous tooth extraction;
- 4) permanent tooth extraction;
- 5) tooth extraction with chiselling;
- 6) permanent tooth extraction with tooth socket suturing and dressing;
- 7) wound suturing;
- 8) suture removal;
- 9) anaesthesia (infiltration or conduction method);
- 10) abscess incision;
- 11) post-operative dressing.

7.

As part of X-ray diagnostics services, Allianz guarantees to arrange the following services to the Insured and pay the costs thereof at medical facilities:

- 1) dental X-ray;
- 2) orthopantomogram.

8.

The dentist shall decide what treatment method and materials should be used.

9.

Allianz shall not pay the cost of services other than those listed in paragraphs 4-7 above, in particular:

- 1) orthodontic treatment, prosthetic treatment, and aesthetic treatment;
- 2) tooth restoration and reconstruction;
- 3) tooth implanting;
- 4) tooth whitening; scale removal;
- 5) fluoridation, varnishing, sanding.

10.

Allianz shall not pay the cost of dental treatment performed at medical facilities not designated by Allianz, subject to the provisions of § 12 paragraphs 6-13 of the GCI.

## § 4.

1.

The refund of the cost of the services mentioned in § 2 paragraphs 4-7 of this supplementary insurance contract shall be conditional on the compliance by the Insured with the rules set forth in § 12 paragraphs 3-4 of the GCI.

2.

All the benefits mentioned in § 2 paragraph 2 of this supplementary insurance contract shall be arranged for the Insured if:

- 1) they are performed at a medical facility designated by Allianz;
- 2) they can be performed in an outpatient setting, in accordance with medical advice;
- 3) they are available at the medical facility concerned.

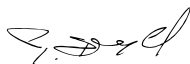
§ 5.

1.

Where not provided for in this supplementary insurance contract, the provisions of the GCI shall apply as appropriate.

2.

This supplementary insurance contract was approved by Resolution of the Management Board of TU Allianz Życie Polska S.A. No 50/2009 of 18 May 2009 and enters into force on 1 June 2009.



Paweł Dangel  
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Management Board



Michael Müller  
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TU Allianz Życie Polska S.A.



Towarzystwo Ubezpieczeń Allianz Życie Polska Spółka Akcyjna with its registered office in Warsaw, ul. Rodziny Hiszpańskich 1, 02-685 Warsaw, entered in the register of entrepreneurs kept by the District Court for the Capital City of Warsaw in Warsaw, 13th Commercial Department of the National Court Register, under KRS number 0000021971, NIP 527-17-54-073, REGON 012634451, share capital amount: PLN 118 630 000 (fully paid up).