

Insurance EDU PLUS



Document containing information on an insurance product

Company: InterRisk Towarzystwo Ubezpieczeń Spółka Akcyjna Vienna Insurance Group with its registered office in Poland, 22 Noakowskiego Street, 00-668 Warsaw, Minister of Finance Licence Number: DU/905/A/KP/93 of 5 November 1993

Product: EDU PLUS

We inform you that the following document is a translation from Polish into English of the General Terms and Conditions of Insurance of EDU Plus approved by Resolution No. 05/07/05/2019 of the Management Board of InterRisk TU S.A. Vienna Insurance Group dated 07 May 2019, and in the event of any discrepancies between the language versions (Polish and English), the Polish version shall prevail.

Full pre-contractual and contractual information are provided in other documents, including the General Insurance Terms and Conditions of EDU PLUS approved by the Management Board of InterRisk Towarzystwo Ubezpieczeń Spółka Akcyjna Vienna Insurance Group by Resolution No. 05/07/05/2019 of 7 May 2019.

What kind of insurance is this?

EDU PLUS insurance constitutes a comprehensive insurance protection against the consequences of unexpected random events covering diseases and accidents that occur during the term of insurance cover and providing Legal Assistance services with respect to legal problems related to private life of the Insured.



What is the subject matter of insurance?

- ✓ consequences of a personal accident which occurred during the term of insurance cover or disease and their consequences which were diagnosed during the term of insurance cover as well as organisation and coverage of costs of Legal Assistance services related to private life of the Insured.

Sum insured:

- ✓ Basic Option, Basic Plus Option, Protection Plus – from PLN 1,000 to PLN 50,000
- ✓ Progression option – from PLN 1,000 to PLN 20,000
- ✓ Protection option – from PLN 3,000 to PLN 14,000

Additional options:

- ✓ D1 – Death of the Insured following a motor vehicle accident – up to PLN 50,000
- ✓ D2 – burns – up to PLN 10,000
- ✓ D3 – frostbite – up to PLN 10,000
- ✓ D4 – Stay in hospital as a result of an accident – up to PLN 10,000
- ✓ D5 – Stay in hospital as a result of disease – up to PLN 10,000
- ✓ D6 – Serious Diseases – up to PLN 2,000
- ✓ D7 – Costs of plastic surgery due to accidents – up to PLN 10,000
- ✓ D8 – Operation as a result of an accident – up to PLN 5,000
- ✓ D9 – Operation as a result of disease – up to PLN 5,000
- ✓ D10 – Costs of medical treatment as a result of an accident – up to PLN 20,000
- ✓ D11 – Temporary inability of the Insured to learn and/or work as a result of a personal accident – up to PLN 30,000
- ✓ D12 – Diagnosis of congenital heart defect in the Insured – up to PLN 1,000
- ✓ D13 – Costs of dental treatment as a result of a personal accident – up to PLN 5,000

- ✓ D14 – Onerous treatment as a result of an accident – up to PLN 10,000
- ✓ D15 – EDU PLUS Assistance – PLN 5,000
- ✓ D16 – Telemedicine – PLN 5,000
- ✓ D17 – ONKO Package – PLN 5,000
- ✓ D18 – reimbursement of costs of medicines – up to PLN 500
- ✓ D19 – Legal assistance – PLN 500



What is not covered by insurance?

- ✗ the types of benefits defined in additional options D1 to D19 extending the insurance coverage if no supplementary premium has been paid



What are the limitations of insurance cover?

InterRisk shall not be liable in particular for damage arising as a result of or in connection with:

- ! intentional committing or attempting to commit a crime by the Insured
- ! committing or attempting suicide or self-inflicted injury by the Insured
- ! diseases or injuries diagnosed before the date of insurance cover
- ! occupational disease, mental illness
- ! practising sports and high-risk activities by the Insured
- ! practising competitive sport, with the exception of situations where the Insured extended the scope of insurance by practising competitive sport
- ! a secondary operation



Where is the insurance valid?

- ✓ on the territory of the Republic of Poland 24 hours a day – Additional options: D4 (Stay in hospital as a result of an accident), D5 (Stay in hospital as a result of disease), D7 (costs Costs of plastic surgery due to accidents), D8 (Operation as a result of an accident), D9 (Operation as a result of disease), D10 (Costs of medical treatment as a result of an accident), D11 (temporary inability of the Insured to study and/or work as a result of a personal accident), D13 (costs of dental treatment as a result of a personal accident), D14 (onerous treatment as a result of a personal accident), D15 (EDU PLUS Assistance), D18 (reimbursement of costs of medicines), and in case of D19 (Legal Assistance) from Monday to Friday at 9 am.00 – 17.00.
- ✓ worldwide, 24 hours a day – Options: Basic, Basic Plus, Progression, Protection, Protection Plus and Additional options: D1 (death of the Insured following a motor accident), D2 (burns resulting from a personal accident), D3 (frostbite), D6 (serious diseases), D12 (diagnosis of congenital heart disease in the Insured), D16 (telemedicine), D17 (ONKO Package).



What is the responsibility of the Insured?

- immediately report to the physician and follow his instructions, in the event of an event that could result in InterRisk being held responsible
- notify InterRisk of the occurrence of an event
- be examined by a physician designated by InterRisk, if InterRisk has requested such examination, to identify the reported injuries



How and when should I pay premiums?

The premium shall be paid in the amount, form (cash or bank transfer) and by dates specified in the insurance agreement.



When does insurance cover begin and end?

The insurance agreement shall be concluded for a period of 12 months, unless the parties agreed otherwise.

The liability of InterRisk shall commence on the date specified in the agreement as the beginning of the insurance period.

Insurance coverage expires on, among other things:

- a) at the date of expiry of the insurance period, withdrawal by the Policyholder from the insurance agreement or termination of the insurance agreement,
- b) if the premium is paid in instalments – if after the expiry of the payment deadline for the instalment InterRisk calls on the Policyholder to pay it, with the risk that failure to pay within 7 days from the date of receipt of the call by the Policyholder will result in termination of InterRisk's liability, and the next instalment of the premium is not paid within this deadline – on the date of expiry of this deadline,
- c) on the day of payment of benefit or benefits of the total amount equal to the sum insured under the policy d) towards the Insured on the day of his or her death.



How to terminate the contract?

If the insurance agreement is concluded for a period longer than six months, the Policyholder shall have the right to withdraw from the insurance agreement within 30 days and in case the Policyholder is an entrepreneur within 7 days from the date of insurance agreement conclusion.

A consumer who has concluded an insurance agreement at a distance may withdraw from it without giving reasons by submitting a written declaration within 30 days from the date of conclusion of the agreement or from the date of confirmation of the information referred to in Article 39 of the Act on Consumer Rights, if later. A time limit shall be deemed to have been observed if, before its expiry, a statement has been sent. In the event of withdrawal from the insurance agreement by the consumer, InterRisk shall only be entitled to a part of the premium calculated pro rata for each day on which InterRisk provides insurance cover.

The Policyholder may terminate the insurance agreement at any time during its term with effect on the last day of a calendar month with 30 days' notice.

Where a circumstance which entails a material change in the probability of an accident is disclosed, either party may require a corresponding change in premium to be made from the time when that circumstance occurred, but not earlier than the beginning of the current insurance period. If such a request is made, the other party may terminate the contract with immediate effect within 14 days.

GENERAL CONDITIONS FOR EDU PLUS INSURANCE

InterRisk CONTACT
22 575 25 25

SPIS TREŚCI

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INITIAL PROVISIONS

§1

- These general terms and conditions of EDU PLUS insurance, hereinafter referred to as "GT&C", shall apply to insurance agreements concluded by InterRisk Towarzystwo Ubezpieczeń Spółka Akcyjna Vienna Insurance Group with its registered office in Warsaw, 22 Noakowskiego Street, entered into the register of entrepreneurs of the National Court Register kept by the District Court for the Capital City of Warsaw, 12th Commercial Division of the National Court Register. The Company's registered office is located in Warsaw, 12th Commercial Division of the National Court Register, under KRS number 0000054136, conducting insurance and reinsurance activity based on the permission of the Minister of Finance DU/905/A/KP/93 of 5 November 1993, hereinafter referred to as "InterRisk" with natural persons, legal persons and organizational units that are not legal persons conducting business activity.
- The insurance agreement may also be concluded for the account of a third party, however, the Insured is indicated in the insurance agreement by name or, depending on the type of insurance agreement concluded, is not indicated in the insurance agreement. The charges affecting InterRisk's liability may also be raised against the Insured.
- The insurance agreement may include, with the consent of the parties, additional or different provisions to the GT&C, however, differences between the GT&C and the insurance agreement shall be presented by InterRisk to the Policyholder in writing before the agreement is concluded.
- The insurance agreement shall be governed by the applicable provisions of Polish law, including the provisions of the Civil Code and the Act on Insurance and Reinsurance Activity.

WHAT DO THE TERMS USED IN THE GT&C MEAN? DEFINITIONS

§2

Within the meaning of these GT&C, the following terms used in the GT&C or application for conclusion of an insurance agreement, policy, other document confirming the conclusion of an insurance agreement, as well as other letters and statements made in connection with the insurance agreement, shall be deemed to be the same as the terms used in the GT&C or application for conclusion of an insurance agreement, policy, other document confirming the conclusion of an insurance agreement, as well as other letters and statements made in connection with the insurance agreement:

- terrorist acts** – illegal activities and actions organized for ideological, religious, political or social motives, individual or group, carried out by persons acting alone or for or on behalf of any organization or government, directed against persons, objects or society, aimed at influencing the government, introducing chaos, intimidation of the population and disorganization of public life by means of violence or threat of violence;
- aplastic anaemia** – bone marrow failure, diagnosed by a physician and classified in the International Statistical Classification of Diseases and Health Problems of the ICD – 10 as a code: D60-D61;
- application** – in IT assistance insurance under ADDITIONAL OPTION D15 (EDU PLUS Assistance) computer software made available to the Insured by an IT service indicated by InterRisk, which is installed on a device belonging to the Insured for the purpose of remote and secure IT support;
- Assistance Centre** – an organisational unit indicated by InterRisk (address, telephone number is given in the insurance agreement), which, upon request,

shall InterRisk organizes assistance services – EDU PLUS Assistance;

- ONKO Centre** – an organisational unit designated by InterRisk (detailed information is provided in these GT&C), which organises ONKO Package services on behalf of InterRisk;
- Telemedicine Centre** – an organisational unit designated by InterRisk (detailed information is provided in these GT&C), which organises Telemedicine services on behalf of InterRisk;
- disease** – disturbances in the functioning of organs or organs of the body The Insured, regardless of anyone's will, about whom the doctor may make a diagnosis, requiring treatment or diagnosis;
- mental illness** – according to the diagnosis of the treating physician, the disease is classified in the International Statistical Classification of Diseases and Health Problems ICD-10 as a mental disorder and behavioural disorder as an ICD code: F00-F99;
- occupational disease** – a disease included in the list of diseases constituting an annex to the Regulation of the Council of Ministers of 30 June 2009 on occupational diseases;
- autoimmune diseases** – diseases in the course of which the immune system produces antibodies directed against its own tissues, which causes chronic inflammation and their permanent damage. It is necessary to develop elevated above-standard antibody titres and to develop at least one clinical symptom characteristic of the disease syndrome;
- diabetes type I** – a disease diagnosed by a doctor and classified as a code according to the International Statistical Classification of Diseases and Health Problems ICD-10: E10;
- temporary inability of the Insured to study or to work** – temporary loss of ability to perform work by the Insured or to attend classes occurred as a result of a personal accident which took place during the term of insurance cover, lasting continuously for at least 10 days, documented:
 - a copy of a medical certificate issued in accordance with the Regulation of the Minister of Labour and Social Policy of 10 November 2015 on the procedure and manner of adjudicating on temporary inability to work, issuing a medical certificate and the procedure and manner of correcting an error in a medical certificate confirmed as a conformity with the original by the employer or medical institution that issued the above mentioned certificate and a certificate confirming employment – in the case of the Insured being an employee of an educational institution, unless the Insured could not obtain it for reasons beyond their control,
 - a medical certificate confirming the period of inability to study and a certificate from school confirming absence from school – in case of the Insured being a child, pupil or student attending an educational institution;
- public road** – a road within the meaning of Article 1 of the Act on Public Roads in the wording in force on the day of concluding the insurance agreement;
- Second National Doctor's Opinion** – a one-time benefit provided through the ONKO Centre, consisting in preparing for the Insured a consultant's opinion on one of the types of Serious Diseases listed in the ONKO Package, on the basis of medical documentation of Serious Disease from the ONKO Package sent by the Insured to the ONKO Centre, which was diagnosed with the Insured for the first time during the term of the insurance cover. Within the framework of the Second National Medical Opinion InterRisk through the Centre, ONKO will organize and cover the cost of:

Information referred to in Article 17 (1) of the Act on Insurance and Reinsurance Activity

TYPE OF INFORMATION	CONVENTIONAL TEMPLATE RECORD NUMBER
1. Conditions for payment of indemnity and other benefits or insurance surrender value	§2, §3 section 2, §4, §6, §7, §8, §9, §10, §11, §12, §16, §17, §20, §21, §22
2. Limitations and exclusions of liability of the insurance company giving the right to refuse to pay compensation and other benefits or to reduce them	§5, §8.3.d, §8.5.b, §8.7.d, §9.8.a, §9.9.d, §12, §13, §19 section 4 of the GT&C
3. Costs and other charges deducted from insurance premiums, from the assets of unit-linked insurance funds or through the redemption of units of unit-linked insurance funds	Not applicable
4. Insurance surrender value in particular periods of insurance cover and the period in which the claim for payment of the redemption value is not vested in	Not applicable

- providing the Insured with information on the necessary medical documentation enabling the issuance of the Second National Medical Opinion,
 - preparation of the Second National Medical Opinion by a consultant doctor,
 - making the Second National Medical Opinion available to the Insured;
- 15) **child** – every own child of the Policyholder or a child fully or not fully adopted by the Policyholder, aged up to 18 years, and in the case of attendance at a public or non-public school (including a higher education institution) located on the territory of the Republic of Poland, on a daily, extramural or evening basis, within the meaning of the Act on the Education System in the wording in force on the date of insurance agreement conclusion and the Act on Higher Education and Science in the wording in force on the date of insurance agreement conclusion, excluding courses and correspondence education – aged up to 25 years;
- 16) **day of hospitalisation** – a stay in a hospital ward lasting at least one day, serving to restore or improve the health of the Insured, caused by a personal accident or disease. The day the Insured is admitted to hospital and the day the Insured is discharged from hospital shall be counted separately as full days of hospital stay unless the admission and discharge took place on the same day;
- 17) **e-consultation** – a Telemedicine service organised by the Telemedicine Centre on behalf of InterRisk and provided by electronic means in the form of:
- a) internet chat – exchange of short text messages,
 - b) teleconference – audio transmission,
 - c) videoconferencing – audiovisual broadcasting. An e-consultation lasts for a maximum of 15 minutes;
- 18) **one-off benefit** – a benefit paid to the Insured on account of insurance under which InterRisk's liability is limited to one event during the insurance period;
- 19) **mountain biking** – a form of cycling practiced with the use of mountain bikes in difficult terrain: mountain, forest, outside marked tourist trails for bikes and on specially marked bicycle tracks abounding in numerous natural or artificial obstacles (moguls, ruts, sharp corners, jumps);
- 20) **medical costs** – incurred on the territory of the Republic of Poland, necessary from the medical point of view and documented costs of: a) medical visits, excluding dental visits:
- b) ambulatory procedures,
 - c) examinations ordered by the treating physician,
 - d) to stay in the hospital,
 - e) surgery, except for plastic surgery,
 - f) the purchase of dressings prescribed by a doctor,
 - g) rehabilitation ordered by the treating physician;
- 21) **doctor** – a person having formally confirmed qualifications in accordance with the requirements of the law in force in the country where he provides services, practising profession within the scope of his rights and qualifications, not being the Policyholder, the Insured or a person close to the Insured;
- 22) **Centrum Assistance doctor** – a doctor employed or cooperating with the Assistance Centre;
- 23) **Consultant doctor** – a doctor issuing Second National Doctor's Opinion within the ONKO Package and providing Teleconsultation of specialist doctors, being a surgeon, nephrologist, cardiologist, endocrinologist, rheumatologist, infectious diseases specialist, oncologist. Selection of the Consultant Doctor for the Insured will be made by the ONKO Centre, taking into account the specificity of one of the Insured's Serious Diseases listed in the ONKO Package;
- 24) **explosives** – solid or liquid chemical substances or mixtures of substances capable of chemical reaction with the production of gas at such a temperature and pressure and at such a rate that they may cause damage in the surrounding environment, as well as products filled with explosives within the meaning of the Act on Exercising Business Activity in the Production and Marketing of Explosives, Arms, Ammunition, and Products and Technology for Military and Police Purpose in the wording in force on the day the insurance agreement is concluded, as well as the Act on Explosives for Civil Use in the wording in force on the day the insurance agreement is concluded. Ammunition for firearms used exclusively under the supervision of an instructor in a sporting or military range shall not be considered as explosives;
- 25) **personal accident** – a sudden event occurring during the term of insurance cover, caused by an external cause, as a result of which the Insured, irrespective of their will, suffered bodily injury, disorder of health or death. Within the meaning of these GT&C, a personal accident shall also include a heart attack or stroke, except for insurance in case of death of a legal guardian or a parent of the Insured following a personal accident, referred to in §4 section 1 item 1 letter g, item 2 letter j and item 3 letter f;
- 26) **renal failure** – a disease in which kidney function is impaired and glomerular filtration rate is reduced below 60 ml/min/1.73m² of body surface, diagnosed by a physician and classified as a code according to the International Statistical Classification of Diseases and Health Problems ICD-10: N17-N18.9;
- 27) **heart failure** – a disease diagnosed by a physician and classified as a code according to the International Statistical Classification of Diseases and Health

Problems ICD-10: I50 and where cardiac function is impaired by the ability of the heart to provide sufficient blood flow according to the needs of the body. Presenting clinical symptoms included in III and IV class according to NYHA Scale;

NYHA scale:

III	Patients with a significantly reduced activity, due to ailments arising during minor efforts, such as washing or dressing. There are no complaints at rest.
IV	Patients in whom the least effort causes tiredness, shortness of breath, palpitations or angina pectoris, and ailments also occur at rest.

- 28) **malignant cancer** – a disease diagnosed by a physician and classified as a code according to the International Statistical Classification of Diseases and Health Problems ICD-10: C00-C97, except for diseases classified as code: C76-C80 and non-invasive cancer (carcinoma in situ);
- 29) **frostbite** – skin damage caused by low temperatures. The degree of frostbite is determined by your physician in accordance with the ICD-10 International Statistical Classification of Diseases and Health Problems;
- 30) **radioactive waste** – radioactive waste: solid, liquid or gaseous, containing radioactive substances;
- 31) **burn** – skin damage caused by heat, corrosive chemicals (solid, liquid, gaseous), electric current, solar radiation – UV, radiation (X-ray, UV and other radioactive agents), high temperature.
- The degree of burns is determined by your physician in accordance with the International Statistical Classification of Diseases and Health Problems ICD-10;
- 32) **surgery** – an invasive surgical procedure performed under general, regional or local anaesthesia by an authorised physician with specialisation in surgery, performed during at least three days stay in hospital during the period of insurance cover, necessary from the medical point of view to restore the proper functioning of a sick organ or organ. Within the meaning of these GT&C, surgery is not: surgery performed for diagnostic purposes, invasive surgery not requiring at least three days stay in hospital or surgery not resulting from medical indications;
- 33) **plastic surgery** – surgery aimed at removing deformities or injuries of the Insured resulting from a personal accident, recommended by the doctor conducting the treatment as an essential part of the treatment process;
- 34) **Secondary operation** – any subsequent operation that is causally linked to the same accident or disease;
- 35) **legal guardian** – a person providing care for the Insured established by the guardianship court in accordance with the provisions of the Family and Guardianship Code;
- 36) **close relatives** – spouse, children, partner, siblings, mother, father, stepfather, stepmother, stepchild, stepdaughter, parent-in-law, son-in-law, daughter-in-law, adopter and adopter of the Insured, guardians appointed by the guardianship court;
- 37) **epilepsy** – a disease diagnosed by a physician and classified according to the International Statistical Classification of Diseases and Health Problems ICD-10 as G40-G40.9;
- 38) **ONKO Package** – services provided by InterRisk through the ONKO Centre, including Second National Medical Opinion and specialist Teleconsultation, provided that the Insured is diagnosed with one of the following types of Serious Diseases for the first time during the term of insurance cover: malignant cancer, type I diabetes, heart failure, kidney failure, autoimmune disease, meningitis;
- 39) **pandemic** – an epidemic of a given infectious disease occurring at the same time in different countries and on different continents, as defined by the World Health Organisation (WHO);
- 40) **paralysis** – total, irreversible loss of mobility function of at least two limbs. A disease diagnosed by a physician and classified in accordance with the International Statistical Classification of Diseases and Health Problems ICD-10 as a code: G81-G83.0;
- 41) **partner** – a natural person being in a non-marital relationship with the Insured, not being in a relationship of kinship, affinity or adoption with the Insured, residing at the same address for at least two years, provided that the Insured and the partner are not in a marriage with other persons;
- 42) **educational institution** – a nursery or a children's club within the meaning of the Act on care for children up to the age of 3, and a kindergarten, school, educational institution, lifelong learning institution, practical education institution, vocational education and training centre, artistic institution within the meaning of the Act on the Education System in the wording in force on the day the insurance agreement is concluded;
- 43) **hospitalisation** – a stay in a hospital ward to restore or improve the health of the Insured caused by a personal accident or disease. When the discharge from the hospital occurs after the end of the insurance period, the hospital stay is covered by the liability of the Insurer, provided that the admission to the hospital took place during the insurance period;
- 44) **entity performing medical activity** – a medical entity and professional practice,

within the meaning of the Act on Medical Activity in the wording in force on the day of concluding the insurance agreement;

- 45) **Bite** – bodily injury from dog bite;
- 46) **vehicle** – within the meaning of these GT&C, solely for the purposes of insurance of the Insured's death following a motor vehicle accident (Additional Option D1), referred to in §4 section 2 item 1 of these GT&C, the vehicle shall be deemed to be solely: a passenger car, a lorry, a bus, a train, a tram, a trolley bus, a metro;
- 47) **stinging** – bodily injury from animals other than dogs;
- 48) **poliomyelitis** – an infection caused by polio virus, which results in paralysis of respiratory muscles or limb muscles, or in the occupation of a respiratory centre in the brain stem, with a permanent consequence in the form of severe paresis or paralysis. A disease diagnosed by a physician and classified in accordance with the International Statistical Classification of Diseases and Health Problems ICD-10 as a code: A80 or b91;
- 49) **Serious Disease** – only the following diseases that were diagnosed for the first time during the insurance period: malignant cancer, paralysis, kidney failure, poliomyelitis, loss of vision, loss of speech, hearing loss, aplastic anemia, multiple sclerosis, type I diabetes, heart failure, autoimmune diseases, meningitis. The transplantation of major organs is also regarded as a Serious Disease;
- 50) **being under the influence of alcohol** – acting when the alcohol content in the body is from 0.2 ‰ blood alcohol or from 0.1 mg of alcohol in 1 dm³ in the exhaled air;
- 51) **professional work** – a form of providing work or services for remuneration under an employment relationship, on the basis of a civil-law contract, a service relationship of an administrative and legal nature or in the scope of performing economic activity on its own behalf;
- 52) **professional retraining of disabled persons** – professional training of a person in relation to whom the Social Insurance Institution or the poviát (voivodship) Disability Assessment Board has made a decision on the advisability of professional retraining due to the Insured's inability to work in his or her hitherto exercised profession;
- 53) **accession to insurance** – coverage with insurance protection of a natural person reported by the Insurer to insurance on the basis of these GT&C;
- 54) **wound** – breaking the continuity of the body's coating as a result of a sharp or blunt object, leading to linear or unregulated tissue damage caused by an accident. Within the meaning of these GT&C, wounds related to the Insured's surgical treatment shall not be considered as wounds;
- 55) **recreational practising sport** – undertaken voluntarily, not for profit, a form of physical activity of the Insured consisting in practising sport for rest or entertainment, not related to participation in trainings, competitions, training camps and fitness or training camps organized by clubs, unions, sports organizations, performed in free time from work/science;
- 56) **rehabilitation** – specialist procedures provided by persons authorised to provide the above mentioned services, ordered by the doctor conducting the treatment, aimed at curing or reducing organ dysfunction, as well as at restoring full or achievable physical fitness, lost as a result of a personal accident;
- 57) **parent of the Insured** – father or mother of the Insured within the meaning of the provisions of the Family and Guardianship Code in the wording in force on the date of insurance agreement conclusion;
- 58) **vehicle motion** – situations when the vehicle is moving as a result of engine operation or inertia force;
- 59) **sepsis** – a syndrome of systemic inflammatory reaction (SIRS) caused by an infection caused by the presence of microorganisms and their toxic products in the blood, confirmed by blood culture;
- 60) **sports and activities of high risk** – airsoft, bouldering, rock climbing, ice climbing, mountaineering, mountaineering, mountaineering, Himalayan mountaineering, skialpinism, trekking, extreme skiing, freestyle, freeride, alpine snowboarding, speed snowboarding, ski and snowboard jumps and evolutions, rafting, canyoning, hydrospeed, mountain canoeing, gliding, parachuting, hang gliding, paragliding, motor gliding, ballooning, piloting of aircraft or helicopters, zorbing, bungee jumping, diving, parkour, freerun, buggykiting, windsurfing, quadacy, kite surfing, sailing outside territorial waters more than 12 nautical miles from the coast, extreme cycling, mountain biking, speleology, bobsleighting, tobogganing, motor sports, land, water or air vehicle rallies, heliskiing, heliboarding, freefall, downhill, b.a.s.e. jumping, dream jumping and skiing or snowboarding on off-piste, water skiing, skeleton, boating, biathlon, skibob and sports using snowmobiles designed to move on snow or ice;
- 61) **Multiple Sclerosis** – a disease characterized by the demyelination of nerve fibres in the brain and spinal cord, diagnosed by a physician and classified as a code according to the International Statistical Classification of Diseases and Health Problems ICD-10: G35;
- 62) **psychotropic substance** – any substance of natural or synthetic origin, acting on the central nervous system, specified in the list of psychotropic substances constituting Annex 2 to the Act on Counteracting Drug Addiction in the wording in force on the day the insurance agreement is concluded;
- 63) **hospital** – an enterprise of a medical entity, in which this entity performs medical activities in the form of hospital services within the meaning of the Act on Medical Activity;
- 64) **narcotic drug** – a substance of natural or synthetic origin acting on the central nervous system, specified in the list constituting Annex 1 to the Act on Counteracting Drug Addiction, in the wording in force on the day the insurance agreement is concluded;
- 65) **substitute agent** – a substance of natural or synthetic origin in any physical state or a product, plant, fungus or part thereof, containing such a substance, used instead of an narcotic agent or a psychotropic substance or for the same purposes as an narcotic agent or a psychotropic substance, the production and marketing of which is not regulated under separate provisions within the meaning of the Act on Counteracting Drug Addiction, in the wording in force on the day the insurance agreement is concluded;
- 66) **benefit** – monetary amount paid to the Insured, and in the event of the Insured's death – monetary amount paid to the Beneficiary by InterRisk in the event of recognition of a claim arising as a result of an event which is covered by insurance protection;
- 67) **hospital services** – services within the meaning of the Act on Medical Activity in the wording in force on the day of insurance agreement conclusion, performed 24 hours a day, comprehensive health services consisting in diagnosis, treatment, care and rehabilitation, which cannot be performed within the framework of other stationary and 24 hours a day health services or ambulatory health services;
- 68) **telemedicine services** – health services within the meaning of the Act on Medical Activity in the wording in force on the date of insurance agreement conclusion, provided by an internist, paediatrician or nutritionist using ICT systems or communication systems;
- 69) **teleconsultation of specialist doctors** – health care services due to the Insured within the ONKO Package within the meaning of the Act on medical activity in the wording in force on the day of concluding the insurance agreement, provided that the Insured is diagnosed for the first time in the period of insurance cover of one of the types of Serious Diseases from the ONKO Package. As part of the Teleconsultation of specialist physicians InterRisk through the ONKO Centre, ONKO will organize and cover the cost of 12 tele-consultations, provided that there must be a minimum of 12 hours' break between two consecutive tele-consultations. The costs of calls shall be borne by the Insured himself;
- 70) **transplantation of the main organs** – going through heart, heart and lung, liver or parts of liver, kidney or bone marrow transplantation as a recipient;
- 71) **trekking** – a form of walking tourism, cultivated in difficult terrain and climatic conditions: rivers, swamps, volcanoes, deserts, tropical areas, glaciers, mountains above 1 500 m above sea level or outside marked mountain tourist trails;
- 72) **permanent partial disability** – bodily injuries listed in TABLE No. 1 in §8 point 3, as well as in TABLE No. 4 in §9 point 8 resulting from a personal accident;
- 73) **Policyholder** – one of the entities referred to in §1 section 1, concluding an insurance agreement and obliged to pay the insurance premium;
- 74) **group insurance** – insurance agreement concluded for the account of natural persons, where the minimum group of persons joining the insurance is at least 3 persons, and in the case of extending the Basic Option, Basic Plus Option, Protection Option, Plus Protection Option or Progression Option by Additional Options (D1-D19) referred to in §11, §12, the minimum group of persons joining the insurance is at least 5 persons;
- 75) **individual insurance** – insurance agreement concluded by the Insurer who is a natural person on behalf of a child or in case when the Insured is over 18 years of age and meets the definition of a child set forth in these GT&C, on his own account;
- 76) **family insurance** – insurance agreement concluded by the Insurer who is a natural person for the account of children, where the minimum number of persons covered by insurance protection under the above mentioned insurance agreement is at least 2 persons;
- 77) **Insured** – under the Primary Option, Primary Option Plus, Protection Option, Plus Option or Progression Option, and under the Additional Options (D1-D18) – a natural person under 65 years of age on the day of entering into the insurance, for whom the Policyholder concluded an insurance agreement, and under the Additional Option D19 (Legal Assistance) – a natural person who on the day of entering into the insurance is a child within the meaning of these GT&C, for whom the Policyholder concluded an insurance agreement;
- 78) **onerous treatment** – treatment of the Insured being a consequence of a personal accident which took place during the term of insurance cover, resulting in no health detriment of the Insured (0% health detriment), or permanent partial disability, broken bones, cut or torn wounds, injuries to movement organs, concussion, but the course of treatment caused temporary inability to study or work for a period not shorter than 10 days;
- 79) **stroke** – diagnosed by a physician and classified as a code in the International Statistical Classification of Diseases and Health Problems ICD-10: I60-I64;
- 80) **bite/stinging** – violation of skin tissue by insects;
- 81) **Beneficiary** – an entity indicated by the Insured and in case of minors – by the statutory representative of the Insured to receive compensation in case of death of the Insured as a result of a personal accident. In case of non-appointment of the Claimant, in case of the Insured's death as a result of a personal accident, the

Claimant shall be deemed to be the Insured's closest family members according to the following order and shares:

- a) spouse of the Insured, provided that the spouse of the Insured has not been ordered to do so separation,
 - b) children of the Insured (in equal parts),
 - c) parents of the Insured (in equal parts) or legal guardians (in equal parts) exercising care upon the Insured's death,
 - d) other members of the immediate family of the Insured being the heirs of the Insured (in equal parts);
- 82) **locomotor trauma** – an injury to the locomotor system resulting from an accident, which did not result in fracture of the bone, but in accordance with the doctor's recommendation, the locomotor system was immobilized using a medical agent (gypsum, synthetic gypsum (light gypsum), rail, corset, orthopaedic collar, stabilizer, orthosis, orthosis, plaster tutor, orthopaedic vest);
- 83) **device** – in the IT assistance insurance under the ADDITIONAL OPTION D15 (EDU PLUS Assistance) – undamaged and used in accordance with its intended use:
- a) computer hardware – a desktop computer station or notebook on which an application can be installed,
 - b) computer-compatible peripheral devices – scanner, monitor, keyboard, printer,
 - c) connected to computer hardware – router, TABLEt or smartphone;
- 84) **health detriment** – impairment of the efficiency of the organism as a result of a personal accident, consisting in permanent, not yearly improvement in the light of the current state of medical knowledge, damage to a given organ, organ or system;
- 85) **loss of speech** – total and irreversible loss of speech recognized by a physician, meaning the inability to articulate understandable words or understandable language, lasting continuously for at least 6 months;
- 86) **hearing loss** – total and irreversible hearing loss recognized by a physician for all sounds as a consequence of disease or personal accident, lasting continuously for at least 6 months;
- 87) **loss of sight** – total, permanent and irreversible loss of sight in both eyes recognized by the doctor (VO=0, with no sense of light or with sense of light without location) arose as a result of disease or accident, provided that the permanence of the disease is determined at least 6 months from the date of its occurrence;
- 88) **congenital defect** – an anatomical abnormality classified in the International Statistical Classification of Diseases and Health Problems ICD-10 as congenital malformations, deformations and chromosome aberrations (ICD code: Q00-Q99);
- 89) **practising competitive sport** – a form of physical activity undertaken in order to obtain, by way of individual or collective competition, maximum sport results, consisting in practising sport by the Insured:
- a) by participating in training sessions, competitions, training camps, fitness camps or training camps in extracurricular sports clubs, associations and organisations,
 - b) during physical education classes taking place within the framework of the current timeTABLE at sports schools,
 - c) against remuneration, i.e. in the case of receiving remuneration on the basis of an employment contract or a civil law contract for practising sports, both in individual and team form.
- Within the meaning of these GT&C, practising competitive sport shall not be considered as physical activity of the Insured consisting in:
- a) participating in training, competitions, camps and fitness or training camps within the framework of school (pupil) sports clubs,
 - b) practising sport during physical education classes (also in sports classes) taking place within the scope of the valid timeTABLE, except if the Insured is a student of a sports school,
 - c) participation of the Insured in intra-school or inter-school occupations, except when the Insured is a student of a sports school,
 - d) recreational sports activities;
- 90) **motor accident** – a sudden event caused by vehicle traffic, as a result of which the Insured, being a passenger of the vehicle, pedestrian or person driving the vehicle, independently of his or her will, suffered bodily injury, health disorder or died;
- 91) **medical devices issued on commission** – only medical devices issued on commission as specified in the Regulation of the Minister of Health of 29 May 2017 on the list of medical devices issued on commission;
- 92) **meningitis** – a disease diagnosed by a physician, caused by viruses and bacteria, causing inflammation, confirmed by examination of the cerebrospinal fluid, including: soft mane, spider mane and subarachnoid space, classified as a code according to the International Statistical Classification of Health Diseases and Problems ICD-10: G00-G05;
- 93) **myocardial infarction** – diagnosed by a physician and classified as a code in the International Statistical Classification of Diseases and Health Problems ICD-10: I21-I22;

94) **fracture** – a break in the continuity of bone tissue found by a doctor;

95) **habitual dislocation** – at least third dislocation of the same joint.

WHAT CAN I PROTECT? THE EUROPEAN PARLIAMENT AND THE COUNCIL

§3

1. The subject matter of insurance shall be the consequences of a personal accident which occurred during the term of insurance cover or disease and their consequences which were diagnosed during the term of insurance cover.
2. Insurance cover is provided 24 hours a day around the world, with the exception of the following: Additional option D4 (hospitalisation due to personal accident), Additional option D5 (hospitalisation due to disease), Additional option D7 (costs of plastic surgery due to personal accident), Additional option D8 (hospitalisation due to personal accident), Additional option D9 (hospitalisation due to personal accident), Additional option D10 (medical treatment due to personal accident), Additional option D11 (Insured's temporary incapacity to study and/or work), Additional option D13 (costs of dental treatment due to accident), Additional option D14 (burdensome treatment due to personal accident) and Additional option D15 (EDU PLUS Assistance), Additional option D18 (reimbursement of costs of medicines) under which insurance coverage is granted 24 hours a day in the territory of the Republic of Poland, and in the case of Additional option D19 (Legal Assistance), insurance coverage is granted from Monday to Friday at 9 am:00 – 17:00 and covers insurance accidents occurring during the insurance period and recognised in the Republic of Poland according to Polish law.

WHAT AM I GONNA COVER FOR THE FIFA MANAGER? THE BENEFITS OF PICTION

§4

1. At the request of the Policyholder, as well as on the basis of the provisions of these GT&C, the insurance agreement may be concluded in:
 - 1) **Basic Option or Basic Plus Option or the Progression Option** covering:
 - a) damage to health resulting from an accident,
 - b) costs of purchasing medical devices issued on commission,
 - c) costs of professional retraining of disabled persons,
 - d) health damage from epilepsy,
 - e) death of the Insured as a result of a personal accident,
 - f) diagnosed with sepsis insurance,
 - g) death of a legal guardian or a parent of the Insured as a result of an unhappy accident,
 - h) dog bite, bite, bite, bite/sting,
 - i) shaking of the brain following an accident;
 - 2) **protection option**, in one of the options (01-11), including:
 - a) death of the Insured as a result of a personal accident,
 - b) diagnosed with sepsis insurance,
 - c) permanent partial disability,
 - d) reimbursement of the costs of purchasing a wheelchair in the case of disability caused by an unfortunate accident,
 - e) a fracture of one or more bones in an accident,
 - f) wounds resulting from an accident,
 - g) injuries to the locomotor system resulting from an accident,
 - h) dog bite, bite, bite, bite/sting,
 - i) a concussion following an accident,
 - j) death of a legal guardian or a parent of the Insured as a result of a personal accident;
 - 3) **the Plus protection option** including:
 - a) death of the Insured as a result of a personal accident,
 - b) costs of purchasing medical devices issued on commission,
 - c) costs of professional retraining of disabled persons,
 - d) health damage from epilepsy,
 - e) diagnosed with sepsis insurance,
 - f) death of a legal guardian or a parent of the Insured as a result of an unhappy accident,
 - g) dog bite, bite, bite, bite/sting,
 - h) permanent partial disability,
 - i) broken bones, sprains or sprains in the joints,
 - j) sudden gas or electric shock or lightning poisoning,

- k) personal injury resulting from an accident requiring medical intervention in a medical facility and at least two follow-up visits,
 - l) a concussion following an accident.
2. For the payment of additional premium, Basic Option, Basic Option, Basic Plus Option, Protection Option, Protection Option Plus or Progression Option, may be extended by Additional Options D1 – D16:
- 1) **Additional option D1** – death of the Insured as a result of a motor accident;
 - 2) **Additional option D2** – accidental burns;
 - 3) **Additional option D3** – frostbite;
 - 4) **Additional option D4** – stay in hospital as a result of an accident;
 - 5) **Additional option D5** – stay in hospital as a result of disease;
 - 6) **Additional option D6** – Serious Diseases;
 - 7) **Additional option D7** – costs of plastic surgery due to accident;
 - 8) **Additional option D8** – operations in case of an accident;
 - 9) **Additional option D9** – disease-related operations;
 - 10) **Additional option D10** – costs of treatment as a result of an accident;
 - 11) **Additional option D11** – temporary inability of the Insured to learn or work as a result of a personal accident;
 - 12) **Additional option D12** – diagnosis of congenital heart defect in the Insured;
 - 13) **Additional option D13** – costs of dental treatment as a result of an accident;
 - 14) **Additional option D14** – troublesome treatment as a result of an accident;
 - 15) **Additional option D15** – EDU PLUS Assistance;
 - 16) **Additional option D16** – Telemedicine;
 - 17) **Additional option D17** – ONKO Package;
 - 18) **Additional option D18** – reimbursement of costs of medicines;
 - 19) **Additional option D19** – Legal assistance.
3. Upon payment of an additional premium, the scope of insurance of the Insured in the agreement concluded in an individual or family form, which at the time of concluding the insurance agreement is under 20 years of age, may be extended on the terms specified in these GT&C to the consequences of personal accidents suffered in connection with competitive sports.
4. The scope of cover of the Insured in the agreement concluded in a group form shall cover the consequences of personal accidents suffered in connection with practising competitive sport.
- 14) performing preventive examinations not resulting from disease or personal accident and not recommended by a physician;
 - 15) Acquired Immunodeficiency Syndrome (AIDS) and related opportunistic infections, cancer, neurological diseases and other AIDS-related disease syndromes;
 - 16) staying of the Insured, legal guardian or parent of the Insured under the influence of alcohol, narcotic drugs, psychotropic substances or substitutes within the meaning of the Act on Counteracting Drug Addiction, with the exception of cases of taking such substances in accordance with a physician's recommendation, provided that the stay of the Insured, legal guardian or parent of the Insured under the influence of alcohol, narcotic drugs, psychotropic substances or substitutes had an impact on the occurrence of personal accident or disease;
 - 17) radioactive waste or explosives, except in the case of an event arising out of or in connection with explosives used in class; 18) secondary operation.
2. In the case of Option D4 (hospitalisation as a result of a personal accident) and Option D5 (hospitalisation as a result of disease) referred to in §11 section 1 item 4 and 5 of these GT&C, taking into account the exclusions specified in section 1 of this paragraph, additionally InterRisk is not responsible for events arising as a result of or in connection with rehabilitation recommended in connection with the accident or disease.
3. For Option D6 (Serious Diseases) and Option D17 (ONKO Package), InterRisk is not responsible for diagnosing a non-invasive cancer (carcinoma in situ).
4. The insurance does not cover compensation for pain, suffering or physical suffering,
5. InterRisk shall not be liable for medical treatment costs or dental treatment costs incurred outside the territory of the Republic of Poland.
6. InterRisk shall not cover the costs of travel to medical facilities by the Insured, except for medical transport under ADDITIONAL OPTION D15 (EDU PLUS Assistance), costs incurred in connection with obtaining medical documentation and costs of purchase of medicines, except for extending the scope by ADDITIONAL OPTION D18 (Reimbursement of costs of medicines) in accordance with §11 section 1 item 18 of these GT&C.
7. The scope of services provided under Option D15 (EDU PLUS Assistance) does not include:
- 1) events that occurred outside the territory of the Republic of Poland;
 - 2) costs incurred by the Insured without prior notification and authorisation of the Assistance Centre, even if the costs are within the limits of liability, unless the lack of notification and authorisation of the Assistance Centre occurred for reasons beyond the control of the Insured; 3) costs of transport of medicines not prescribed by the doctor providing treatment.
8. Additionally, in the case of IT assistance insurance under the ADDITIONAL OPTION D15 (EDU PLUS Assistance), the insurance does not cover costs resulting from:
- 1) external or internal damage or destruction of the device;
 - 2) damage or destruction of your device caused by malware and illegal software.
9. Unused IT assistance services provided during an annual insurance period pursuant to the limit specified in §11 (1) (15) (d) shall not be carried over to the next annual insurance period.
10. InterRisk is entitled to refuse to pay the benefit for temporary inability to learn or work referred to in §11 section 1 item 11, if it is found that during the inability to learn or work the Insured attended classes or performed professional work.

WHEN CAN'T YOU EXPLAIN THE WORLD TO INTERRISE? EXCLUSION OF LIABILITY

§5

1. InterRisk is not responsible for events occurring as a result of or in connection with:
- 1) intentional committing or attempting to commit a crime by the Insured, legal guardian or parent of the Insured;
 - 2) committing or attempting suicide or self-inflicted injury by the Insured, legal guardian or parent of the Insured;
 - 3) bodily injuries diagnosed before the date of cover of the Insured;
 - 4) diseases diagnosed before the date of insurance cover;
 - 5) acts of war, martial law, riots and unrest, and acts of terrorism;
 - 6) driving a vehicle by the Insured, a legal guardian or a parent of the Insured who is a driver of a vehicle, who does not have the required authorization to drive a given vehicle if the vehicle was unregistered or did not have a valid technical inspection, if with respect to a given vehicle there is a requirement to register or perform periodic technical inspection, unless the required authorization to drive a given vehicle is lacking, the vehicle is not registered or the technical condition of the vehicle had no impact on the accident;
 - 7) cycling on public roads by the Insured up to the age of 10 without the supervision of an adult;
 - 8) occupational disease, mental illness;
 - 9) congenital defects and their consequences, except for the provisions of §11 section 1 item 12;
 - 10) myocardial infarction or cerebral stroke in case of insurance of death of a legal guardian or a parent of the Insured as a result of a personal accident referred to in §6 point 5, §7 point 5, §8 point 10, §9 point 6, §10 point 5;
 - 11) practising competitive sport under an agreement concluded in an individual or family form, except for situations where the Insured extended the scope of insurance by practising competitive sport, in accordance with §4 section 3;
 - 12) practising sports and high-risk activities by the Insured, legal guardian or parent of the Insured;
 - 13) a habitual dislocation;

WHAT DOES THE BASIC OPTION OFFER? TYPE AND AMOUNT OF BENEFITS

§6

The Basic Option covers the following benefits:

- 1) in the case of **health damage resulting from an accident**:
 - a) in the case of **100% health detriment** – benefit in the amount of 100% of the sum insured under the insurance agreement,
 - b) in the case of **a health detriment of less than 100%** – a benefit in the amount of 100% – a benefit in the amount of 50%. the bones of such a percentage of the sum insured that the health detriment occurred,
 - c) **costs of purchase of medical devices issued on request** – reimbursement of documented costs up to 30% of the sum insured under the insurance agreement, provided that:
 - they are medically necessary and documented by a copy of the medical order for the supply of medical devices issued on request, and
 - they have incurred on the territory of the Republic of Poland in the period not longer than two years from the date of the personal accident,
 - d) **costs of professional retraining of disabled persons** – reimbursement of documented costs up to 30% of the sum insured under the insurance agreement, provided that
 - On the basis of the decision of the Social Insurance Institution, the Insured

was granted a training pension as a person permanently unable to work in the existing profession or a decision of the District (or Voivodeship) Disability Assessment Team, in which the purpose of vocational retraining of the disabled person was determined

and

- they have been incurred on the territory of the Republic of Poland in the period not longer than two years from the date of the personal accident;
- 2) in the case of **damage to health as a result of epilepsy attack** – a one-off benefit amounting to 1% of the sum insured under the insurance agreement, provided that epilepsy was diagnosed for the first time within the period of insurance cover;
- 3) in the event of **the Insured's death as a result of a personal accident** – benefit amounting to 100% of the sum insured under the insurance agreement, provided that
 - a) the accident occurred during the term of protection insurance
 - and
 - b) death occurred within two years from the date of the accident;
- 4) in case **the Insured is diagnosed with sepsis** – a one-off benefit amounting to 10% of the sum insured under the insurance agreement, provided that the sepsis was diagnosed for the first time during the term of insurance cover;
- 5) in the event of **death of a legal guardian or parent of the Insured as a result of a personal accident** – benefit amounting to 10% of the sum insured under the insurance agreement, provided that
 - a) the accident occurred during the term of the insurance cover,
 - b) the death occurred within 12 months from the date of the personal accident; InterRisk's liability is limited to two events within the insurance period;
- 6) in the case of **dog bite, chewing, stinging/nipping** – a one-time benefit amounting to 1% of the sum insured under the insurance agreement, provided that the patient stays in hospital for at least two days as a result of dog bite, bite, bite, sting or sting;
- 7) in the event of **a concussion of the brain as a result of a personal accident** – if as a result of a personal accident the Insured suffered a concussion of the brain, as a result of which it was necessary for the Insured to stay in hospital for at least three days, a one-time benefit shall be paid in the amount equal to 1% of the sum insured under the insurance agreement.

WHAT DOES THE BASIC PLUS OPTION OFFER? TYPE AND AMOUNT OF BENEFITS

§7

The **Basic Plus** option includes the following benefits:

- 1) in the event of **health detriment as a result of an accident**:
 - a) in the case of **100% health detriment** – benefit in the amount of 100% of the sum insured under the insurance agreement,
 - b) in the case of **health detriment below 100%** – benefit in the amount of such a percentage of the sum insured, in which health detriment occurred only for the events specified in the TABLE of Health Detriment Standards EDU PLUS, constituting Attachment No. 1 to these GT&C,
- c) **costs of purchase of medical devices issued on request** – reimbursement of documented costs up to 30% of the sum insured under the insurance agreement, provided that:
 - they are medically necessary and documented by a copy of the medical order for the supply of medical devices issued on request
 - and
 - they have been incurred on the territory of the Republic of Poland in the period not longer than two years from the date of the personal accident,
- d) **costs of professional retraining of disabled persons** – reimbursement of documented costs up to 30% of the sum insured under the insurance agreement, provided that
 - On the basis of the decision of the Social Insurance Institution, the Insured was granted a training pension as a person permanently unable to work in the existing profession or a decision of the District (or Voivodeship) Disability Assessment Team, in which the purpose of vocational retraining of the disabled person was determined
 - and
 - they have been incurred on the territory of the Republic of Poland in the period not longer than two years from the date of the personal accident;
- 2) in the case of **damage to health as a result of epilepsy attack** – a one-off benefit amounting to 1% of the sum insured under the insurance agreement, provided that epilepsy was diagnosed for the first time within the period of insurance cover;
- 3) in the event of the **Insured's death as a result of a personal accident** – benefit

amounting to 100% of the sum insured under the insurance agreement, provided that

- a) the accident occurred during the term of protection insurance
- and
- b) death occurred within two years from the date of the accident;
- 4) in case **the Insured is diagnosed with sepsis** – a one-off benefit amounting to 10% of the sum insured under the insurance agreement, provided that the sepsis was diagnosed for the first time during the term of insurance cover;
- 5) in the event of **the death of a legal guardian or a parent of the Insured as a result of a personal accident** – a one-time benefit in the amount of 10% of the sum insured under the insurance agreement, provided that
 - a) the accident occurred during the term of protection insurance,
 - and
 - b) the death occurred within 12 months from the date of the personal accident; InterRisk's liability is limited to two events within the insurance period.
- 6) in case of **a dog bite, chewing, stinging/nipping** – a one-time benefit amounting to 1% of the sum insured under the insurance agreement, provided that the patient has been hospitalized for at least two days as a result of dog bite, bite, bite, sting or sting;
- 7) in the event of **a concussion of the brain as a result of a personal accident** – if as a result of a personal accident the Insured suffered a concussion of the brain, as a result of which it was necessary for the Insured to stay in hospital for at least three days, a one-time benefit amounting to 1% of the sum insured under the insurance agreement shall be paid.

WHAT DOES THE PROTECTION OPTION OFFER? TYPE AND AMOUNT OF BENEFITS

§8

The **Protection Option** covers the following benefits:

- 1) in the event of **the Insured's death as a result of a personal accident** – benefit amounting to 100% of the sum insured under the insurance agreement, provided that
 - a) the accident occurred during the term of the insurance cover
 - and
 - b) death occurred within two years from the date of the accident;
- 2) in case **the Insured is diagnosed with sepsis** – a one-off benefit amounting to 100% of the sum insured under the insurance agreement, provided that the sepsis was diagnosed for the first time within the insurance coverage period;
- 3) in the case of **permanent partial disability** – depending on the type of bodily injury suffered as a result of a personal accident that occurred within 12 months from the date of the personal accident, there is an entitlement – in accordance with TABLE No. 1 – to benefit in the amount equal to a percentage of the sum insured under the insurance agreement for permanent partial disability;

TABLE 1

Item	Type of injury	Amount of the benefit expressed as a percentage (%) of the sum insured under the insurance agreement for permanent partial disability
Total physical loss or total and permanent loss of function of individual organs:		
1.	eyesight in both eyes	100
2.	the sight in one eye	40
3.	hearing in both ears	100
4.	hearing in one ear	20
5.	speech (includes total loss of tongue and motor and sensory aphasia)	40
6.	nose (including nasal bones)	20
7.	earlobe	10
8.	loss of the lower limb at the level:	
a)	hip joint, thigh, knee joint, shank, foot	50
b)	toe	5
c)	another toe of the foot	2

9.	lower limb paresis	25	
10.	restriction of hip joint mobility	20	
11.	restriction of mobility of the knee joint	10	
12.	loss of upper limb at the level:		
a)	shoulder joint, arm, elbow joint, forearm, hand	right	left
		50	40
b)	thumb	20	15
c)	index finger	15	10
d)	another finger in the palm of your hand	5	5
13.	radial nerve paralysis	30	25
14.	elbow nerve paralysis	30	25
15.	restriction of upper limb mobility in shoulder joint	40	30
16.	restriction of upper limb mobility in the elbow joint	35	30
17.	restriction of wrist mobility	20	15
18.	genitourinary and urinary organs:		
a)	removal of the uterus up to 45 years of age	35	
b)	removal of the uterus over 45 years of age	20	
c)	removal of the ovary or testicle	20	
d)	total loss of penis	40	
19.	permanent and incurable paralysis of all limbs	100	

- a) if as a result of the same personal accident that occurred during the term of insurance cover there is more than one type of permanent partial disability listed in TABLE No. 1, there is an entitlement – in accordance with TABLE No. 1 – to benefit being the sum of amounts for each type of permanent partial disability, but the amount of benefit cannot exceed the sum insured under the insurance agreement for permanent partial disability,
- b) in the case of limbs, the amputation of the whole limb or its parts should also be disguised by loss,
- c) if the Insured is left-handed, depending on the type of damage suffered as a result of a personal accident that occurred within 12 months from the date of the personal accident:
- in the case of damage to the left upper limb, there is a benefit in the amount of a percentage of the sum insured as for the right upper limb – in accordance with TABLE No. 1,
 - in the case of damage to the upper right limb, there is a benefit in the amount of a percentage of the sum insured as for the upper left limb – in accordance with TABLE No. 1,
- d) if as a result of the same personal accident which occurred during the term of insurance cover, one or more bones are broken as a result of the personal accident referred to in point 5, for which InterRisk paid the benefit to the Insured, and then as a result of this breaking one or more bones there is a permanent partial disability defined in TABLE No. 1, arising as a result of the same personal accident, then the benefit paid for breakage shall be credited towards the benefit due in case of permanent partial disability and the Insured shall be entitled to benefit in the amount of the difference between the benefit due to permanent partial disability and the benefit paid in case of breakage of one or more bones as a result of a personal accident;
- 4) in the case of **reimbursement of the costs of purchase of a wheelchair in case of disability caused by a personal accident** – if as a result of a personal accident which occurred during the term of insurance cover, the Insured suffers bodily injury resulting in permanent partial disability listed in TABLE no. 1, which according to the doctor's recommendation will require the purchase of a wheelchair, InterRisk shall reimburse the costs of purchase of a wheelchair up to the maximum amount of the sum insured under the insurance agreement;
- 5) in case of **breaking one or more bones as a result of a personal accident** which occurred during the insurance cover, depending on the type of breakage, there is a benefit – in accordance with TABLE No. 2 – in the amount of a percentage of the sum insured under the insurance agreement for breaking one or more bones as a result of a personal accident:

TABLE 2

Item	Type of fracture of one or more bones	Amount of the benefit expressed as a percentage (%) of the sum insured under the insurance agreement for breaking one or more bones as a result of a personal accident
1.	Fracture of skull bones (basal, vault, facial-cranial), fracture of pelvic bones (except isolated pubic, ischium and caudal fractures), hip joint bones (joint socket, proximal femoral epiphysis, vertebrates, sub- and supra-screw fractures) and hip disc bones:	
a)	multi-break open	100
b)	other open fractures	50
c)	other multi-breakdown	30
d)	other fractures	20
e)	nose fracture	10
2.	Fracture of the femur, heelbone:	
a)	multi-break open	50
b)	other open fractures	40
c)	other multi-fracture	30
d)	other fractures	20
3.	Fracture of the shin bone, collarbone, lateral and medial ankle, humerus or forearm bone (including the wrist):	
a)	multi-break open	50
b)	other open fractures	40
c)	other multi-fracture	30
d)	other fractures	20
4.	Lower jaw fractures:	
a)	multi-fracture open	50
b)	other open fractures	40
c)	other multi-fracture	30
d)	other fractures	20
5.	Fractures of the shoulder blade, patella, sternum, metatarsal, metatarsal, tarsal bones:	
a)	open fractures	30
b)	other fractures	20
6.	Spinal fractures (vertebral bodies):	
a)	compression fractures	20
b)	a spinal fracture	20
c)	other fractures of spinous and transverse processes	10
7.	Fractures of a rib or ribs, tailbone, ischium, pubic, bone, upper jaw bone:	
a)	multi-fracture open	20
b)	other fractures	10
8.	Fractures of permanent teeth (for each tooth):	
a)	altogether not more than	5
9.	Finger fractures	5 not less than PLN 100, however

- a) if as a result of the same personal accident that occurred during the term of the insurance cover more than one break occurs, the beneficiary is entitled – in accordance with TABLE No. 2 – to the benefit being the sum of amounts for each type of breakage, but the amount of benefit cannot exceed the sum insured under the insurance agreement for the breakage of one or more bones as a result of the personal accident,
- b) if as a result of the same personal accident that occurred during the term of insurance cover there is a fracture of one or more bones as a result of a personal accident, for which InterRisk paid the Insured a benefit, and

then as a result of this fracture of one or more bones there is a permanent partial disability as defined in TABLE No. 1, resulting from the same personal accident, which occurred during the insurance cover, then the benefit paid for the breakage shall be credited towards the benefit due in case of permanent partial disability, and the Insured shall be entitled to benefit in the amount of the difference between the benefit due in case of permanent partial disability and the benefit paid in case of breaking one or more bones as a result of a personal accident;

- 6) in the case of **wounds resulting from an accident**:
- if during the insurance period the Insured is injured as a result of a personal accident and undergoes **a procedure of putting on at least two stitches** (sewing the wound) – a one-time benefit amounting to 100% of the sum insured under the insurance agreement shall be due, subject to point b),
 - if during the insurance period the Insured suffers an upper limb finger injury as a result of a personal accident and undergoes **a procedure of sewing at least two stitches** (sewing the wound) – a one-time benefit amounting to 20% of the sum insured under the insurance agreement shall be due;
- 7) in the case of **injuries to the locomotor system resulting from a personal accident**:
- if during the period of insurance cover the Insured suffers a bodily injury resulting in not breaking the bone of the locomotor system, but in accordance with upon the recommendation of a **traffic doctor, the locomotive system will be immobilized for more than 7 days** exclusively with the use of the following medical means: gypsum, synthetic gypsum (light gypsum), rail, corset, causing exclusion of the locomotive system activities – a one-time benefit amounting to 100% of the sum insured under the insurance agreement is entitled to,
 - if during the period of insurance cover the Insured suffers bodily injury resulting in no fracture of the locomotor system bone, but in accordance with the doctor's recommendation **the locomotor system shall be immobilized for more than 7 days** exclusively with the use of the following medical means: an orthopaedic collar, stabilizer, orthosis, plaster tutor, longet, orthopaedic vest, causing exclusion of locomotor system activities – a one-time benefit shall be granted amounting to 50% of the sum insured under the insurance agreement,
 - if during the insurance coverage period the Insured suffers **an injury of a finger or toes to the legs or finger or to fingers of the hand as a result of which bone fracture shall not occur**, but in accordance with the physician's recommendation the finger or fingers shall be immobilized for more than 7 days exclusively with the use of the following medical measure: plaster, synthetic plaster (light plaster), rail, causing exclusion of the finger or fingers function – a one-time benefit shall be due amounting to 25% of the sum insured under the insurance agreement,
 - if, as a result of the same personal accident that occurred during the term of insurance cover, an injury of the motor system occurs, for which InterRisk paid the benefit to the Insured, and then, in connection with the injury of the motor system, a permanent partial disability defined in TABLE no. 1 shall occur, resulting from the same personal accident, then the benefit paid in case of traffic system injury shall be credited towards the benefit due in case of permanent partial disability, and the Insured shall be entitled to benefit in the amount of the difference between the amount of benefit due in case of permanent partial disability and the benefit paid in case of traffic system injury;
- 8) in the case of **dog bite, bite, bite, sting** – a one-time benefit amounting to 100% of the sum insured under the insurance agreement, provided that at least two days stay in hospital as a result of **dog bite, bite, bite, sting or sting**;
- 9) in case of a **concussion of the brain as a result of a personal accident** – if the Insured suffered a concussion of the brain as a result of a personal accident, as a result of which the Insured's stay in hospital lasting at least three days was necessary – in accordance with TABLE No. 3 – a single benefit shall be paid in the amount constituting a percentage of the sum insured under the insurance agreement for concussion of the brain as a result of a personal accident, depending on the number of days of stay in hospital:

TABLE 3

Number of days in hospital	Amount of the benefit expressed as a percentage (%) of the sum insured under the insurance agreement for concussion following a personal accident
3 to 4 days	20
5 to 6 days	40
7 to 8 days	60
9 to 10 days	80
more than 10 days	100

- 10) in the event of **the death of a legal guardian or a parent of the Insured in the following cases – in the event of the death of a legal guardian or a parent of the Insured personal accident** – a one-time benefit in the amount of 10% of the sum insured under the insurance agreement, provided that:

- the accident occurred during the term of the insurance cover and
- death occurred within 12 months from the date of the accident.

The liability of InterRisk is limited to two events during the insurance period.

**WHAT DOES THE PROTECTION PLUS OPTION OFFER?
TYPE AND AMOUNT OF BENEFITS**

§9

The **PROTECTION PLUS option** includes the following benefits:

- in the event of the **Insured's death as a result of a personal accident** – benefit amounting to 100% of the sum insured under the insurance agreement, provided that
 - the accident occurred during the term of the insurance cover and
 - death occurred within two years from the date of the accident;
- costs of purchase of medical devices issued on request** – reimbursement of documented costs up to 30% of the sum insured specified in the insurance agreement provided that:
 - they are medically necessary and documented with a copy of a medical order for the supply of medical devices for medical devices on a fee or contract basis, and
 - they have incurred on the territory of the Republic of Poland in the period not longer than two years from the date of the personal accident;
- costs of professional retraining of disabled persons** – reimbursement of documented costs up to 30% of the sum insured under the insurance agreement, provided that
 - on the basis of the decision of the Social Insurance Institution, the Insured was granted a training pension as a person permanently unable to work in the existing profession or a decision of the District (or Voivodeship) Disability Assessment Team, in which the purpose of vocational retraining of the disabled person was determined and
 - they have been incurred on the territory of the Republic of Poland in the period not longer than two years from the date of the personal accident;
- in the case of **health detriment resulting from an epilepsy attack** – a one-off benefit in the insurance period amounting to 1% of the sum insured under the insurance agreement, provided that the epilepsy was diagnosed for the first time in the insurance period;
- in case **the Insured is diagnosed with sepsis** – a one-off benefit amounting to 10% of the sum insured under the insurance agreement, provided that the sepsis was diagnosed for the first time within the insurance coverage period;
- in the event of **the death of a legal guardian or a parent of the Insured as a result of a personal accident** – a benefit amounting to 10% of the sum insured under the insurance agreement, provided that
 - the accident occurred during the term of the insurance cover and
 - the death occurred within 12 months from the date of the personal accident; InterRisk's liability is limited to two events within the insurance period.
- in the case of **dog bite, bite, bite, sting** – a one-time benefit amounting to 1% of the sum insured under the insurance agreement, provided that the patient stays in hospital for at least two days as a result of **dog bite, bite, bite, sting or sting**;
- in case of **permanent partial disability** – depending on the type of personal injury suffered as a result of a personal accident that occurred within 12 months from the date of the personal accident, there is – in accordance with TABLE No. 4 – a benefit amounting to a percentage of the sum insured under the insurance agreement for the Plus Protection Option:

TABLE 4

Item	Type of injury	Amount of benefit expressed as a percentage (%) of the sum of the insurance specified in the insurance agreement for the PROTECTION PLUS option
1.	loss of upper limb at shoulder or shoulder level	80
2.	loss of upper limb at elbow or forearm level	60
3.	loss of hand	50
4.	total loss of fingertips II, III, IV, V	8 – for each finger

5.	total loss of thumb	22
6.	loss of lower limb at hip joint or femur level	75
7.	total loss of lower limb at the level of the knee, shank or ankle joint	60
8.	total loss of interest rate	40
9.	total loss of toes II – V	3 – for each finger
10.	total loss of toe	15
11.	total loss of sight in one eye	50
12.	total hearing loss in one ear	30
13.	total hearing loss in both ears	50
14.	total loss of speech	100
15.	total loss of ear cavity	15
16.	total loss of nose	20
17.	total loss of permanent teeth	2 – for each tooth, 20 – for a maximum of several teeth loss
18.	removal of the spleen	20
19.	removal of one kidney	35
20.	removal of both kidneys	75
21.	removal of the uterus	40
22.	removal of the ovary or testicle	20
23.	paresis of at least two limbs below 3 on the Lovette scale	100
2.4	a coma lasting more than 30 days	100

- a) if, as a result of the same personal accident that occurred during the term of insurance cover, permanent partial disability occurs, for which InterRisk shall pay compensation to the Insured, and then in connection with the same personal injury causing permanent partial disability, the fracture, dislocation or torsion specified in TABLE No. 5 shall occur, resulting from the same personal accident, then the benefit paid in case of permanent partial disability shall be credited towards the benefit due in case of breakage or dislocation or torsion, and the Insured shall be entitled to benefit in the amount of the difference between the benefit due in case of breakage or dislocation or torsion and the benefit paid in case of permanent partial disability;
- 9) in case of **bone fractures, dislocations or joint sprains as a result of an accident:**
- a) in the event of **breaking one or more bones, joint dislocation or joint sprain as a result of a personal accident** which occurred during the insurance cover – depending on the type of breakage – in accordance with TABLE No. 5 – a benefit in the amount constituting a percentage of the insurance sum specified in the insurance agreement for the Plus Protection Option:

TABLE 5

Item	Type of fracture of one or more fractures bone, dislocation or sprain of the joint	Amount of benefit expressed as a percentage (%) of the sum of the insurance specified in the insurance agreement for the PROTECTION PLUS option
1.	Fractures of the vault bones and the base of the skull	5
2.	Craniofacial fractures	4
3.	Fracture of the shoulder blade, collarbone, sternum	4,5 – per bone
4.	Fractures of a rib, ribs	2 – for each rib 10 – maximum in case of multiple rib fractures
5.	Dislocation of the shoulder, shoulder and shoulder joints	5
6.	Fractures in the shoulder bones	5
7.	Fractures of the forearm bones (every bone)	3
8.	Dislocation of the elbow joint	3
9.	Fractures in the metacarpal, wrist area	3

10.	Fracture of finger bones II – V	2 – for each finger
11.	Finger joint dislocations II – V	1 – per finger
12.	Fracture of a thumb	3
13.	Thumb dislocation	3
14.	Unstable pelvic fractures	10
15.	Stable pelvic fractures	4,5
16.	Hip joint dislocation	10
17.	Fracture of the femur	6
18.	Fractures of the shin bone (every bone)	4
19.	Fractures of the kneecap	4
20.	Dislocation, twisting of the knee joint requiring surgery	4
21.	Fractures in the metatarsal, tarsal and tarsal areas	3
22.	Finger fractures	2,5
23.	Fractures of toes bones II – V	2 – for each finger
24.	Fracture of the heelbone, lateral ankle, medial ankle	3
25.	Dislocation, ankle joint twisting requiring surgery	4,0
26.	Spinal fractures – concerns vertebral bodies, arches of vertebrae (excluding caudal bone)	11 – for each circle
27.	Spinal fractures – regards transverse processes, spinous vertebrae.	2,5 – for each circle
28.	Fractures of the tailbone	3,5
29.	Fracture of a permanent tooth	0,5 – per tooth 5 – maximum in case of fracture of multiple permanent teeth
30.	Ankle joint twisting not requiring surgery	1

- b) except for the damage referred to in points 20 and 25 of TABLE No. 5, in case when the breakage, dislocation or twisting required carrying out operations, the Insured shall be entitled, apart from the benefit resulting from TABLE No. 5, to an additional benefit amounting to 1% of the sum insured under the insurance agreement for the Plus Protection Option,
- c) if as a result of the same personal accident that occurred during the term of insurance cover, more than one break or sprain or sprain occurs, there is – in accordance with TABLE No. 5 – a benefit being the sum of amounts for each type of break or sprain or sprain, but the amount of benefit cannot exceed the sum insured under the agreement for the Protection Plus Option,
- d) if, as a result of the same personal accident which occurred during the term of insurance cover, a break or dislocation or twist occurs, for which InterRisk paid the Insured a benefit, and then, in connection with such break, dislocation or twist, a permanent partial disability shall occur, as specified in TABLE No. 4, arising as a result of the same personal accident, then the benefit paid in case of breakage or dislocation or twisting shall be credited towards the benefit due in case of permanent partial disability and the Insured shall be entitled to benefit in the amount of the difference between the benefit due in case of permanent partial disability and the benefit paid in case of breakage or dislocation or twisting;
- 10) in the event of **sudden gas poisoning or in the event of electrocution or lightning** – in the event of sudden gas poisoning or in the event of electrocution or lightning, resulting in at least a three-day stay of the Insured in hospital – a benefit amounting to 5% of the sum insured under the insurance agreement for the Plus Protection Option shall be due;
- 11) in the case of **personal injuries resulting from a personal accident, which required medical intervention in a medical facility and treatment and at least two control visits** – a benefit equal to 1% of the sum insured under the insurance agreement for the Protection Plus Option, and for which no benefit is due, as referred to in point 4 and points 7)-10) and 12);
- 12) in the event of **a concussion of the brain as a result of a personal accident** – in the event of a concussion of the brain as a result of a personal accident the Insured suffered a concussion, as a result of which the necessary stay of the Insured in hospital for at least three days is entitled to a one-off benefit in the amount equal to 1% of the sum insured under the insurance agreement.

**WHAT DOES THE PROGRESSION OPTION OFFER?
TYPE AND AMOUNT OF INSURANCE**

§10

The Progression option includes the following benefits:

- 1) in the case of **health damage resulting from an accident**:
 - a) in the case of **100% health detriment** – benefit in the amount of 250% of the sum insured,
 - b) in the case of **health detriment below 100%** – a benefit under the progressive benefits system, i.e. in the amount dependent on the amount of health detriment and amounting to:
 - 1% of the insurance sum specified in the insurance agreement for the PROGRESS option for each percentage of health detriment – in the case of health detriment ranging from 1% to 25%,
 - 1.5% of the insurance sum specified in the insurance agreement for the PROGRESS option for each percentage of health detriment – in the case of health detriment in the range of 26% – 50%,
 - 2.0% of the insurance sum specified in the insurance agreement for the PROGRESS option for each percentage of health detriment – in the case of health detriment in the range of 51% – 75%,
 - 2.5% of the insurance sum specified in the insurance agreement for the PROGRESS option for each percentage of health detriment – in the case of health detriment exceeding 75%,
 - c) **costs of purchase of medical devices issued on request** – reimbursement of documented costs up to 30% of the sum insured under the insurance agreement, provided that:
 - they are medically necessary and documented by a copy of the medical order for the supply of medical devices issued on request and
 - they have been incurred on the territory of the Republic of Poland in the period not longer than two years from the date of the personal accident;
 - d) **costs of professional retraining of disabled persons** – reimbursement of documented costs up to 30% of the sum insured under the insurance agreement, provided that
 - on the basis of the decision of the Social Insurance Institution, the Insured was granted a training pension as a person permanently unable to work in the existing profession or a decision of the District (or Voivodeship) Disability Assessment Team, in which the purpose of vocational retraining of the disabled person was determined and
 - they have been incurred on the territory of the Republic of Poland in the period not longer than two years from the date of the personal accident;
- 2) in the case of **damage to health as a result of epilepsy attack** – a one-off benefit amounting to 1% of the sum insured under the insurance agreement, provided that epilepsy was diagnosed for the first time within the period of insurance cover;
- 3) in the event of the **Insured's death as a result of a personal accident** – benefit amounting to 250% of the sum insured under the insurance agreement, provided that
 - a) the accident occurred during the term of the insurance cover and
 - b) death occurred within two years from the date of the accident;
- 4) in case **the Insured is diagnosed with sepsis** – a one-off benefit amounting to 10% of the sum insured under the insurance agreement, provided that the sepsis was diagnosed for the first time during the term of insurance cover;
- 5) in the event of **the death of a legal guardian or a parent of the Insured as a result of a personal accident** – a benefit amounting to 10% of the sum insured under the insurance agreement, provided that
 - a) the accident occurred during the term of the insurance cover and
 - b) death occurred within 12 months from the date of the accident;

The liability of InterRisk is limited to two events during the insurance period.
- 6) in the case of **a dog bite, chewing, stinging/nipping** – a one-time benefit amounting to 1% of the sum insured under the insurance agreement, provided that the person stays in hospital for at least two days;
- 7) in the event of **a concussion of the brain as a result of a personal accident** – if as a result of a personal accident the Insured suffered a concussion of the brain, as a result of which it was necessary for the Insured to stay in hospital for at least three days, a one-time benefit shall be paid in the amount equal to 1% of the sum insured under the insurance agreement.

TO WHAT ADDITIONAL OPTION CAN YOU EXTEND THE SELECTED OPTION?

§11

1. For the payment of additional premium, **the Basic option, Basic Plus option, Protection option**, Protection Plus option or Progression option may be extended by the following **Additional options (D1-D18)**, which include the following benefits:
 - 1) **Additional option D1 – death of the Insured following a motor accident** – benefit in the amount of 100% of the insurance sum specified in the insurance agreement for Additional Option D1, provided that
 - a) traffic accident in connection with the traffic of the vehicle referred to in §2 point 90 of these GT&C occurred during the duration of the insurance cover and
 - b) death occurred within two years from the date of the accident;
 - 2) **Additional option D2 – burns resulting from a personal accident** – benefit in the amount equal to a percentage of the sum insured specified in the insurance agreement for Additional Option D2, depending on the degree of burns specified only in TABLE No. 6:

TABLE 6

Degree of burns	Amount of the benefit expressed as a percentage (%) of the sum insured specified in the insurance agreement for Additional Option D2
Second degree	10
Third degree	30
Fourth degree	50

- 3) **Additional Option D3 – frostbites** – benefit in the amount equal to a percentage of the sum insured specified in the insurance agreement for Additional Option D3, depending on the degree of frostbites specified exclusively in TABLE No. 7:

TABLE 7

Degree of frostbite	Amount of the benefit expressed as a percentage (%) of the sum insured specified in the insurance agreement for Additional Option D3
Second degree	10
Third degree	30
Fourth degree	50

- 4) **Additional Option D4 – hospital stay during the insurance period as a result of a personal accident** – benefit in the amount of 1% of the sum insured under the insurance agreement for Additional Option D4, for each next day of the Insured's stay in hospital, starting from the third day of hospital stay, resulting from the personal accident that occurred during the insurance period. In the case of consecutive hospital stays in connection with the same accident, the hospital service shall be provided from the first day of the hospital stay. The benefit of hospitalisation as a result of a personal accident shall be paid for maximum 90 days of the Insured's stay in hospital. When the discharge from the hospital occurs after the end of the insurance period, the hospital stay is covered by the liability of the Insurer, provided that the admission to the hospital took place during the insurance period;
- 5) **Additional option D5 – hospital stay during the insurance period due to disease** – benefit in the amount of 1% of the insurance sum specified in the insurance agreement for Additional option D5, for each subsequent day of the Insured's stay in hospital, starting from the third day of hospital stay, due to disease diagnosed during the insurance coverage period. For further, successive hospital stays in connection with the same disease, hospital treatment shall be provided from the first day of hospitalisation. The benefit from hospitalisation as a result of disease is granted for a maximum of 60 days in hospital. When the discharge from the hospital occurs after the end of the insurance period, the hospital stay is covered by the liability of the Insurer, provided that the admission to the hospital took place during the insurance period;
- 6) **Additional Option D6 – Serious Diseases:** in case of diagnosing **Serious Disease** – benefit in the amount of 100% of the insurance sum specified in the insurance agreement for Additional Option D6, provided that the Insured is diagnosed with the following type of Serious Disease for the first time during the insurance coverage period:
 - a) malignant cancer,
 - b) paralysis,
 - c) kidney failure,
 - d) transplantation of the main organs,
 - e) poliomyelitis,
 - f) loss of speech,

- g) hearing loss,
 - h) loss of sight,
 - i) aplastic anaemia,
 - j) multiple sclerosis,
 - k) type I diabetes,
 - l) heart failure,
 - f) autoimmune disease,
 - m) meningitis;
- 7) **Additional option D7 – costs of plastic surgeries as a result of a personal accident** – reimbursement of documented costs up to 20% of the sum insured under the insurance agreement for Additional Option D7, provided that
- a) plastic surgery has been recommended by a physician as an essential part of the process of treating the consequences of an accident that occurred during the term of insurance cover
and
 - b) the costs of plastic surgery were incurred within a period not exceeding one year from the date of the accident;
- 8) **Additional option D8 – operations as a result of a personal accident** – benefit in the amount equal to a percentage of the sum insured specified in the insurance agreement for Additional Option D8, depending on the type of operation specified exclusively in TABLE No. 8, provided that the operation:
- a) has been recommended by a physician as an essential part of the process of treating the consequences of a personal accident that occurred during the term of insurance cover
and
 - b) was carried out during the duration of the insurance cover in the course of at least three days stay of the Insured at the hospital,

TABLE 8

Type of surgery	Amount of the benefit expressed as a percentage (%) of the sum insured specified in the insurance agreement for Additional Option D8
Integumentary system surgeries:	
plastic/reconstruction operations of the consequences of accidents	15
Gastrointestinal and abdominal surgeries:	
esophageal surgeries	100
gastric resection	70
intestinal resection	40
liver surgery	90
pancreatic surgery	90
spleen operations	40
Amputations:	
amputation of fingers and toes – everyone	10
amputation of hands, forearms, feet	30
amputation at shank, shoulder, and shoulder levels.	50
amputation at thigh level	70
amputation of the limb at the hip joint level	100
Thoracic surgery:	
lung surgery	100
Surgery of the sensory organs:	
eye surgery: traumatic damage to the eyeball	20
removal of the eyeball	40
detachment of the retina	20
ear surgery: procedures in the middle ear	40
procedures in the inner ear	65
nose surgery: sinus surgery	15
nasal septum and nasal auricle surgeries	10
nosa	

Surgical fracture treatment:	
skull bones	50
craniofacial bones	30
nose	10
backbone	50
shoulder rim	30
ribs, bridges.	10
forearm bones	15
tarsal bones, metatarsal	10
thighs	30
shoulder or shank	25
kneecaps or pelvis	20
wrist, metacarpus	10
Surgical treatment of joint sprains and sprains:	
of the hip or vertebral column	45
shoulder	30
knee, elbow, ankle or wrist	20
Urinary tract surgeries:	
kidney and urinary tract operations	65
gynaecological operations: ovaries and fallopian tubes within the vulva, vagina and cervix of the uterus	20 20 65
male genital operations	20
Neurosurgical surgeries:	
central nervous system operations – brain and spinal cord	100
Transplants:	
heart transplant	100
liver transplantation	100
kidney transplantation	100
other organ transplants	65

- c) if more than one operation has been performed as a result of the same accident, in accordance with TABLE No. 8, the benefit is the sum of amounts for each type of operation, but the amount of benefit cannot exceed the sum insured under the insurance agreement for Additional Option D8;
- 9) **Additional Option D9 – operations as a result of disease** – benefit in the amount equal to a percentage of the sum insured specified in the insurance agreement for Additional Option D9, depending on the type of operation, specified exclusively in TABLE No. 9, provided that the operation:
- a) has been recommended by a physician as an essential part of the treatment of the disease, which has been diagnosed for the first time in an insurance period
and
 - b) was carried out during the insurance period during which at least three days stay of the Insured in hospital,

TABLE 9

Type of surgery	Amount of the benefit expressed as a percentage (%) of the sum insured specified in the insurance agreement for Additional Option D9
Gastrointestinal and abdominal surgery:	
esophageal surgery: partial esophageal resection	80
total esophageal resection	100
anastomosis bypassing the esophagus	80
esophageal repair operation/transplantation of esophageal endoprosthesis	80
gastric surgery: partial gastric resection/ectomy	80
stomach changes	
total gastric resection	100

intestinal surgery	40
appendicitis surgery for emergency indications	10
surgery of the liver: partial resection of the liver/excision of the liver lesion	80
total resection of the liver	90
pancreatic surgery: excision of pancreatic lesions	90
total pancreatic resection/cectomy of pancreatic head	100
total spleen resection	40
Amputations:	
thumb amputation	10
hand amputation	35
amputation at forearm level	40
amputation at arm level	50
foot amputation	40
amputation at thigh level, shank level	65
total amputation of the limb with exfoliation at the hip joint	100
amputation straight nipple	40
total amputation of the nipple(s) with complete removal of the axillary nodes	80
Respiratory surgery:	
nose surgery: sinus surgery	20
nasal septum and nasal auricle surgery	20
laryngeal excision	90
tracheal surgery: partial tracheal resection of tracheal artery open	90
tracheostomy (does not include time tracheostomy)	80
open tracheal surgery	10
open tracheal surgery	30
partial removal of the bronchi	30
excision of the lung (all or part of the pulmonary tissue)	100
open method mediastinal surgery (does not include diagnostic biopsy)	80
Oral surgery:	
lip surgeries	10
tongue extraction	40
excision of the tonsils	1
salivary surgery/salivary tube operations	5
Eye surgery:	
removal of the eyeball	40
orbital operations	50
prosthetic eyeball prosthetics	30
operations concerning the eyelids or tear gland	20
conjunctivitis surgeries	10
operations on cornea or sclera	10
repair of retinal detachment	5
Ear surgery:	
nipple appendix surgeries	80
procedures in the middle ear	40
internal ear surgery	30
procedures in the outer ear	10
procedures in the outer ear	80

procedures in the outer ear	70
Surgery of the nervous system:	
craniotomy – cranial opening	100
cranial trepanation	20
excision of the lesion/resection of brain tissue	90
stereotactic ablation of brain tissue	90
implantation of a brain stimulator	90
ventriculostomy	80
operations on the meninges of the brain and periosteural space	90
a subarachnoid brain space operation	80
cranial nerve surgeries	80
spinal nerve surgery	30
spinal cord surgery	100
sympathectomy	80
Urinary tract surgeries:	
kidney surgery: complete removal of the kidney	80
partial renal excision/removal of renal change kidney incision	80
	50
ureter surgeries	50
ureter vent surgery	30
bladder surgery: complete excision of the bladder	90
partial excision of the bladder	80
plasticity of the bladder outlet	40
excision of the urethra	70
Arterial and venous vascular surgeries:	
surgery of large arterial vessels (aorta, pulmonary artery, carotid artery, subclavian artery), kidney, hip, femoral)	100
an aneurysm of the cerebral arteries	100
a reversible vein anastomosis or reversible vein branch anastomosis	90
Cardiac surgeries:	
atrial art	90
bypassing the coronary arteries	80
open surgery of the cardiac conduction system	100
implantation of a pacemaker/stimulator	40
pericardial surgeries	40

c) if more than one operation is performed as a result of the same disease, in accordance with TABLE No. 9, the benefit is the sum of the amounts for each type of operation, but the amount of benefit cannot exceed the sum insured under the insurance agreement for Additional Option D9;

10) **Additional option D10 – medical treatment costs due to personal accident** – reimbursement of documented costs up to 20% of the sum insured under the insurance agreement for Additional option D10. Within the limit for reimbursement of treatment costs, there is a sublimit for reimbursement of rehabilitation costs, which is 500 PLN. Reimbursement of medical expenses shall be made on condition that the medical expenses are paid:

- a) arose as a result of a personal accident that occurred during the term of insurance cover
and
- b) have been incurred on the territory of the Republic of Poland in the period not longer than 12 months from the date of the accident;

11) **Additional Option D11 – temporary inability of the Insured to study or work as a result of a personal accident** – benefit in the amount of 0.1% of the sum insured under the insurance agreement for Additional Option D11, for each day of temporary inability to work or study resulting from a personal accident that occurred during the insurance coverage period, starting from:

- a) 10th day of temporary inability of the Insured to work or study, if temporary

inability of the Insured to work or study lasted continuously for up to 30 days, except for days off from work or study,

or

- b) on the 1st day of the Insured's temporary inability to work or study, if the Insured's temporary inability to work or study lasted continuously for more than 30 days, except for days off from work or study.

The benefit shall be paid for a maximum of 10 months of temporary inability of the Insured to work or study during the term of insurance cover;

- 12) **Additional option D12 – diagnosing a congenital heart defect with the Insured** – benefit amounting to 100% of the sum insured under the insurance agreement for Additional Option D12, provided that the congenital heart defect was diagnosed for the first time during the term of insurance cover;

- 13) **Additional Option D13 – costs of dental treatment due to personal accident** – reimbursement of documented costs up to 10% of the sum insured under the insurance agreement for Additional Option D13, provided that the costs of dental treatment are covered by the insurance agreement:

- a) arose as a result of an accident that occurred during the course of the duration of the insurance cover
and
b) were incurred for dental reconstruction of a damaged or lost permanent tooth, provided that in connection with the loss or damage of a tooth as a result of a personal accident the Insured was diagnosed with a health detriment
and
c) were incurred during the insurance period in the territory of the Republic of Poland, within a maximum period of 6 months from the date of the personal accident;

- 14) **Additional option D14 – arduous treatment as a result of a personal accident** – payment of a benefit equal to 2% of the sum insured under the insurance agreement for Additional Option D14, provided that the following conditions are met

- a) the personal accident did not leave any health detriment to the Insured (0% health detriment), or permanent partial disability, fracture of bone, cut or torn wounds, injuries to movement organs, concussions of the brain
and
b) the course of treatment caused temporary inability to study or work for a period of not less than 10 days;

- 15) **Additional option D15 – EDU PLUS Assistance** including:

a) **medical attention:**

- visit of a doctor from the Assistance Centre – if the Insured suffered a personal accident which is covered by insurance protection, InterRisk through the Assistance Centre shall organize and cover the costs of travel of the doctor from the Assistance Centre and his or her fee for the first visit to the place of the Insured's stay,
- visit of a nurse – if the Insured has suffered a personal accident which is covered by insurance protection, InterRisk through the Assistance Centre, on behalf of the doctor of the Assistance Centre, shall organize and cover the cost of the nurse's travel expenses and the nurse's fee for the visit in the place of the Insured's stay. InterRisk shall cover the costs of the nurse's visits up to the amount of the sum insured,
- delivery of medicines – if the Insured suffered a personal accident, who is covered by the insurance and who, as a result, needs to be lying on the advice of the Assistance Centre's doctor, InterRisk, through the Assistance Centre, will organise and pay the cost of transporting the medicines prescribed by the Assistance Centre's doctor. The cost of medicines shall be borne by the Insured,
- home care after hospitalisation – if the Insured suffered a personal accident resulting in the Insured's staying in hospital for at least 7 days, InterRisk through the Assistance Centre, after obtaining the doctor's recommendation, shall organise and cover the cost of home care after the end of hospitalisation, up to the amount of the sum insured. The total duration of home care cannot exceed 96 hours. Homecare service includes:
 - i. food and industrial purchases of first need – the costs of purchases made at the request of the Insured shall be covered by the Insured,
 - ii. food preparation – with the use of products, means and equipment made available by the Insured,
 - iii. assistance in cleaning at home: cleaning floors, carpets and carpets, dusting, garbage disposal, washing dishes, cleaning working surfaces in the kitchen (worktops, hob and sink), cleaning the bathroom; watering plants in the house and garden – using the means and equipment provided by the Insured,
- medical transport – if the Insured has suffered a personal accident which is covered by insurance protection, InterRisk shall, through the Assistance

Centre, organize and cover the cost of transport from the place of the Insured's stay to the medical centre,

- medical hotline – InterRisk through the Assistance Centre shall provide the Insured with an opportunity to talk to a doctor of the Assistance Centre who shall provide the Insured with oral information on further proceedings. The information provided by the doctor of the Assistance Centre is not of a diagnostic nature. Moreover, through the Assistance Centre, the Insured will obtain the following benefits
 - i. medical information about a given disease, the treatment applied, modern methods of treatment within the framework of the regulations in force in Poland,
 - ii. information on control tests for age groups with a higher risk of disease,
 - iii. information on the effects of drugs (use, equivalents, side effects, interactions with other drugs, possibility of taking during pregnancy and lactation) within the framework of the regulations in force in Poland,
 - b) **individual tutoring** – if an Insured pupil or student has suffered a personal accident which is covered by insurance protection, as a result of which he or she could not attend classes continuously for at least 7 days, documented by a medical certificate, InterRisk through the Assistance Centre shall organize and cover the cost of individual tutoring in subjects selected by the Insured pupil or student and included in the programme implemented at the school or university, up to a maximum of 10 lesson hours per one personal accident,
 - c) **rehabilitation assistance** – if the Insured, being an employee of an educational institution, except for pupils and students, suffered a personal accident which is covered by insurance protection, as a result of which they temporarily lost their ability to perform work lasting continuously for at least 7 days, documented with a medical certificate, InterRisk through the Assistance Centre, upon request of the doctor providing treatment, shall organize and cover the cost of rehabilitation work in the place of the Insured's stay up to 8 hours of rehabilitation in relation to one personal accident,
 - d) **IT assistance** – provided through InterRisk Kontakt, including organization and coverage of costs of IT assistance provided to the Insured, based on the IT service network indicated by InterRisk, consisting in:
 - remote configuration of any mail program,
 - substantive and technical support in handling the MS Office package (all versions issued by the manufacturer),
 - substantive support in servicing Social Media channels,
 - substantive and technical support for operational systems Windows and Mac (any version),
 - help with the installation and uninstallation of the software,
 - diagnosis and repair of malfunctioning software in the event of a hardware failure,
 - help with the operation, installation and configuration of devices and software,
 - checking the level of computer security – scanning for viruses, installing paid or free antivirus programs (at the request of the Insured),
 - Remote assistance in removing computer viruses or other potentially dangerous software from equipment,
 - acceleration of computer operation – optimization of operating system speed,
 - advice on the selection of a new device, – assistance in setting the parental control, that is:
 - i. verify the websites visited by the child,
 - ii. set parental controls on popular web browsers,
 - iii. blockade of websites (e.g. facebook) selected by the parent or legal guardian of the Insured being a child under 18 years of age – access only after electronic consent of the parent or legal guardian of the Insured,
 - iv. create a separate account with limited system privileges,
 - providing instructions and support in configuring the cloud – telephone support,
 - assistance in updating operating systems – telephone support,
 - telephone support during downloading and installing applications,
 - telephone support during the configuration of payments over the phone.
- IT support is available 24 hours a day, 7 days a week.
- In each annual period of insurance, the Insured is entitled to use not more than 4 IT assistance services.

The condition for remote execution of IT assistance is the Insured's

consent to install the application in the device and to remote execution of IT assistance by accepting a message displayed on the monitor of the device.

In case of lack of consent of the Insured or lack of technical possibilities of remote assistance execution, the service shall consist in telephone IT support.

In case you need to enter the code/keys to install or reinstall the software, the Insured shall be obliged to enter the code/keys required to install or reinstall the software;

- 16) **Additional option D16 – telemedicine** – InterRisk through the Telemedicine Centre will organize and cover, subject to §13 (4), the cost of 12 e-consultations of internal medicine, paediatric or dietary during the insurance period, subject to the reservation that there must be a minimum of 12-hour break between two consecutive e-consultations.

In order for the Insured to take advantage of e-consultation, the Insured must have the equipment enabling communication in the form in which the consultation will be conducted, meeting the requirements specified in Attachment No. 2 to the GT&C. The costs of Internet connections and services shall be borne by the Insured himself or herself;

- 17) **additional option D17 – ONKO Package** – on condition that the Insured is diagnosed with one of the following types of Serious Diseases for the first time during the term of insurance cover: malignant cancer, type I diabetes, heart failure, kidney failure, autoimmune disease, meningitis, InterRisk through the ONKO Centre will organize and cover the cost of:

- a) **Second National Medical Opinion,**
- b) **Teleconsultation of specialised doctors with a consultant doctor;**

- 18) **Additional option D18 – reimbursement of costs of medicines** – one-off reimbursement of documented costs incurred for medicines in the Republic of Poland up to 100% of the sum insured under the insurance agreement for additional option D18. Reimbursement of expenses shall be subject to the condition that

- a) the Insured in relation to the personal accident was hospitalized for a minimum of four days,
- b) the medicines have been prescribed by the doctor in charge of hospital treatment,
- c) the accident occurred during the term of the insurance cover.

ADDITIONAL OPTIONS D19 – LEGAL ASSISTANCE

§12

I. SUBJECT MATTER OF INSURANCE

1. The subject matter of insurance is the organization and coverage of costs of providing Legal Assistance services to the Insured related to his private life.
2. Insurance cover shall cover insurance accidents occurring and recognised in the territory of the Republic of Poland according to Polish law, occurring during the period of insurance.
3. The terms used in these GT&C with respect to Legal Assistance insurance mean:
 - 1) Legal Assistance – provision of Legal Information and Consultation and Legal Advice referred to in paragraph 1 point II;
 - 2) Legal Information – Benefits of Legal Assistance listed in point II paragraph 1 point 1;
 - 3) Consultation and Legal Advice – provision of services consisting in providing information on generally applicable provisions of Polish law, case law and doctrine views on a legal problem related to private life with which the Insured has reported and recommending lawful conduct in the scope of an agreed legal problem;
 - 4) Representative of InterRisk – an entity designated by InterRisk to provide Legal Assistance;
 - 5) Insurance accident – a legal problem related to the private life of the Insured, causing the Insured to have to take advantage of Legal Assistance if it occurred during the insurance period and was reported during the insurance period through InterRisk Contact to an InterRisk Representative;
 - 6) private life – activity of the Insured not connected with conducting his or her business or professional activity.

II. SCOPE OF COVER

1. Legal Assistance Insurance shall cover the provision of legal assistance to the Insured by the InterRisk Representative within the limits of benefits defined in this paragraph by organizing and covering the costs of the following services:
 - 1) Legal Information, including:
 - a) providing information on rights and obligations related to the private life of the Insured,

- b) informing about the legal procedure for the conduct of legal disputes and protection rights,
 - c) informing about the costs of litigation,
 - d) transmission of texts of current and historical legal acts,
 - e) providing contact details of courts, legal advisers, attorneys and notaries;
- 2) Consultation and Legal Advice.

2. InterRisk shall not reimburse the costs incurred by the Insured to obtain Legal Assistance or equivalent benefits from an entity other than a Representative of InterRisk.

III. LIMITS OF BENEFITS

1. Subject to section 2 below, during the insurance period the Insured shall be entitled to receive Legal Assistance benefits in the following scope:
 - 1) provision of Legal Information – without limitations, subject to subparagraph 2;
 - 2) consultation and Legal Advice – up to 12 benefits in total, but not more than 4 benefits per calendar month, subject to paragraph 2.
2. A representative of InterRisk shall provide the Insured with no more than 3 legal assistance benefits on one day and 6 benefits within one month of the insurance period.

IV. SPECIAL EXCLUSIONS

1. The following legal issues are excluded from the scope of insurance protection in Legal Assistance insurance:
 - 1) related to warfare, civil unrest, unrest, strikes, lockout and earthquakes;
 - 2) relating to nuclear damage caused by nuclear reactors or to genetic damage caused by radioactive radiation, where such damage is not caused by medical treatment;
 - 3) resulting from an intentional violation by the Insured of the provisions of the universally binding Polish law;
 - 4) resulting from the Insured's being under the influence of alcohol, i.e. when the alcohol content in the body amounts to or exceeds 0.2‰ of blood alcohol or 0.1 mg of alcohol in 1 dm³ of exhaled air, narcotic drugs, psychotropic substances or substitute substances within the meaning of the provisions of the Act on Counteracting Drug Addiction, provided that this had an impact on the occurrence of a legal problem;
 - 5) related to the performance of business activities by the Insured;
 - 6) emissions from the possession and use of motor vehicles;
 - 7) concerning the claims arising from the assignment of claims;
 - 8) related to expropriation, division, ownership transformation of real estate, spatial development plan;
 - 9) recognized before: Constitutional Tribunal, Supreme Administrative Court, Supreme Administrative Court, Supreme Court or international tribunals;
 - 10) in the field of law: trademarks, accounting, tax, tax, patent, collective labour law or trade unions, foundations and associations law.
2. In no case shall the insurance cover cover legal problems related to disputes arising between the Insured, the Policyholder, InterRisk or the InterRisk Representative.
3. If events occur which are only partially covered by insurance cover, InterRisk shall be liable only for that part.

V. NOTIFICATION AND SERVICE OF LEGAL ADVICE

1. In order to obtain Legal Assistance, the Insured shall be obliged to submit the application referred to in section 2 to the InterRisk Representative by telephone via InterRisk Contact under telephone number: (22) 575 25 25 (cost of call in line with the tariff of the operator concerned).
2. An application for Legal Assistance should contain the following data:
 - 1) name, surname and contact details of the applicant (Insured);
 - 2) the subject and description of the legal problem to which the Legal Assistance is to refer;
 - 3) indication of the means of communication by which Legal Assistance is to be provided, with the indication of the telephone number or e-mail address, respectively.
3. Legal Assistance shall be granted to the Insured after verification of the existence of insurance cover on the basis of the description of the legal problem and facts presented by him/her. If, after obtaining Legal Assistance, the Insured once again applies to an InterRisk Representative via InterRisk Contact with a request for Legal Assistance, providing further or different information or data concerning the same legal problem, then the benefit provided by an InterRisk Representative shall be treated as another benefit of Legal Assistance.
4. Legal Assistance services shall be provided on an ongoing basis or within 3 working days from the date of receipt by the InterRisk Representative of an application for Legal Assistance together with documents necessary to provide it, unless the Insured and

the InterRisk Representative have agreed otherwise. For matters requiring significant workload of the InterRisk Representative, the completion date is agreed individually with the Insured.

5. Legal Assistance Services shall be provided to the Insured:
 - 1) by telephone, to the phone number indicated by the Insured, or
 - 2) by e-mail, to the e-mail address indicated by the Insured.
6. In the case of complex cases requiring additional analysis, verification or preparation of a reply with a total volume exceeding 20 pages of a standard typescript, the work concerning each of the next 20 pages of documents is treated as another provision of Legal Assistance.
7. Within the framework of Legal Assistance, InterRisk shall not be liable for delays or inability to provide services, if the delay or inability to provide services is caused by: strikes, social unrest, riots, acts of terror, acts of sabotage, war (including civil war), effects of radioactive radiation, force majeure, as well as restrictions on movement introduced by decisions of public administration bodies, unless they do not affect the timely provision of services.

SUM INSURED AND CONDITIONS FOR CHANGING IT

§13

1. The amount of the sum insured shall be determined at the Policyholder's request separately for the Primary Option or Primary Option Plus or the Plus Protection Option or the Progression Option and for each Additional Option (D1-D14, D18) referred to in §4 (1) (1), (3) and (2) (1) to (14), (18).
2. For the Cover Option referred to in §4 section 1 item 2, the sums insured shall be determined for each event for which InterRisk is liable. Separate insurance sums, specified in the insurance agreement, which, depending on the selected variant – in accordance with TABLE No. 10 – amount to:

TABLE 10:

Type of insurance	SUM OF INSURANCE (PLN)										
	Option										
	0-1	0-2	0-3	0-4	0-5	0-6	0-7	0-8	0-9	0-10	0-11
Death of the Insured as a result of a personal accident	3.000	5.000	6.000	7.000	8.000	9.000	10.000	11.000	12.000	13.000	14.000
Diagnosis of sepsis in the Insured	300	500	600	700	800	900	1.000	1.100	1.200	1.300	1.400
Permanent partial disability	3.000	5.000	6.000	7.000	8.000	9.000	10.000	11.000	12.000	13.000	14.000
Reimbursement of costs of purchase of a wheelchair for disabled persons in case of disability as a result of a personal accident	5.000	5.000	5.000	5.000	5.000	5.000	5.000	5.000	5.000	5.000	5.000
Fracture of one or more bones as a result of a personal accident	500	1.000	1.250	1.500	1.750	2.000	2.250	2.500	2.750	3.000	3.250
Wounds as a result of a personal accident	50	100	150	200	250	300	350	400	500	600	700
Injuries of motor organs as a result of a personal accident	50	100	150	200	250	300	350	400	500	600	700
Dog bite, chewing, stinging/nipping	50	60	70	80	90	100	110	120	130	140	150
Brain concussion as a result of a personal accident	300	500	750	1.000	1.250	1.500	1.750	2.000	2.250	2.500	2.750
Death of a legal guardian or a parent as a result of a personal accident	3.000	5.000	6.000	7.000	8.000	9.000	10.000	11.000	12.000	13.000	14.000

3. For Option D15 – **EDU PLUS assistance referred to in** §4 section 2 item 15 and §11 section 1 item 15 the sum insured shall be fixed and amount to PLN 5,000.
4. For Option D16 – **telemedicine referred to in** §4 (2) (16) and §11 (1) (16), the sum insured shall be the cost of 12 e-consultations referred to in §11 (1) (16), but not more than PLN 5,000.
5. For Option D17 – **ONKO Package referred to in** §4 section 2 item 17 and §11 section 1 item 17, the sum insured shall be the cost of services referred to in §11 section 1 item 17, but not more than PLN 5,000.
6. For Option D19 – **Legal Assistance referred to in** §4 (2) (19) and §12, the sum insured is fixed and amounts to PLN 500.
7. The sum insured shall be determined for each Insured and shall be specified in the insurance agreement.
8. The upper limit of InterRisk liability is 100% of the sum insured in the case of the Primary Option, Primary Option Plus, Plus Protection Option, Progression Option, Additional Option (D1-D19), except for:
 - 1) Progression Option, where the upper limit of InterRisk's liability is 250% of the

sum insured under the insurance agreement for the Progression Option;

- 2) Protection option, where the upper limit of liability is 100% of the sum insured determined separately for each event.
9. Under the insurance, the benefit paid out or the total amount of benefits paid out may not exceed in total the upper limit of liability specified separately for the Basic Option, Basic Plus Option, Basic Plus Option, Protection Option, Protection Plus Option or Progression Option and the selected Additional Option (D1-D19).

WHAT NEEDS TO BE DONE TO CONCLUDE AN INSURANCE AGREEMENT? CONCLUSION OF AN INSURANCE AGREEMENT

§14

1. The insurance agreement shall be concluded on the basis of an application of the Policyholder, which should include at least the following data:
 - 1) name, surname (name) and address (registered office) of the Policyholder;
 - 2) name and surname of the Insured, if the agreement is concluded in a registered form;
 - 3) number of children, pupils, students and employees of educational institutions registered for insurance;
 - 4) subject matter and scope (option, variant) of insurance;
 - 5) a proposal for insurance sums for the Primary Option, Primary Option Plus, Primary Option Plus, Plus Protection Option, Progression Option, and in the case of the Protection Option, a proposal for separate insurance sums for each event;
 - 6) proposal of insurance sums for Additional Options (D1-D19) – in case the Policyholder applies for extension of the scope by Additional Options (D1-D19);
 - 7) the period of insurance;
 - 8) a proposal for additional or different provisions to the provisions of the GT&C if the Insurer wishes to introduce them into the insurance agreement.

§15

1. The insurance agreement may be concluded in the form of group insurance, individual or family insurance within the meaning of §2 items 74-76.
2. Individual or family insurance can only be taken out in personal form.
3. The group insurance agreement shall be concluded in a personal form or with the consent of the Insurer in a nameless form, provided that at least 90% of persons in a given educational institution are insured and subject to the provisions of section 4.
4. If the scope is extended by Additional option D15 – EDU PLUS Assistance, D16 –

Telemedicine, D17 – ONKO Package, D19 – Legal Assistance, the group insurance agreement is concluded in a registered form.

- The condition of concluding a group insurance agreement in a personal form is attaching a personal list of persons joining the insurance to the Insurer's application.

**FROM WHEN DOES THE INSURANCE GUARANTEE COVER AND WHEN WILL THAT COVER END?
BEGINNING AND END OF INTERRISK'S LIABILITY**

§16

- The insurance agreement shall specify the beginning and end date of the insurance period.
- The liability of InterRisk under the insurance agreement shall commence on the day indicated in the agreement as the beginning of the insurance period, but not earlier than on the day following the payment of the premium or its first instalment.
- The responsibility of InterRisk ceases:
 - on the date of expiry of the insurance period;
 - on the day of withdrawal from the insurance agreement by the Policyholder;
 - on the date of termination of the insurance agreement as a result of the termination referred to in §17 (2) to (4);
 - if the premium is paid in instalments – if after the expiry of the instalment payment deadline InterRisk calls on the Policyholder to pay the premium, with the risk that the lack of payment within 7 days from the date of receipt of the call by the Policyholder will cause InterRisk's liability to cease, and the next instalment of the premium will not be paid within this deadline – on the date of expiry of this deadline;
 - on the date of payment of the benefit or benefits of a total amount equal to the sum insured under the policy;
 - to the Insured – on the day of his death;
 - towards the Insured in a group insurance agreement – at the end of the last day of the calendar month in which InterRisk received a statement on the Insured's withdrawal from the insurance. The Insured may withdraw from the insurance at any time.
- The liability of InterRisk under the concluded insurance agreement shall be resumed on the day following payment of the additional insurance premium, in the event that InterRisk's liability ceases as a result of exhaustion of the insurance sum, provided that InterRisk, no later than within 7 days from the date of payment of the additional premium, confirms the resumption of cover in writing.

TERMINATION OF THE INSURANCE AGREEMENT

§17

- If the insurance agreement is concluded for a period longer than six months, the Policyholder shall have the right to withdraw from the insurance agreement within 30 days, and in case the Policyholder is an entrepreneur within 7 days, from the date of insurance agreement conclusion.
- The Policyholder may terminate the insurance agreement at any time during its term with effect on the last day of a calendar month with 30 days' notice.
- Where a circumstance which entails a material change in the probability of an accident is disclosed, either party may require a corresponding change in premium to be made from the time when that circumstance occurred, but not earlier than the beginning of the current insurance period. If such a request is made, the other party may terminate the contract with immediate effect within 14 days.
- If InterRisk was liable before the premium or its first instalment was paid and the premium or its first instalment was not paid by the Policyholder on time, InterRisk may terminate the agreement with immediate effect and demand payment of the premium for the period for which InterRisk was liable. If the insurance agreement is not terminated, it shall expire at the end of the period for which the unpaid premium was due.
- The insurance agreement expires on the day of ineffective expiry of the period referred to in §16 (3) (4).

**ON WHAT DOES THE INSURANCE PREMIUM DEPEND?
INSURANCE PREMIUM**

§18

- The amount of insurance premium shall be specified in the insurance agreement.
- The amount of the basic insurance premium depends on:
 - the subject matter of the insurance;
 - insurance coverage;
 - the period of insurance;
 - sums insured

- the number of persons joining the insurance;
- information on claims.

- The basic insurance premium shall be calculated by multiplying the specified sum insured by the premium rate specified in Polish zlotys, depending on the factors specified in section 2. This provision shall not apply to:
 - PROTECTION option;
 - ADDITIONAL OPTION D15 – EDU PLUS Assistance;
 - Option D16 – Telemedicine;
 - Option D17 – ONKO Package;
 - ADDITIONAL OPTION D19 – Legal assistance in which there is one premium rate defined in amount for each Insured.

- The basic insurance premium shall be calculated in accordance with the premium rate in force on the day on which the insurance agreement is concluded:
 - for the Primary Option, Primary Option Plus, the Plus Protection Option and the Progression Option are determined depending on the amount of the sum insured. The amount of premium for each Insured shall be determined in the amount for each 1,000 PLN of the sum insured;
 - for the Protection option is set depending on the selected insurance variant;
 - for each Additional Option shall be determined depending on the amount of the sum insured. The amount of premium for each additional benefit and for each Insured shall be determined in the amount for each 1,000 PLN of insurance sum;
 - for ADDITIONAL OPTION D15 – EDU PLUS Assistance, ADDITIONAL OPTION D16 – Telemedicine, ADDITIONAL OPTION D17 – ONKO Package, ADDITIONAL OPTION D19 – Legal assistance, the amount of premium for each Insured is set at a fixed amount.

- InterRisk may apply premium increases, in particular due to:
 - coverage of persons participating in competitive sports with insurance protection;
 - introduce additional or different provisions to the provisions of the GCTC.

- InterRisk may apply discounts on contributions, in particular on account of:
 - the number of persons joining the insurance;
 - low claims in previous insurance periods;
 - introduce additional or different provisions to the provisions of the GCTC.

- The insurance premium is payable once only, unless the parties agreed otherwise.

- At the request of the Policyholder, the insurance premium may be divided into instalments. The dates of payment and the amount of subsequent instalments shall be specified in the insurance agreement.

- The premium for insurance shall be paid on the day of the conclusion of the contract, unless the parties to the contract agree on a later date for payment in the insurance agreement. In the case of instalment payments, the first instalment of premium shall be paid on the day of concluding the insurance agreement, while subsequent instalments of insurance premium shall be paid on the payment dates specified in the insurance agreement.

- In the event of withdrawal from the insurance agreement or termination of the agreement by either party, InterRisk shall be entitled to a premium for the period during which the insurance cover was granted.

- In the event of termination of the insurance agreement before the expiry of the period for which it was concluded, the Policyholder shall be entitled to reimbursement of the premium for the period of unused insurance cover.

**WHAT ARE THE RESPONSIBILITIES OF THE POLICYHOLDER, THE INSURED,
AND INTERRISK?
RIGHTS AND OBLIGATIONS OF PARTIES TO THE INSURANCE AGREEMENT**

§19

- The Policyholder shall be obliged to:
 - prior to the conclusion of an insurance agreement, inform InterRisk of all circumstances known to it which InterRisk has inquired about in the application form or prior to the conclusion of the agreement in other letters;
 - to notify InterRisk of changes in circumstances of which the Policyholder informed InterRisk prior to the conclusion of the insurance agreement, immediately after becoming aware of them;
 - to pay the contribution or its instalments within the agreed period of time;
 - to enable InterRisk to obtain information relating to the circumstances of the accident;
 - to provide InterRisk with all data necessary to properly perform the provisions of the insurance agreement, in particular the list of persons joining the insurance – in the case of an insurance agreement concluded in a personal form; 6) to comply with the obligations specified in these GT&C.

2. In the event that the insurance agreement is concluded for the account of a third party:
 - 1) The Policyholder shall be obliged to deliver the OWU to the Insured and provide the necessary information concerning the insurance cover;
 - 2) The Policyholder shall be obliged to provide the person interested in joining the insurance agreement with the information referred to in Art. 17 (1) of the Act on Insurance and Reinsurance Activity before such person joins the insurance agreement, in writing, or if the person interested in joining the insurance agreement consents thereto, on another durable medium;
 - 3) The Policyholder shall be obliged to inform the Insured, upon request, of the manner of calculation and payment of the insurance premium and to deliver to the Insured the terms and conditions of the agreement, in particular the provisions of the agreement in the scope determining the rights and obligations of the Insured, before the Insured gives his or her consent to the financing of the insurance premium (if the Insured finances the premium). The information shall also include a description of the duties of the Policyholder and InterRisk towards the Insured;
 - 4) irrespective of other provisions of the GT&C, in case of discontinuation or cessation of the claim for compensation from InterRisk by the Policyholder, the Insured or his or her heirs shall be entitled to direct claim for compensation.
3. If a group insurance agreement has been concluded on account of employees of the Policyholder or persons performing work on the basis of civil-law agreements and their family members or on account of members of associations, professional self-governments or trade unions and the Policyholder receives from InterRisk remuneration or other benefits in connection with offering the possibility to take advantage of insurance cover or activities related to the performance of a group insurance agreement, prior to accession to the group insurance agreement the Policyholder shall provide the person interested in joining such agreement with information about:
 - 1) InterRisk and the address of the InterRisk headquarters;
 - 2) the nature of the remuneration or other benefits received in connection with the proposed accession to the group insurance agreement;
 - 3) the possibility of lodging a complaint, lodging a complaint and out-of-court dispute resolution.
4. If the Policyholder did not notify InterRisk of any circumstances known to him/her referred to in section 1 item 1 or did not fulfil the obligation referred to in section 1 item 2, InterRisk shall not be liable for the consequences of such circumstances.
5. InterRisk is obliged to
 - 1) providing the Policyholder with information necessary to conclude and execute the insurance agreement, and in the event of a claim being made, the Policyholder shall be obliged to timely liquidate;
 - 2) to provide the Policyholder, prior to the conclusion of the insurance agreement, with the text of these GT&C, as well as other documents and forms necessary for the performance of the insurance agreement;
 - 3) at the request of the Insured, to provide information on the provisions of the concluded agreement and the GT&C with respect to the rights and obligations of the Insured;
 - 4) making the Health Risk Standards TABLE available to the Policyholder or the Insured in such a way that the Policyholder or the Insured can get acquainted with it before concluding the insurance agreement;
 - 5) provide the Policyholder, Insured or Beneficiary with information and documents collected in order to determine the liability of InterRisk or the amount of benefit. These persons may request a written confirmation by InterRisk of the information provided, and may also make photocopies at their own expense of documents and confirm their conformity with the original by InterRisk;
 - 6) coverage of persons who have been reported by the Policyholder and for whom the insurance premium has been paid;
 - 7) payment of benefit under the terms and conditions specified in these GTCU and in the insurance agreement;
 - 8) securing personal data received as a result of the insurance agreement in accordance with the provisions of law;
 - 9) inform the claimant in writing what documents are needed to determine the liability of InterRisk or the amount of benefit, if this is necessary for the further conduct of proceedings, in accordance with §21.7;
 - 10) inform the Policyholder or the Insured in writing, if they are not the persons appearing with the notification of the occurrence of the event covered by insurance protection, in accordance with §21 section 7.
6. The Policyholder, Insured or Beneficiary shall have the right to inspect the information and documents collected in order to determine the liability of InterRisk or the amount of benefit, request a written confirmation by InterRisk of the information made available and make copies or photocopies of documents at their cost and confirm their conformity with the original by InterRisk.

7. Irrespective of other provisions of the GT&C, in a situation where the Policyholder fails or ceases to claim benefits from InterRisk, the Insured or his or her heirs shall be entitled to claim benefits directly.

**WHAT SHOULD YOU DO TO OBTAIN THE BENEFIT?
SUBMITTING A CLAIM. DETERMINATION AND PAYMENT OF BENEFIT**

§20

In the event of an event that may result in liability, the Policyholder or the Insured shall be obliged to:

- 1) immediately report to the doctor and follow their instructions;
- 2) notify InterRisk of the occurrence of this event not later than within 14 days from the date of the event or from the date of its occurrence or from the date of obtaining information about it, if the state of health so permits;
- 3) be examined by a physician designated by InterRisk to identify the reported injuries. The cost of such a study shall be borne by InterRisk.

§21

1. The Policyholder or the Insured may submit a notification of an event covered by insurance protection to any InterRisk organisational unit.
2. The notification of an event should contain the following basic information:
 - 1) name and surname or name and address of the Policyholder;
 - 2) name and surname, address of the Insured;
 - 3) name and surname, address of the Claimant, if any Eligible;
 - 4) the date of the accident and a detailed description of the circumstances in which it occurred;
 - 5) name, surname and address of witnesses to the event, if any, in the possession of the claimant.
3. In order to determine the liability of InterRisk, the Policyholder or the Insured shall be obliged to provide the following basic documents if they are in the possession of the claimant:
 - 1) a copy of the police incident report, if any;
 - 2) medical records of the course of treatment describing the type of injury suffered and containing an accurate diagnosis;
 - 3) the information card from the hospital;
 - 4) in order to reimburse the incurred costs of purchase of medical devices issued on request:
 - a) a copy of the medical order for the supply of medical devices issued on request;
 - b) present to the Insurer the originals of registered bills or VAT invoices and proofs of payment;
 - 5) in order to reimburse the costs of professional retraining of disabled persons:
 - a) a copy of the decision of the Social Insurance Institution on the basis of which a training pension was granted to a person permanently unable to work in their current occupation or a decision of the poviat (or voivodship) Disability Assessment Board, in which it was stated that it was advisable to retrain a disabled person,
 - b) present to the Insurer the originals of registered bills or VAT invoices and proofs of payment;
 - 6) in order to reimburse the Insured for the costs of medical treatment, costs of dental treatment – present to the Insurer the originals of registered bills or VAT invoices and evidence of their payment, as well as medical records of visits, procedures, hospital stays, operations. Additionally, in order to refund the incurred rehabilitation costs – present the medical documentation containing the referral to rehabilitation procedures;
 - 7) in case of motor accident, if the Insured was the driver of the vehicle:
 - a) a copy of the driving licence and licences required by law,
 - b) a copy of the vehicle registration certificate;
 - 8) in the event of a dog bite, bite, sting or sting – an information card from the hospital;
 - 9) in case of temporary inability of the Insured to work or study:
 - a) a copy of a medical certificate issued in accordance with the Regulation of the Minister of Labour and Social Policy of 10 November 2015 on the procedure and manner of adjudicating on temporary inability to work, issuing a medical certificate and the procedure and manner of correcting an error in the medical certificate, confirmed as a conformity with the original by the employer or medical institution that issued the above mentioned certificate and a certificate confirming employment – in the case of the Insured being an employee of an educational institution, unless the Insured could not obtain it

for reasons beyond their control,

- b) a medical certificate confirming the period of incapacity to learn and the duration of the incapacity to work.
 - a school benefit confirming absence from school in the case of pupils and students;
- 10) in case of arduous treatment – medical certificate containing information about the period of inability to study or work and confirmation of the Insured's absence at work or during class classes by the workplace or school;
- 11) in order to reimburse the costs incurred for the medicines referred to in §11 section 1 item 18 – present to the Insurer the originals of registered bills or VAT invoices and evidence of their payment as well as medical documentation from the hospital in which it is indicated that the medicines were recommended by the doctor conducting the treatment.
4. InterRisk may, at its own expense, direct the Insured to medical examinations with a frequency justified by medical reasons.
5. InterRisk may obtain, for a fee, from entities performing medical activities within the meaning of the provisions of the Act on Medical Activity, which provided health services to the Insured, through a physician authorised by InterRisk, information on circumstances related to the assessment of insurance risk and verification of data on its health condition, determination of the right of this person to benefit from the concluded insurance agreement and the amount of this benefit, within the scope specified in the Act on Insurance and Reinsurance Activity.
6. The application of InterRisk for the information referred to in section 5 shall require the written consent of the Insured or the person for whose account the insurance agreement is to be concluded, or his/her statutory representative.
7. After receiving a notice of an insurance event covered by insurance protection, InterRisk shall, within 7 days of receiving such notice, inform the Policyholder or the Insured thereof, if they are not the persons appearing in the notice, and shall undertake proceedings to determine the actual status of the event, the legitimacy of the claims and the amount of benefit, and shall inform the claimant in writing, to whom the claimant has agreed, what documents are needed to determine InterRisk's liability or the amount of benefit, if this is necessary to continue the proceedings.
8. In the event that InterRisk receives new information related to the determination of the legitimacy of the claims or the amount of benefit, InterRisk shall inform the Policyholder, the Insured or the Beneficiary in writing within 7 days from the date of receiving additional information which additional documents are necessary to determine the benefit.
9. In the event of an event covered by insurance protection under the ADDITIONAL OPTION D15 – **EDU PLUS Assistance**, the Policyholder or the Insured shall be obliged to contact the Assistance Centre by phone (address, telephone number is given in the insurance agreement) and provide the following information:
 - 1) name and surname or name and address of the Policyholder;
 - 2) name and surname of the Insured;
 - 3) address of residence of the Insured; 4) short description of the event and type of necessary assistance; 5) contact telephone number of the Insured.
10. In the event of an event covered by insurance protection under Option D15 – **EDU PLUS Assistance**, the Insured, at the request of the Assistance Centre, shall be obliged to present the following to the doctors of the Assistance Centre: medical certificates, referrals, sick leaves, medical documents, prescriptions, as well as to present to the Insurer the originals of registered bills or VAT invoices and evidence of their payment.
11. In order to perform the service under Option D16 – **Telemedicine**, the Insured shall be obliged to register on the portal of the Telemedicine Centre available on the website www.interrisk.pl and follow the instructions of the application.
12. In order to provide services from the **ONKO Package** within Option D17 – **ONKO Package**, the Insured shall be obliged to contact InterRisk Contact by phone at the telephone number: (22) 575 25 25 (cost of connection at the tariff of the operator concerned) and follow the advice given by the consultant.
13. In order to receive **Legal Assistance**, the Insured shall be obliged to act in the manner described in §12 point V.

§22

1. The degree of health detriment or type of disability should be determined immediately after the end of treatment, taking into account the post-accident treatment recommended by the physician, at the latest within 24 months from the date of the accident.
2. The degree of health detriment or type of disability, under the Basic Option, Progression Option, is determined on the basis of the claim submitted and the medical documentation provided on the course of treatment and on the basis of the InterRisk S.A. Health Detriment Standards TABLE. Vienna Insurance Group in force on the date of conclusion of the contract.
3. The degree of health detriment under the Basic Option and the Progression Option shall be determined exclusively on the basis of the TABLE of Health Deterioration Standards made available to the Insured or the Insured at their request in accordance with §19 section 5 item 4.

4. The degree of health detriment under the Basic Plus Option is determined on the basis of the Edu Plus Health Detriment Standards TABLE and exclusively for bodily injuries listed in the Edu Plus Health Detriment Standards TABLE, which constitutes Appendix No. 1 to these GT&C.
5. The degree of permanent disability, bone fractures, sprains and joint fractures under the Protection and Protection Plus Option is determined on the basis of TABLES 1-5 of these GT&C and exclusively for permanent disability, bone fractures, sprains and joint fractures listed in TABLES 1-5.
6. While determining the degree (percentage) of health detriment or permanent partial disability, the nature of professional activities shall not be taken into account.
7. In the event of loss or damage to an organ, organ or system whose functions were already impaired before the accident, benefit shall be paid taking into account the difference between the degree (percentage) of damage to the health proper to the organ, organ or system after the accident and that which existed immediately before the accident.

§23

1. InterRisk shall pay compensation to the Insured or Beneficiary on the basis of acknowledgement of the claim, after prior conducting its own proceedings to determine the facts of the event covered by insurance protection, the legitimacy of the reported claim and the amount of benefit, concluded with the Insured or Beneficiary or a legally valid court decision.
2. Benefits are paid in Polish zlotys.
3. InterRisk shall perform the service within 30 days from the date of receipt of the notification of the accident.
4. If, within the time limit specified in paragraph 3, clarification of circumstances necessary to determine the liability of InterRisk or the amount of benefit proved impossible, the benefit shall be paid within 14 days from the date on which, with due diligence, clarification of such circumstances was possible. However, InterRisk shall pay the indisputable NO. part of the benefit within 30 days of receiving notification of the accident.
5. If, within the time limit specified in section 3, InterRisk fails to pay the benefit, it shall notify in writing the person making the claim and the Insured, if they are not the person making the claim, of the reasons for the inability to satisfy their claims in whole or in part within the time limit specified above.
6. If the benefit is not due or is due in an amount other than that specified in the submitted claim, InterRisk shall inform the claimant and the Insured, if they are not the claimant, in writing, within the time limits specified in section 3 or 4, indicating the circumstances and the legal basis justifying the total or partial refusal to pay the benefit and instructing InterRisk about the possibility of lodging a complaint or claim to InterRisk or seeking judicial redress.

§24

1. The seeker of insurance cover, the Policyholder, the Insured, or the Beneficiary under the insurance agreement shall have the right to submit complaints and reservations concerning the services provided by InterRisk, hereinafter referred to collectively as complaints.
2. Complaints can be lodged with any InterRisk customer service unit. A complaint can be made:
 - a) in writing – in person or through a postal operator or courier;
 - b) orally – by telephone via InterRisk Kontakt (tel. no.: 22 575 25 25) or in person to a protocol in the InterRisk unit serving customers.
3. In order to efficiently conduct the complaint handling process, complaints relating to the liquidation of damages should be submitted in writing through a postal operator or courier to the mailing address indicated in the decision on payment or refusal to pay compensation or benefit or any other document to which the complaint relates.
4. InterRisk shall respond to the complaint within 30 days from the date of its receipt. It is sufficient to send a reply before the expiry of the time limit to comply with it.
5. In particularly complicated cases, which make it impossible to consider a complaint and give a reply within 30 days from the date of receipt of the complaint, the time limit for processing the complaint and giving a reply may be extended to a maximum of 60 days from the date of receipt of the complaint. When informing InterRisk about the extension of the deadline for responding to a complaint, InterRisk shall indicate the reason for the delay, the circumstances that must be determined and shall specify the expected deadline for the investigation of the complaint.
6. InterRisk shall respond to the complaint on paper or by any other durable medium. A reply to a complaint from a natural person may only be provided by e-mail at that person's request.
7. The Policyholder, Insured, Beneficiary and Beneficiary under the insurance agreement being a natural person shall have the right to submit a request to the Financial Ombudsman to take action. Consumers also have the right to request assistance from municipal and district consumer ombudsmen.
8. InterRisk is subject to supervision by the Polish Financial Supervision Authority (KNF)

**PROVISION APPLICABLE TO INSURANCE AGREEMENTS CONCLUDED AT DISTANCE
IN THE MEANING OF THE ACT ON CONSUMER RIGHTS**

§25

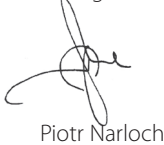
1. A consumer who has concluded an insurance agreement at a distance may withdraw from it without giving reasons by submitting a written declaration within 30 days from the date of conclusion of the agreement or from the date of confirmation of the information referred to in Article 39 of the Act on Consumer Rights, if later. A time limit shall be deemed to have been observed if, before its expiry, a statement has been sent. In the event of withdrawal from the insurance agreement by the consumer, InterRisk shall only be entitled to a part of the premium calculated pro rata for each day on which InterRisk provides insurance cover.
2. An insurance agreement does not involve any financial risk resulting from its specific features or the nature of the activities to be performed, and the insurance premium does not depend on price movements on the financial market.
3. The consumer shall bear the costs arising from the means of distance communication at the tariff of the consumer's operator.
4. Disputes arising from agreements concluded between consumers and InterRisk via the website or other electronic means may be resolved by the competent authorities using the European out-of-court dispute resolution platform available at the address: <http://ec.europa.eu/consumers/odr/>.
5. An insurance agreement is not covered by a guarantee fund or other guarantee scheme.
6. The language used in the relationship between InterRisk and the consumer is Polish.
7. The law applicable to InterRisk's relations with the consumer prior to the conclusion of a contract as well as the law applicable to the conclusion and performance of an insurance agreement shall be Polish law.

FINAL PROVISIONS

§26

1. All notices and declarations submitted by the Policyholder, the Insured or InterRisk in connection with the insurance agreement (concerning both performance and termination or withdrawal from the insurance agreement) shall be submitted in writing under pain of nullity, except when these entities agree to submit notices and declarations in electronic form.
2. An action for a claim under an insurance agreement may be brought in accordance with the provisions on general jurisdiction or before the court competent for the place of residence or registered office of the Policyholder, the Insured or the Beneficiary under the insurance agreement. An action for a claim under the insurance agreement may be brought in accordance with the provisions on general jurisdiction or before the court competent for the place of residence of the heir of the Insured or the heir of the Beneficiary under the insurance agreement.
3. The rules of taxation of amounts received under insurance are regulated by the Personal Income Tax Act and the Corporate Income Tax Act.
4. InterRisk is obliged under the Act on out-of-court settlement of consumer disputes to out-of-court settlement of consumer disputes. The Financial Ombudsman (www.rf.gov.pl) is the entity authorised to resolve disputes between consumers and InterRisk out of court.
5. The law applicable to the insurance agreement concluded on the basis of these GT&C is Polish law.
6. With respect to legal expenses insurance, the submission of a dispute between InterRisk and the Insured to an arbitration court or the possibility of resolving such a dispute in another manner ensuring a comparable guarantee of objectivity requires an agreement between InterRisk and the Insured.
7. These General Insurance Terms and Conditions were approved by Resolution No. 05/07/05/2019 of the Management Board of InterRisk TU S.A. Vienna Insurance Group dated 7 May 2019 and applies to insurance agreements entered into from 08.05.2019.

President
of the Management Board



Piotr Narloch

Member
of the Management Board



Katarzyna Grzeskowiak

Annex no. 1 to the General Terms and Conditions of EDU PLUS Insurance

EDU PLUS HEALTH DETRIMENT STANDARDS TABLE

I. HEAD DAMAGE		Percentage of health detriment
1.	CALVARIAL FRACTURE	5
2.	FRACTURE OF THE SKULL BASE BONE	10
3.	DAMAGE TO SOFT PARTS OF THE HEAD (WITHOUT BONE DAMAGE) – WOUNDS TO HAIRY HEAD SKIN (SCARS AND LOSSES)	1
II. FACIAL DAMAGE		Percentage of health detriment
1.	DAMAGE TO FACIAL SKIN (SCARS AND LOSSES)	2
2.	FRACTURES OF THE CRANIOFACIAL BONES	3
3.	FRACTURE OF THE NOSE BONE	2
4.	TOTAL LOSS OF NOSE	20
5.	NASAL WING LOSS	8
6.	PARTIAL LOSS OF A PERMANENT TOOTH – FOR EACH	1
7.	TOTAL LOSS OF A PERMANENT TOOTH – FOR EACH	2
8.	FRACTURE OF THE JAWBONE OR MANDIBLE	2
9.	PARTIAL LOSS OF THE JAWBONE OR MANDIBLE	10
10.	TOTAL LOSS OF THE JAWBONE OR MANDIBLE	40
11.	TOTAL LOSS OF THE TONGUE	30
III. DAMAGE TO THE SIGHT SYSTEM		Percentage of health detriment
1.	TOTAL LOSS OF SIGHT IN ONE EYE	50
2.	TOTAL LOSS OF VISION IN BOTH EYES	100
3.	DAMAGE TO THE EYEBALL – FOREIGN BODIES	5
4.	DAMAGE TO THE EYEBALL – DETACHMENT OF THE RETINA OF ONE EYE	15
IV. SPEECH DAMAGE		Percentage of health detriment
1.	TOTAL LOSS OF SPEECH	100
V. DAMAGE TO THE HEARING SYSTEM		Percentage of health detriment
1.	HEARING LOSS IN ONE EAR	30
2.	TOTAL HEARING LOSS IN BOTH EARS	70
3.	PARTIAL LOSS OF AN EARLOBE OR DEFORMATION (SCARS, BURNS, FROSTBITE)	2
4.	TOTAL LOSS OF AN EARLOBE	8
5.	LOSS OF BOTH EARLOBES	10
VI. DAMAGE TO NECK, LARYNX, TRACHEA, AND ESOPHAGUS		Percentage of health detriment
1.	DAMAGE TO OR NARROWING OF THE LARYNX ALLOWING FOR EXISTENCE WITHOUT THE TRACHEAL TUBE	5
2.	DAMAGE TO THE LARYNX, RESULTING IN THE NEED FOR CONSTANT USE OF THE TRACHEAL TUBE	25
3.	TRACHEAL DAMAGE – NARROWING	2
4.	ESOPHAGEAL DAMAGE RESULTING IN TOTAL ESOPHAGEAL OBSTRUCTION WITH PERMANENT GASTRIC FISTULA	40
5.	NECK DAMAGE: MUSCLES OR SOFT TISSUES OF THE SKIN REQUIRING STITCHING	1

VII. DAMAGE TO THE THORAX AND ITS CONSEQUENCES		Percentage of health detriment	
1.	PARTIAL LOSS OF NIPPLE FUNCTION IN WOMEN	1	
2.	TOTAL LOSS OF NIPPLE FUNCTION IN WOMEN	8	
3.	PARTIAL LOSS OF THE MAMMARY GLAND	5	
4.	TOTAL LOSS OF THE MAMMARY GLAND	8	
5.	FRACTURE OF RIBS – for each, max. 10%	1	
6.	STERNUM FRACTURE	3	
7.	DAMAGE TO THE HEART OR PERICARDIUM (TRAUMATIC, AFTER HEART ATTACK)	10	
VIII. DAMAGE TO ABDOMEN AND ITS CONSEQUENCES		Percentage of health detriment	
1.	DAMAGE TO ABDOMINAL WALLS – scars not resulting from surgical procedures	1	
2.	DAMAGE TO STOMACH, INTESTINES – without disturbances of gastrointestinal functions	2	
3.	DAMAGE TO STOMACH, INTESTINES – only parenteral nutrition	20	
4.	DAMAGE TO THE ANAL SPHINCTER	5	
5.	SPLEEN DAMAGE	3	
6.	TOTAL LOSS OF SPLEEN	10	
7.	LIVER DAMAGE – resection of a fragment of the liver	10	
8.	PANCREATIC DAMAGE	10	
IX. DAMAGE TO URINOGENITAL SYSTEMS		Percentage of health detriment	
1.	TOTAL LOSS OF ONE KIDNEY WHILE THE OTHER KIDNEY IS HEALTHY AND FUNCTIONING PROPERLY	20	
2.	TOTAL LOSS OF ONE KIDNEY WITH IMPAIRMENT OF THE OTHER KIDNEY OR DAMAGE TO BOTH KIDNEYS LEADING TO END-STAGE RENAL FAILURE – end-stage renal failure	50	
3.	DAMAGE TO THE URETER	10	
4.	DAMAGE TO THE URETHRA	5	
5.	TOTAL LOSS OF PENIS	30	
6.	PARTIAL LOSS OF PENIS	10	
7.	TOTAL LOSS OF ONE TESTICLE OR OVARY	10	
8.	TOTAL LOSS OF BOTH TESTICLES OR OVARIES	30	
9.	POST-TRAUMATIC TESTICULAR HYDROCEPHALUS	5	
10.	TOTAL LOSS OF UTERUS	40	
11.	VAGINAL DAMAGE	5	
12.	DAMAGE TO THE UTERUS	10	
X. DAMAGE TO THE SPINE AND SPINAL CORD		Percentage of health detriment	
1.	DAMAGE TO THE SPINE – consequences of torsional injuries	2	
2.	FRACTURES OF VERTEBRAL BODIES – for each	5	
3.	FRACTURES OF THE SPINE – ARCHES, TRANSVERSE PROCESSES, SPINOUS PROCESSES – for each	2	
XI. DAMAGE TO THE PELVIS		Percentage of health detriment	
1.	PELVIC FRACTURE	10	
XII. DAMAGE TO AN UPPER LIMB		Percentage of health detriment	
		left	right
1.	SHOULDER BLADE FRACTURE	3	2
2.	CLAVICLE FRACTURE	3	2
3.	DISLOCATION OF THE CLAVICULAR-BRACHIAL OR CLAVICULAR-STERNAL JOINT	1	1

4.	DAMAGE TO THE ARM AND SHOULDER BLADE JOINT	1	1
5.	TOTAL LOSS OF LIMB AT SHOULDER JOINT	70	60
6.	FRACTURE OF THE PROXIMAL HUMERUS EPIPHYSIS	1	1
7.	LOSS OF LIMB AT SHOULDER LEVEL	65	60
8.	FRACTURE OF THE DISTAL EPIPHYSIS OF THE HUMERUS BONE, THE OLECRANON, THE HEAD OF THE RADIAL BONE	4	3
9.	FRACTURE OF THE FOREARM BONE	3	2
10.	DAMAGE TO SOFT PARTS REQUIRING SUTURES AT FOREARM AND FINGER LEVEL (cut, lacerated wounds)	1	1
11.	DISLOCATIONS, SPRAINS IN THE ELBOW JOINT	2	1
12.	LOSS OF LIMB WITHIN THE FOREARM	55	50
13.	FRACTURE, TWISTING OF A WRIST	1	1
14.	LOSS OF HAND AT WRIST LEVEL	50	40
15.	FRACTURE OF ONE METACARPUS BONE	1	1
16.	FINGER FRACTURE	1	1
17.	PARTIAL LOSS OF THE THUMB PAD	1	1
18.	LOSS OF THE THUMBNAIL PHALANX	3	2
19.	LOSS OF THUMB	10	8
20.	PARTIAL LOSS OF THE PAD OF INDEX FINGER, OF THIRD, FOURTH OR FIFTH FINGER – for each	1	1
21.	LOSS OF UNGUAL PHALANX OF INDEX FINGER, OF THIRD, FOURTH OR FIFTH FINGER – for each	2	1,5
22.	LOSS OF INDEX FINGER	7	5
23.	LOSS OF THIRD, FOURTH OR FIFTH FINGER 0 for each	6	4
XIII. DAMAGE TO A LOWER LIMB		Percentage of health detriment	
A. HIP JOINT, THIGH			
1.	LOSS OF LOWER LIMB AT HIP JOINT	70	
2.	LOSS OF LOWER LIMB AT THIGH LEVEL	50	
3.	SOFT TISSUE DAMAGE REQUIRING SEWING, LIGAMENT SYSTEM, MUSCLES, TENDONS, VESSELS, NERVES – results of damage due to torsion injuries	1	
4.	DAMAGE TO THE HIP JOINT (DISLOCATIONS, FRACTURES OF THE PROXIMAL FEMORAL EPIPHYSIS, TRANSCERVICAL FRACTURES, PERTROCHANTERIC AND SUBTROCHANTERIC FRACTURES, TROCHANTER FRACTURES, TRAUMATIC SLIPPING OF THE FEMORAL CAPITAL EPIPHYSIS)	5	
5.	HIP JOINT ENDOPROSTHESIS	15	
6.	FEMUR FRACTURE	8	
7.	DAMAGE TO SKIN< MUSCLES, TENDONS – consequences of burns, cut wounds	1	
C. KNEE JOINT			
1.	FRACTURE OF BONE STRUCTURES FORMING THE KNEE JOINT AND PATELLA	1	
2.	LIGAMENT DAMAGE	4	
3.	TOTAL LOSS OF LOWER LIMB AT KNEE JOINT LEVEL	40	
D. CRUS			
1.	FRACTURE OF THE SHIN BONE (TIBIA, OR TIBIA AND FIBULA)	4	
2.	FRACTURE OF THE LATERAL, MEDIAL AND LATERAL MALLEOLUS	3	
3.	FRACTURE OF THE FIBULA	2	
4.	DAMAGE TO SOFT TISSUES AND SKIN REQUIRING SEWING, MUSCLES AND OTHER TENDONS	1	
5.	LOSS OF LIMB AT SHANK LEVEL	30	

Annex no. 2 to the General Terms and Conditions of EDU PLUS Insurance

E. ANKLE JOINGY		
1.	DAMAGE TO THE ANKLE AND SHIN JOINT AND ANKLE AND HEEL JOINT – TORSIONAL OR DISLOCATIONS	1
2.	FRACTURE OF THE ANKLE OR HEEL BONE	5
3.	FRACTURE OF A METATARSUS BONE (for each bone)	1
4.	DAMAGE TO THE ACHILLES TENDON	1
5.	TOTAL LOSS OF A FOOT	50
6.	LOSS OF A FOOT AT CHOPART'S JOINT	40
7.	LOSS OF A FOOT AT LISFRANC JOINT	30
8.	LOSS OF A FOOT WITHIN THE METATARSAL BONE	20
F. TOES		
1.	FRACTURE OF A TOE	1
2.	LOSS OF BIG TOE PHALLANX	1
3.	LOSS OF A BIG TOE	8
4.	LOSS OF SECOND, THIRD, FOURTH, AND FIFTH TOES – for each	1
XIII. PARESIS AND PARALYSIS		Percentage of health detriment
1.	PARALYSIS OR PARESIS OF A RIGHT UPPER LIMB	40
2.	PARALYSIS OR PARESIS OF A LEFT UPPER LIMB	30
3.	PARALYSIS OR PARESIS OF A LOWER LIMB	25
4.	PARALYSIS OR PARESIS, UNILATERAL, RIGHT SIDE	70
5.	PARALYSIS OR PARESIS, UNILATERAL, LEFT SIDE	60
6.	TOTAL PARALYSIS OF UPPER AND LOWER LIMBS (TETRAPLEGIC)	100
7.	FACIAL NERVE PARALYSIS	5

TECHNICAL REQUIREMENTS FOR DEVICES ENABLING COMMUNICATION IN ORDER TO PERFORM E-CONSULTATIONS TO THE BENEFIT OF THE INSURED

- In order to perform an e-consultation to the benefit of the Insured, it is necessary to have access to:
 - a device with access to the Internet running Microsoft Windows, iOS or Android operating system and a minimum connection speed of 1 Mbps;
 - an updated version of Chrome web browser is installed with support for applications necessary for proper connection to the ICT system enabled;
 - JavaScript enabled (latest and enabled JavaScript);
 - an active e-mail address;
 - a landline or mobile phone.
- If you are using a mobile app, your device should have Android or iOS, updated to the latest version.
- If you are using the app on your mobile device, you will need to have the Telemedi. co app installed on Google Play (www.play.google.com) or Appstore (www.appstore.com).
- The recommended minimum screen resolution is 1024x768 pixels when using the application with a browser.

In left-handed persons, the damage to the upper limb is assessed according to the TABLE for the upper right limb and the right limb as for the left.

If the distribution activities in connection with the proposed insurance agreement are performed by an InterRisk employee, the employee shall receive for this reason basic or remuneration and variable remuneration included in the amount of the insurance premium.

Where distribution activities in connection with the proposed conclusion of an insurance agreement are performed by an insurance agent, the agent is required to inform the customer of the nature of the remuneration received, and where the fee is paid directly by the customer – of its amount.