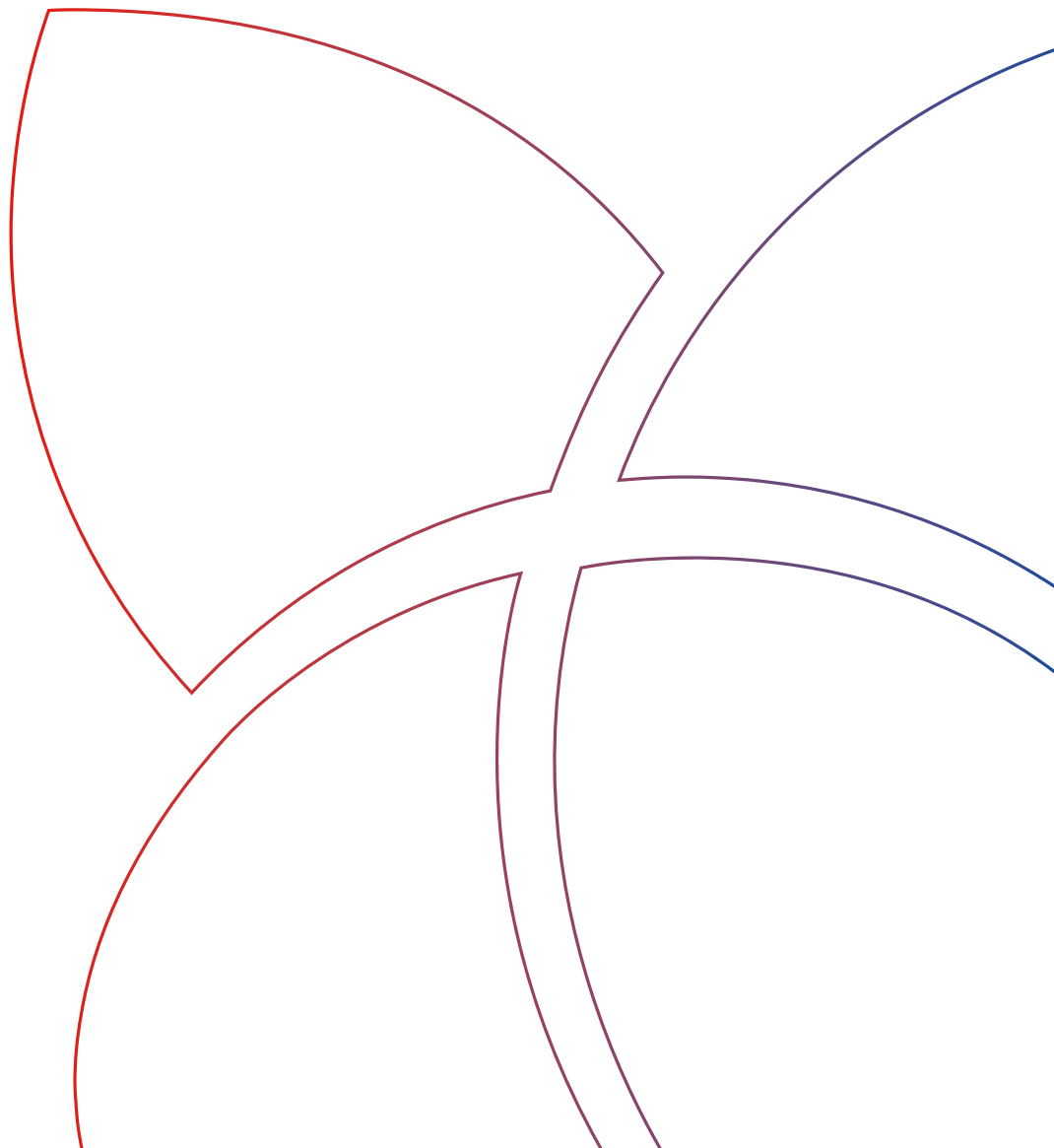


General Terms and Conditions of Insurance

EDU PLUS



Insurance EDU PLUS



Insurance product information document

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

The full pre-contractual and contractual information is 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. 01/25/03/2025 of 25 March 2025.

What kind of insurance cover is this?

The EDU PLUS insurance policy provides a comprehensive insurance cover against the consequences of unexpected random events covering diseases and accidents that occur during the insurance coverage term and providing Legal Assistance services with respect to legal problems related to the Insured's private life and arrangement and coverage of costs of providing the Insured with IT support, psychological support, legal assistance under Option "Hejt Stop" as well as civil liability limited to education or vocational training, covering the Insured's liability as a student or trainee for personal injury or property damage caused to third parties during the period of insurance cover as a result of a tortious act (delict).



What is the subject matter of insurance?

- ✓ consequences of a personal accident which occurred during the insurance coverage term or disease and their consequences which were diagnosed during the insurance coverage term as well as arrangement and coverage of costs of Legal Assistance services related to private life of the Insured and arrangement and coverage of costs of providing the Insured with IT support, psychological support, legal assistance under Option "Hejt Stop" as well as civil liability limited to education or vocational training, covering the Insured's liability as a student or trainee for personal injury or property damage caused to third parties during the period of insurance cover as a result of a tortious act (delict).

Insurance amount:

- ✓ Option "Podstawowa", Option "Podstawowa Plus" – from PLN 1,000 to PLN 120,000 (group contracts) and from PLN 1,000 to PLN 80,000 (individual and family contracts)
- ✓ "Ochrona Plus" – from PLN 1,000 to PLN 50,000
- ✓ Option "Ochrona" – from PLN 7,000 to PLN 25,000
- ✓ Option "Hejt Stop" – PLN 5,000

Additional Options:

- ✓ D1 – Death of the Insured as a result of a traffic accident – up to PLN 80,000
- ✓ D2 – Burns and frostbite – up to PLN 10,000
- ✓ D3 – Hospitalization as a result of a personal accident – up to PLN 10,000
- ✓ D4 – Hospitalization as a result of a disease – up to PLN 10,000
- ✓ D5 – Serious Illness – up to PLN 2,000
- ✓ D6 – Surgery as a result of a personal accident – up to PLN 5,000
- ✓ D7 – Surgery as a result of illness – up to PLN 5,000
- ✓ D8 – Costs of medical treatment as a result of a personal accident – up to PLN 8,000
- ✓ D9 – Liability insurance for interns – from PLN 10,000 to PLN 100,000
- ✓ D10 – Costs of dental treatment – up to PLN 2,000
- ✓ D11 – Onerous treatment as a result of a personal accident – up to PLN 200
- ✓ D12 – EDU PLUS Assistance – PLN 5,000
- ✓ D13 – TeleMedicine – PLN 5,000
- ✓ D14 – Second Medical Opinion – PLN 5,000
- ✓ D15 – Costs of the Insured's funeral – up to PLN 5,000
- ✓ D16 – TICK package and diagnosis of Lyme disease – up to PLN 1,500

- ✓ D17 – Costs of a paid trip following a personal accident – up to PLN 1,500
- ✓ D18 – Care for a hospitalized child – up to PLN 5,000
- ✓ D19 – Post-exposure treatment costs – up to PLN 10,000
- ✓ D20 – Legal Assistance – PLN 500



What is not covered by insurance?

- ✗ the types of risks defined in Additional Options extending the insurance coverage if no supplementary premium has been paid for them



What are the limitations of insurance cover?

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

- ! intentional committing or attempting to commit a crime by the Insured, legal guardian or the Insured's parent;
- ! committing or attempting suicide or self-inflicted injury by the Insured, legal guardian or the Insured's parent;
- ! bodily injuries suffered before the date of insurance cover;
- ! diseases diagnosed before the date of insurance cover;
- ! occupational disease, mental illness;
- ! practicing high-risk sports and activities by the Insured, legal guardian or the Insured's parent;
- ! competitive sports under an individual or family contract, in the case of the Insured who was over 20 years of age on the date of commencement of InterRisk's liability;
- ! repetitive twisting;
- ! secondary surgery
- ! fainting;
- ! pathological fracture;
- ! performance of preventive examinations not due to illness or accident and not recommended by a physician;
- ! Acquired Immune Deficiency Syndrome (AIDS) and related opportunistic infections, cancers, neurological conditions and other syndromes accompanying AIDS.



Where is the insurance cover valid?

- ✓ The insurance cover is granted 24 hours a day all over the world, except for:
 - Additional Option D3 (Hospitalization as a result of a personal accident), Additional Option D4 (Hospitalization as a result of a disease), Additional Option 6 Additional Option D7 (Surgery as a result of a personal accident), Additional Option D7 (Surgery as a result of a disease), Additional Option D8 (Costs of treatment as a result of a personal accident), Additional Option D9 (Temporary incapacity of the Insured to study or to work as a result of a personal accident), Additional Option D10 (Costs of dental treatment as a result of a personal accident), Additional Option D11 (Onerous treatment as a result of a personal accident), Additional Option D12 (Edu Plus Assistance), Additional Option D18 (Care for a hospitalized child), within the scope of which the insurance cover is provided 24 hours a day on the territory of the Republic of Poland);
 - Additional Option D20 (Legal Assistance): the insurance cover is provided from Monday to Friday between 09:00 am and 5:00 pm and covers accidents that occurred in the territory of the Republic of Poland during the insurance period and diagnosed in the territory of the Republic of Poland according to Polish law;
 - Option "Hejt Stop": IT support is available 24 hours a day on business days, and legal assistance and psychological support are available from 8:00 AM to 8:00 PM on business days, excluding bank holidays and December 24 and December 31.
- ✓ Insurance coverage under Additional Option D9 (Liability insurance for interns) is provided during the time and at the place of education or vocational training, in accordance with a civil law contract for vocational training concluded by an educational institution as part of the curriculum, with the exception of the United States of America, Canada, Japan, Australia, and New Zealand.



What is the responsibility of the Insured?

- To immediately report to the physician and follow his instructions, in the case of an event that could result in InterRisk being held liable
- To notify InterRisk of the occurrence of an event
- To be examined by a physician designated by InterRisk, if InterRisk has requested such an examination, to identify the notified 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 contract.



When does the insurance cover begin and end?

1. InterRisk's liability under the insurance contract starts from:
 - 1) the date specified in the insurance contract as the beginning of the insurance period, provided that the premium or its first installment has been paid by the date determined in the insurance contract, unless agreed otherwise;
 - 2) the date following the date of payment of the premium or its first installment towards the Insured acceding to the group insurance plan by means of electronic communication after at least a month from the day specified in the insurance contract as the beginning of the insurance period;
 - 3) in Additional Option D14 (Second Medical Opinion) – from the date following the expiry of the grace period, which is 30 days long, counting from the date of start InterRisk's liability as referred to in item 1) and 2).
2. InterRisk's liability ceases:
 - 1) with the end of the insurance period;
 - 2) on the day of withdrawal from the insurance contract by the Policyholder;
 - 3) on the day of termination of the insurance contract by mutual agreement of the parties or as a result of its termination;
 - 4) in the case of a premium payment in installments – if after the deadline for payment of an installment passes – InterRisk calls the Policyholder to pay it with a threat that a failure to pay within 7 days from the date of receipt of the call by the Policyholder will cause InterRisk's liability to cease, and if the next installment of the premium is not paid within this deadline – on the day of expiration of this deadline;
 - 5) towards the Insured – on the day the insurance amount is exhausted due to the payment of a benefit or benefits or arrangement of delivery of a benefit or benefits in the total amount equal to the insurance amount or the upper limit of liability;
 - 6) towards the Insured – exhaustion of the guarantee amount as a result of payment of a benefit or benefits totalling the guarantee amount, subject to §16(4) of the General Terms and Conditions of Insurance;
 - 7) towards the Insured – on the day of his/her death;
 - 8) towards the Insured in the group insurance contract – on the last day of the calendar month in which InterRisk received a statement about the Insured's withdrawal from the insurance contract.



How to terminate the agreement?

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

A consumer who has concluded an insurance contract 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 case of withdrawal from the insurance contract 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 contract at any time during its term with effect on the last day of a calendar month with 30 days' notice.

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, §4, §6, §7, §8, §9, §10, §11, §12, §16, §17, §18 (10)-(12), §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(4d), §8(6b), §8(8d), §9(9a), §9(10d), §10(III), §12(III)-(IV), §13, §19(4), §22(5)-(6), (8) of the GT&C

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INITIAL PROVISIONS

§1

1. The general terms and conditions of EDU PLUS insurance, hereinafter referred to as the "GT&C", shall apply to insurance contracts concluded by InterRisk Towarzystwo Ubezpieczeń Spółka Akcyjna Vienna Insurance Group with its registered office in Warsaw, ul. Noakowskiego 22, 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, 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 to whom the act grants legal capacity.
2. An insurance contract may also be concluded for the account of a third party, however, the Insured is indicated in the insurance contract by name or, depending on the type of insurance contract concluded, is not indicated in the insurance contract.
3. The parties may introduce additional or different provisions to the insurance contract. Differences between the GT&C and the insurance contract shall be presented by InterRisk to the Policyholder in writing before the insurance contract is concluded.
4. The insurance contract 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

The below terms used in the GT&C and other documents related to the conclusion or performance of the insurance contract shall have the following meaning:

- 1) **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;
- 2) **aplastic anemia** – bone marrow failure, diagnosed by a physician and classified according to the International Statistical Classification of Diseases and Related Health Problems of the ICD – 10 as a code: D60-D61;
- 3) **application** – in Option "Hejt Stop", this shall mean 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;
- 4) **post-exposure diagnostic tests** – post-exposure tests for HIV or viral hepatitis run in the Insured;
- 5) **bacterial endocarditis** – a disease diagnosed by a physician and classified according to the International Classification of Diseases under code I33.0;
- 6) **echinococcosis** – a disease diagnosed by a physician and classified according to the International Statistical Classification of Diseases and Related Health Problems (ICD-10) under code B67;
- 7) **Lyme disease** – a disease diagnosed by a physician and classified according to the International Statistical Classification of Diseases and Related Health Problems (ICD-10) under code A68.2;
- 8) **Assistance Center** – an organizational unit indicated by InterRisk (address, telephone number is given in the insurance contract), which, upon InterRisk's request, will arrange for assistance services – under the scope of Option "Hejt Stop" and under Additional Option D12 (EDU PLUS Assistance);
- 9) **Second Opinion Center** – an organizational unit designated by InterRisk (contact data are provided in § 21(13) of the GT&C), which arrange for Additional Option D14 (Second Medical Opinion) benefits on InterRisk's order;
- 10) **TeleMedicine Center** – an organizational unit designated by InterRisk (contact data are provided in § 21(12) of the GT&C), which arrange for TeleMedicine benefits on InterRisk's order;
- 11) **disease¹** – disturbances in the functioning of apparatuses or organs of the body of the Insured's, regardless of anyone's will, diagnosable by a physician, requiring treatment or diagnosis;
- 12) **Creutzfeldt-Jakob Disease** – a disease diagnosed by a physician and classified according to the International Statistical Classification of Diseases and Related Health Problems (ICD-10) under code A81.0;
- 13) **Crohn's Disease** – a disease diagnosed by a physician and classified according to the International Statistical Classification of Diseases and Related Health Problems (ICD-10) under code K50;
- 14) **thromboembolic disease** – a disease diagnosed by a physician and classified according to the International Statistical Classification of Diseases and Related Health Problems (ICD-10) under code I26 or I80;
- 15) **myelodysplastic disorders (diseases)** – a disease diagnosed by a physician and classified according to the International Statistical Classification of Diseases and Related Health Problems (ICD-10) under code D46;
- 16) **mental illness** – according to the diagnosis of the treating physician, a disease is classified according to the International Statistical Classification of Diseases and Related Health Problems (ICD-10) as a mental disorder and behavioral disorder under code F00-F99;
- 17) **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, in the wording valid as at the date of the conclusion of the insurance contract;
- 18) **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 titers and to develop at least one clinical symptom characteristic of the disease syndrome;
- 19) **type 1 diabetes** – a disease diagnosed by a physician and classified according to the International Statistical Classification of Diseases and Related Health Problems (ICD-10) under code E10;
- 20) **temporary inability of the Insured to study and/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 insurance coverage term, documented with:
 - a) a copy or a print of a medical certificate issued in accordance with the Regulation of the Minister of Labor and Social Policy 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 in the wording valid as at the date of the conclusion of the insurance contract, 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 or a print of a medical certificate confirming the period of inability to study and a certificate from school confirming absence from school – in the case of the Insured being a child, pupil or student attending an educational institution;
- 21) **tuition fee** – a fee for the Insured's education;
- 22) **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 contract;
- 23) **Second Medical Opinion** – a benefit provided through the Second Opinion Center consisting of a reanalysis of the medical records for a Serious Illness referred to in item 75)(b) by a Consultant, using advanced diagnostic techniques and communication methods that do not involve direct consultation or any other direct contact between the Insured and the Consultant, after the Insured has obtained the first medical opinion. The result of the consultation is the preparation of a Second Medical Opinion, which is delivered to the Insured;
- 24) **child** – each own child of the parent and/or a child fully or partially adopted by the legal guardian, 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, excluding courses and correspondence education – aged up to 26 years;
- 25) **day of hospitalization** – a stay in a hospital ward lasting at least one day, serving to restore or improve the health of the Insured, as a result of a personal accident or disease. In the event of payment of a benefit, the day of admission to and discharge from hospital shall be counted separately as full days of hospitalization save that if the admission and discharge took place on the same day, they shall be counted as one day of hospitalization;
- 26) **E-consultation** – a TeleMedicine service arranged by the TeleMedicine Center on behalf of InterRisk and provided in the form of:
 - a) internet chat – exchange of short text messages;
 - b) teleconference – audio transmission;

¹ NOTE – please note that the illness must be diagnosed during the insurance term specified in the insurance contract. This means that we do not provide insurance coverage for illnesses diagnosed before the insurance coverage period. The definition also applies in the event of hospitalisation as a result of illness, care for a child in hospital or surgery as a result of illness.

- c) videoconferencing – audiovisual broadcasting.
An E-Consultation lasts for a maximum of 15 minutes;
- 27) **exposure** – exposure to HIV or hepatitis virus of the Insured who, in accordance with the act on health care activities in the wording valid as at the date of the conclusion of the insurance contract, obtains qualifications to practice the medical profession;
- 28) **brain tumor** – a disease diagnosed by a physician and classified according to the International Statistical Classification of Diseases and Related Health Problems (ICD-10) under code D33 or D43;
- 29) **spinal cord tumor or other spinal cord pathologies requiring surgery** – diseases diagnosed by a physician and classified according to the International Statistical Classification of Diseases and Related Health Problems (ICD-10) under codes G95.1, G95.2, D43;
- 30) **driving a quad** – driving as a driver or passenger of a quadricycle or light quadricycle within the meaning of traffic law as in force on the date of conclusion of the insurance contract, including getting in and out of the vehicle;
- 31) **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;
- 32) **cardiomyopathy** – a disease diagnosed by a physician and classified according to the International Statistical Classification of Diseases and Related Health Problems (ICD-10) under code I42 (from I42.0 to I42.9);
- 33) **grace period** – a period determined in the GT&C and the insurance contract, accounted for at premium calculation; InterRisk shall not be liable during the grace period;
- 34) **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);
- 35) **post-exposure specialist consultations** – post-exposure consultations attended by the Insured with a physician;
- 36) **Consultant** – a medical center and/or physician appointed by the Second Medical Opinion Center to re-consult medical records, accounting for the specifics of one of Serious Illness of the Insured as listed in item 75(b) under Additional Option D14 (Second Medical Opinion)
- 37) **medical costs** – incurred on the territory of the Republic of Poland, resulting as a consequence of a personal accident and necessary from the medical point of view and documented costs of:
- medical appointments, excluding dentist appointments;
 - ambulatory procedures;
 - examinations ordered by the attending physician;
 - hospitalization;
 - surgery done during an at least 3-day hospitalization;
 - plastic surgery recommended by a physician as a necessary part of the process of treating the consequences of a personal accident;
 - the purchase of dressings prescribed by a physician;
 - rehabilitation ordered by the attending physician;
 - the costs of medicines prescribed by the hospital attending physician in case of treatment that resulted in an at least 4-day hospitalization;
- 38) **post-exposure treatment costs** – the medically necessary and documented costs incurred in the territory of the Republic of Poland in the period not longer than 12 months from the date of exposure for:
- post-exposure specialist consultations;
 - post-exposure diagnostic tests;
 - post-exposure drug prevention treatment;
- 39) **funeral costs** – documented funeral or cremation costs incurred in the territory of the Republic of Poland and resulting from the Insured's death in the consequence of a personal accident. The funeral costs include the costs of: purchase of a coffin or urn; preparing the body of the deceased for the funeral or cremation; transport of the body in the territory of the Republic of Poland to the funeral or cremation place; purchase and installation of a gravestone, purchase of wreaths, flowers, organization of the last farewell (consolation). The definition of funeral costs does not include fees and donations made to any church, costs of purchasing clothes for the deceased, costs of purchasing mourning clothes for family members, costs of purchasing a burial place;
- 40) **costs of search operation for a child** – incurred in Poland by the legal guardian or parent of the Insured, documented costs for hiring a detective, publishing information in the media, printing leaflets or legal assistance, arising from the search for a missing child;
- 41) **physician** – a person having formally confirmed qualifications in accordance with the requirements of the law in force in the country where he provides services, practicing profession within the scope of his rights and qualifications, not being the Policyholder, the Insured or a person close to the Insured;
- 42) **Assistance Center Physician** – a physician employed or cooperating with the Assistance Center;
- 43) **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 contract is concluded, as well as the Act on Explosives for Civil Use in the wording in force on the day the insurance contract 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;
- 44) **disabled child** – a child who, as a consequence of personal accidents occurring during the insurance coverage period, has been assigned to disability group I or II on the basis of a final decision issued by the Social Insurance Institution or the Agricultural Social Insurance Fund (in the case of children of farmers) or the Ministry of National Defence and the Ministry of Internal Affairs and Administration (in the case of children of persons belonging to uniformed services), or a child who, as a consequence of a personal accident which occurred during the insurance coverage period, obtained a certificate of significant disability on the basis of a final decision issued by the district (provincial) disability assessment team;
- 45) **assault** – an unlawful act involving the use of violence against the Insured with the intention of causing physical harm, provided that the event results in damage to the Insured's health exceeding 20%;
- 46) **personal accident** – a sudden event occurring during the insurance coverage term, 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 the GT&C, in case of a child Insured as referred to in item 24, a personal accident shall also include a heart attack or stroke;
- 47) **major organ failure** – kidney, heart insufficiency;
- 48) **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 according to the International Statistical Classification of Diseases and Related Health Problems (ICD-10) under code N17-N18.9;
- 49) **heart failure** – a disease diagnosed by a physician and classified according to the International Statistical Classification of Diseases and Related Health Problems (ICD-10) under code 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 the 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. |
- 50) **malignant cancer** – a disease diagnosed by a physician and classified according to the International Statistical Classification of Diseases and Related Health Problems (ICD-10) under code C00-C97, except for diseases classified under codes C76-C80 and non-invasive cancer (carcinoma in situ);
- 51) **frostbite** – skin damage caused by low temperatures as a consequence of a personal accident. The degree of frostbite shall be determined by your physician in accordance with International Statistical Classification of Diseases and Related Health Problems (ICD-10);
- 52) **radioactive waste** – radioactive waste: solid, liquid or gaseous, containing radioactive substances;
- 53) **fainting** – short-term loss of consciousness caused by a temporary global reduction in cerebral perfusion, specified in medical records by a doctor in accordance with the International Statistical Classification of Diseases and Related Health Problems as code: ICD-10: R55;
- 54) **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 as a consequence of a personal accident. The degree of burns shall be determined by a physician in accordance with the International Statistical Classification of Diseases and Related Health Problems (ICD-10);

- 55) **surgery** – an invasive surgical procedure performed under general, regional or local anesthesia by an authorized physician with specialization in surgery, performed during an at least 3-day hospitalization during the insurance period, necessary from the medical point of view to restore the proper functioning of a sick organ or organ. Within the meaning of the GT&C, surgery is not: surgery performed for diagnostic purposes, invasive surgery not requiring an at least 3-day hospitalization or surgery not resulting from medical indications;
- 56) **plastic surgery** – an invasive surgical procedure performed by an authorized surgery-specialty doctor in general, block or local anesthesia in hospital, at removing disfigurement, mutilation or deformity of the body of the Insured resulting from a personal accident, recommended by the attending physician as an essential part of the treatment process;
- 57) **secondary surgery** – any subsequent surgery, i.e. an invasive surgical procedure performed under general, regional or local anaesthesia by a licensed physician with surgical specialisation, medically necessary to restore the proper functioning of a diseased organ or body part, performed during the period of insurance coverage;
- 58) **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;
- 59) **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;
- 60) **epilepsy** – a disease diagnosed by a physician and classified according to the International Statistical Classification of Diseases and Related Health Problems (ICD-10) as G40-G40.9;
- 61) **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 Organization (WHO);
- 62) **paralysis** – total, irreversible loss of mobility function of at least two limbs. A disease diagnosed by a physician and classified according to accordance with the International Statistical Classification of Diseases and Related Health Problems (ICD-10) as a code: G81-G83.0;
- 63) **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;
- 64) **first medical opinion** – a statement on the Insured's health condition, issued by the Insured's attending doctor;
- 65) **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, in the wording valid as at the date of the conclusion of the agreement, and a kindergarten, school, educational institution, lifelong learning institution, practical education institution, vocational education and training center, artistic institution within the meaning of the Act on the Education System in the wording in force on the date the insurance contract is concluded, and academies in the meaning of the Act on Education and Higher Education in the wording in force on the date the insurance contract is concluded;
- 66) **battery** – an act prohibited under Article 158 of the Criminal Code, consisting in the joint and concerted use of violence by two or more persons against the Insured, exposing him/her to the risk of loss of life or health, if as a result of this event the Insured suffers damage to health exceeding 20%;
- 67) **hospitalization** – a stay in a hospital ward to restore or improve the health of the Insured as a result of a personal accident or disease. An admission of the Insured to the Emergency Room shall not be considered hospitalization unless treatment is further continued in a hospital ward (without a day of break). When the discharge from the hospital occurs after the end of the insurance period, the hospitalization is covered by the liability of the Insurer, provided that the admission to the hospital took place during the insurance coverage term;
- 68) **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 contract;
- 69) **dream trip** – documented costs incurred by a parent or legal guardian for the travel of a disabled child to a place of their dreams or documented costs of meeting their favourite sports, literary, political or entertainment star (music, film, television, Internet). Reimbursement is available for the participation of a disabled child and covers the following costs:
- a) transport: airline/train/coach tickets adapted to the needs of the disabled child, car rental with appropriate facilities (e.g. ramps, lifts, special seats), fuel and road tolls,
 - b) accommodation: hotel/guesthouse with accessibility for disabled children (e.g. lifts, wide doors, bathrooms for people with disabilities),
- c) care and medical support: carer or assistant for a disabled child, nursing or rehabilitation care on site, rental or transport of medical equipment,
- d) meals,
- e) tourist attractions: admission tickets to events (e.g. concerts, conferences, galas), amusement parks, museums, exhibitions, water parks, and fees for guides, rental of specialised equipment for sightseeing;
- f) travel documents: costs of passports, visas, if required,
- g) tourist events resulting from a contract concluded with a tour operator or travel agent,
- h) organisational: fee for a private meeting with a favourite sports, literary, political or entertainment star (music, film, television, Internet), if remuneration is offered to the agency or manager of the star for organising the meeting;
- 70) **bite** – bodily injury from a dog bite;
- 71) **vehicle** – within the meaning of the GT&C, solely for the purposes of insurance of the death of the Insured as a result of a traffic accident (Additional Option D1), referred to in §4(3)(1) of the 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;
- 72) **nipping** – bodily injury from animals other than dogs or insects;
- 73) **poliomyelitis** – an infection caused by polio virus, which results in paralysis of respiratory muscles or limb muscles, or in the occupation of a respiratory center in the brain stem, with a permanent consequence in the form of severe paresis or paralysis; a disease diagnosed by a physician and classified according to accordance with the International Statistical Classification of Diseases and Related Health Problems (ICD-10) as a code: A80 or B91;
- 74) **Injured Party** – any third party who is not a party to the insurance contract and against whom the Insured is liable for damage caused;
- 75) **Serious Illness** – only the following diseases that were diagnosed for the first time in the Insured during the insurance period:
- a) for Additional Option 5 (Serious Illness) – malignant cancer, paralysis, kidney failure, poliomyelitis, vision loss, loss of speech, hearing loss, aplastic anemia, multiple sclerosis, type I diabetes, heart failure, in-born heart defect, meningitis. The transplantation of major organs shall also be regarded as a Serious Illness,
 - b) for Additional Option D14 (Second Medical Opinion) – bacterial endocarditis, Crohn's disease, thrombophlebitis, myelodysplastic disease, type I diabetes, major organ failure, malignant neoplasm, third – and fourth-degree burns, epilepsy, prosthetic joint disease, chronic obstructive pulmonary disease, sepsis, multiple sclerosis, coma, thoracic or abdominal aortic aneurysm, major organ transplantation, stroke, loss of speech, loss of hearing, vision loss, HIV infection, hepatitis infection, meningitis, heart attack, brain tumor, cardiomyopathy, ophthalmic conditions, inflammatory bowel disease, spinal cord tumor or other spinal cord pathologies requiring surgery;
- 76) **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;
- 77) **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 own behalf;
- 78) **intern** – a child undergoing vocational training in order to gain experience, skills and knowledge necessary to perform a specific profession, in accordance with a civil law contract on vocational training concluded by an educational institution as part of the curriculum;
- 79) **post-exposure drug prevention treatment** – post-exposure prevention treatment with antiretroviral drugs administered to the Insured;
- 80) **joint arthroplasty** – a surgical procedure carried out in a hospital that involves replacing a damaged joint, with an artificial implant;
- 81) **chronic obstructive pulmonary disease (COPD)** – a disease diagnosed by a physician and classified according to the International Statistical Classification of Diseases and Related Health Problems ICD-10 under code J44;
- 82) **wound** – breaking of the continuity of the body's coating as a result of a sharp or blunt object, leading to linear or unregulated tissue damage as a result of a personal accident. Within the meaning of the GT&C, wounds related to the Insured's surgical treatment shall not be considered as wounds;
- 83) **practicing recreational sports** – undertaken voluntarily, not for profit, a form of physical activity of the Insured consisting in practicing sports 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;
- 84) **rehabilitation** – specialist procedures provided by persons authorized to provide said services, performed via kinesiotherapy, physical therapy, medical massage, ordered by the attending physician, 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;
 - 85) **parent** – 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 contract conclusion;
 - 86) **vehicle motion** – situations when the vehicle moves as a result of engine operation or inertia force;
 - 87) **ophthalmic conditions** – diseases diagnosed by a physician and classified according to the International Statistical Classification of Diseases and Related Health Problems ICD-10 under codes H05.3, H31.4, H33, H35.7, H40;
 - 88) **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 resulting in dysfunction or failure of at least two organs or systems;
 - 89) **high-risk sports and activities** – highlining, slacklining, cycle speedway, airsoft, bouldering, rock climbing on a natural terrain, ice climbing, mountaineering, mountaineering, mountaineering, Himalayan mountaineering, skialpinism and trekking, i.e. a form of hiking practised in difficult terrain and climatic conditions: rivers, swamps, volcanoes, deserts, tropical areas, glaciers, mountains above 2,500 metres above sea level or outside designated mountain trails, extreme skiing, also 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 below the depth of 20 meters, parkour, freerun, buggykitting, windsurfing, driving quads/cross motors, kite surfing, sailing outside territorial waters more than 12 nautical miles from the coast, extreme cycling, mountain biking, animal riding, speleology, bobsleighbing, tobogganing, motor sports, i.e. sports done with (combustion or electric) motor vehicles, involving road racing, motorcycle rallying, motocross, track motorcycle racing, which includes the sport of speedway racing, ice racing, grass racing, long track racing (about 1,000 meters), motorcycle Gymkhana, karting, and go-kart racing; motorsport involving auto racing and rallying, heliskiing, heliboarding, freefall, downhill, b.a.s.e. jumping, dream jumping and skiing or snowboarding on off-piste, water skiing, and sports using mobiles designed to move on snow or ice, martial arts sports excluding aikido, Brazilian jiu-jitsu, capoeira, jiu-jitsu, judo, karate, kendo, kung-fu, fencing, tai chi; taekwondo, and wrestling;
 - 90) **multiple sclerosis** – a disease characterized by the demyelination of nerve fibers in the brain and spinal cord, diagnosed by a physician and classified according to the International Statistical Classification of Diseases and Related Health Problems (ICD-10) under code G35;
 - 91) **psychotropic substance** – a substance specified in the list of psychotropic substances included in the Regulation of the Minister of Health on the list of psychotropic substances, narcotics and new psychoactive substances in the wording in force on the day the insurance contract is concluded;
 - 92) **guarantee amount** – agreed with the Policyholder, the upper limit of InterRisk's liability for all damages resulting from insured accidents occurring during the insurance coverage period;
 - 93) **personal injury** – damage resulting from an insured accident occurring during the insurance coverage period, consisting of bodily injury, health impairment or death;
 - 94) **property damage** – damage resulting from an insured accident occurring during the insurance coverage period, consisting of damage, destruction or loss of property;
 - 95) **hospital** – an enterprise of a medical entity, in which said entity performs medical activities in the form of hospital services within the meaning of the Act on Medical Activity, in the wording valid as at the date of the conclusion of the insurance contract;
 - 96) **coma** – a disease diagnosed by a physician and classified according to the International Statistical Classification of Diseases and Related Health Problems ICD-10 under code R40.2;
 - 97) **narcotic** – a substance specified in the list of psychotropic substances included in the Regulation of the Minister of Health on the list of psychotropic substances, narcotics and new psychoactive substances in the wording in force on the day the insurance contract is concluded;
 - 98) **substitute agent** – a product containing a substance acting on the central nervous system, which may be used for the same purposes as a narcotic, a psychotropic substance and/or a new psychoactive 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 contract is concluded;
 - 99) **benefit** – a monetary amount paid to the Insured, and in the case of the Insured's death – monetary amount paid to the Beneficiary by InterRisk in the case of recognition of a claim arising as a result of an event which is covered by insurance cover;
 - 100) **hospital services** – services within the meaning of the Act on Medical Activity in the wording in force on the day of insurance contract conclusion, performed 24 hours a day, constituting 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;
 - 101) **TeleMedicine service** – a health service within the meaning of the Act on Medical Activity in the wording valid as at the date of the conclusion of the insurance contract, provided by an internist, pediatrician, psychologist, gynecologist and/or urologist using ICT systems or communication systems;
 - 102) **grounds of an educational institution** – buildings and fenced area of an educational institution;
 - 103) **thoracic or abdominal aortic aneurysm** – a disease diagnosed by a physician and classified according to the International Statistical Classification of Diseases and Related Health Problems ICD-10 under code I71;
 - 104) **toxoplasmosis** – a disease diagnosed by a physician and classified according to the International Statistical Classification of Diseases and Related Health Problems (ICD-10) under code B58;
 - 105) **transplantation of major organs** – going through heart, heart and lung, liver or parts of liver, kidney or bone marrow transplantation as a recipient, as a consequence of a disease first diagnosed during the insurance coverage term;
 - 106) **permanent partial disability** – bodily injuries listed in Table No. 1 in §8(4), as well as in Table No. 4 in §9(9) resulting from a personal accident;
 - 107) **Policyholder** – a natural person, a legal person or an organizational unit which is not a legal person and which is granted legal capacity by the law, concluding an insurance contract with InterRisk for the account of the Insured or, in the case the Insured is over 18 years old and meets the definition of a child specified in the GT&C – for their own account, obliged to pay the insurance premium;
 - 108) **group insurance** – insurance contract concluded for the account of natural persons, where the minimum group of persons acceding to the insurance contract is at least 3 persons, and in the case of extending Option "Podstawowa", Option "Podstawowa Plus", Option "Ochrona", Option "Ochrona Plus" by Additional Options (D1-D20) referred to in §11, §12, the minimum group of persons acceding to the insurance contract is at least 5 persons;
 - 109) **individual insurance** – an insurance contract concluded by the Policyholder who is a natural person on behalf of a child or in the case when the Insured is over 18 years of age and meets the definition of a child set forth in the GT&C, on the Policyholder's own account;
 - 110) **family insurance** – an insurance contract concluded by the Policyholder who is a natural person for the account of children, where the minimum number of persons covered by insurance cover under said insurance contract is at least 2 persons;
 - 111) **Insured** – under Option "Podstawowa", Option "Podstawowa Plus", Option "Ochrona", Option "Ochrona Plus", and under Additional Options (D1-D19) – a natural person under 65 years of age on the day of entering into the insurance, for whom the Policyholder concluded an insurance contract, and under Additional Option D20 (Legal Assistance) – a natural person who on the day of entering into the insurance is a child within the meaning of the GT&C, for whom the Policyholder concluded an insurance contract;
 - 112) **onerous treatment** – treatment of the Insured being a consequence of a personal accident which took place during the insurance coverage term, resulting in damage to the Insured's body, due to which:
 - a) the Insured is not entitled to any benefit under any Option as referred to in §4(1); and
 - b) the Insured required medical treatment, during which the Insured attended at least two medical appointments and one follow-up appointment; all of which took place in an inpatient medical facility (three appointments in total), or the Insured suffered a temporary inability to study or work for a period of not less than 12 days;
 - 113) **stroke** – diagnosed by a physician and classified according to the International Statistical Classification of Diseases and Related Health Problems (ICD-10) under code I60-I64;
 - 114) **stinging** – breaking of skin tissue by insects;

115) **Beneficiary** – an entity indicated by the Insured and in the case of minors – by the statutory representative of the Insured to receive compensation in the case of death of the Insured as a result of a personal accident or a traffic accident and for reimbursement of funeral-related costs.

If no Beneficiary is designated in the event of the Insured's death as a consequence of a personal accident, the benefit shall be paid to the persons listed below in the following order and in the following proportions:

- a) the Insured's spouse, provided that no legal separation had been pronounced at the time of death,
 - b) the Insured's children – in equal parts,
 - c) the Insured's parents or legal guardians exercising care at the time of the Insured's death – in equal parts,
 - d) if there are no persons mentioned above – to the heirs of the Insured, in the proportions in which they inherit from the Insured, if they present a document confirming the acquisition of the inheritance and a court decision on the division of the inheritance or a contract on the division of the inheritance in the scope relevant to the benefit due;
- 116) **locomotor trauma** – an injury to the locomotor system as a result of a personal accident, which did not result in fracture of the bone, but in accordance with the physician's recommendation, the locomotor system was immobilized using a medical agent (gypsum, synthetic gypsum (light gypsum), rail, corset, orthopedic collar, stabilizer, orthosis, orthosis, plaster tutor, orthopedic vest);
- 117) **device** – under Option 'Hejt Stop' – 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) a device connected to computer hardware – a router, tablet or smartphone;
- 118) **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, apparatus or system;
- 119) **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;
- 120) **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;
- 121) **loss of eyesight** – total, permanent and irreversible loss of sight in both eyes recognized by a physician (VO=0, with no sense of light or with sense of light without location) arose as a result of a disease or a personal accident, provided that the permanence of the disease shall be determined at least 6 months from the date of its occurrence;
- 122) **congenital defect** – an anatomical abnormality classified according to the International Statistical Classification of Diseases and Related Health Problems (ICD-10) as congenital malformations, deformations and chromosome aberrations (ICD code: Q00-Q99);
- 123) **brain concussion** – a medically diagnosed brainstem dysfunction as a consequence of a personal accident, classified according to the International Statistical Classification of Diseases and Related Health Problems ICD-10 as a concussion (ICD code: S06.0);
- 124) **rabies** – a disease diagnosed by a physician and classified according to the ICD International Statistical Classification of Diseases and Related Health Problems (ICD-10) under code A82;
- 125) **practicing competitive sports** – a form of physical activity undertaken in order to obtain, by way of individual or collective competition, maximum sport results, consisting in practicing sports by the Insured:
- a) by participating in training sessions, competitions, training camps, fitness camps or training camps in extracurricular sports clubs, associations and organizations,
 - b) during physical education classes taking place under 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 practicing sports, both in individual and team form.
- Within the meaning of the GT&C, practicing competitive sports 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) practicing sports 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;
- 126) **traffic 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;
- 127) **insurance accident** – an event occurring during the insurance coverage period, which is the direct cause of damage, giving rise to the civil liability of the Insured and related to the Insured's activities consisting in education or training for a profession or private life;
- 128) **medical devices issued on request** – only medical devices issued on request as specified in the Regulation of the Minister of Health of 29 May 2017 on the list of medical devices issued on request in the wording valid as at the date of the conclusion of the insurance contract;
- 129) **infection with HIV virus** – a HIV infection diagnosed by a physician and classified according to the International Statistical Classification of Diseases and Related Health Problems (ICD-10) under code B20-B24, which has occurred solely as a result of a blood transfusion or in connection with an occupation;
- 130) **infection with viral hepatitis** – diagnosed by a physician on the basis of conducted examinations – yellowing of skin and mucous membranes, elevated parameters of AspAT, ALAT, presence of HBs antigen and HBe antigen;
- 131) **meningitis** – a disease diagnosed by a physician, caused by viruses and bacteria, causing inflammation, confirmed by examination of the cerebrospinal fluid, including: soft meninges, arachnoid meninges and subarachnoid space, classified according to the International Statistical Classification of Diseases and Related Health Problems (ICD-10) under code G00-G03;
- 132) **food poisoning** – an acute bacterial gastrointestinal disorder resulting from the consumption of food or intake of fluids containing harmful agents, characterized by diarrhea or vomiting. Food poisoning shall not be considered poisoning caused by the use of narcotics, substitutes, psychotropic substances and alcohol;
- 133) **myocardial infarction** – diagnosed by a physician and classified according to the International Statistical Classification of Diseases and Related Health Problems (ICD-10) under code I21-I22;
- 134) **fracture** – a break in the continuity of bone tissue found by a physician;
- 135) **pathological fracture** – a disease diagnosed by a physician and classified according to the International Statistical Classification of Diseases and Related Health Problems ICD-10 under code M80 or M84.4;
- 136) **habitual dislocation** – at least third dislocation of the same joint.



WHAT TYPE OF COVER DOES THIS INSURANCE POLICY PROVIDE? INSURANCE OBJECT AND COVERAGE

§3

1. The insurance object shall be the consequences of a personal accident which occurred during the insurance coverage term or disease and their consequences which were diagnosed during the the insurance coverage period, as well as civil liability limited to education or vocational training, including the liability of the Insured as a student or trainee for personal injury or property damage caused to third parties during the insurance coverage period as a result of a tort (unlawful act).
2. The insurance cover is provided 24 hours a day around the world, with the exception of the following:
 - 1) Additional Option D4 (Hospitalization as a result of a personal accident), Additional Option D3 (Hospitalization as a result of a disease), Additional Option D4 (Costs of plastic surgeries as a result of a personal accident), Additional Option D6 (Surgery as a result of a personal accident), Additional Option D7 (Surgery as a result of a disease), Additional Option D8 (Costs of medical treatment as a result of a personal accident), Additional Option D9 (Temporary inability of the Insured to study and/or to work as a result of a personal accident), Additional Option D10 (Costs of dental treatment as a result of a personal accident), Additional Option D11 (Onerous treatment as a result of a personal accident) and Additional Option D12 (EDU PLUS Assistance), Additional Option D18 (Care for a hospitalized child), under which insurance coverage is granted 24 hours a day in the territory of the Republic of Poland;
 - 2) Additional Option D20 (Legal Assistance), insurance coverage is

granted from Monday to Friday at 9:00 am – 05:00 pm and covers insurance accidents occurring during the insurance period and recognized in the Republic of Poland according to Polish law;

- 3) Option "Hejt Stop", IT support is available 24 hours a day on business days, and legal assistance and psychological support are available from 8:00 AM to 8:00 PM on business days, excluding bank holidays and December 24 and December 31.
3. Insurance coverage under Additional Option D9 (Liability insurance for interns) is provided during the time and at the place of education or vocational training, in accordance with a civil law contract for vocational training concluded by an educational institution as part of the curriculum, with the exception of the United States of America, Canada, Japan, Australia, and New Zealand.



WHAT OPTION OF INSURANCE WILL YOU CHOOSE?

SCOPE OF INSURANCE COVER

§4

1. At the request of the Policyholder, as well as on the basis of the provisions of the GT&C, the insurance contract may be concluded in:
 - 1) **Option "Podstawowa" or Option "Podstawowa Plus"** covering:
 - a) death of the Insured as a result of a personal accident;
 - b) death of the Insured as a result of a personal accident within the grounds of an educational institution;
 - c) health detriment as a result of a personal accident;
 - d) costs of purchasing medical devices issued on request and costs of a purchase or repair of corrective glasses, a hearing device, orthodontic device and/or insulin pump damaged as a result of a personal accident within the grounds of an educational institution;
 - e) costs of the dream trip;
 - f) a bite, nipping, stinging;
 - g) diagnosis of sepsis in a child Insured;
 - h) death of a legal guardian or a parent of the Insured as a result of a personal accident;
 - i) health detriment from epilepsy;
 - j) assault, battery;
 - k) food poisoning or sudden gas poisoning, or electric shock or lightning;
 - l) diagnosis of zoonoses (echinococcosis, toxoplasmosis, rabies) in the Insured;
 - m) costs of the search operation for the child;
 - 2) **Option "Ochrona"** in one of the options (01-11), including:
 - a) death of the Insured as a result of a personal accident;
 - b) death of the Insured as a result of a personal accident within the grounds of an educational institution;
 - c) diagnosis of sepsis in a child Insured;
 - d) permanent partial disability;
 - e) costs of purchasing a wheelchair in the case of disability as a result of a personal accident;
 - f) a fracture of one or more bones as a result of a personal accident;
 - g) wounds as a result of a personal accident;
 - h) injuries to the locomotor system resulting as a result of a personal accident;
 - i) a bite, nipping, stinging;
 - j) the costs of purchasing medical devices made to order and the costs of purchasing or repairing prescription glasses, hearing aids, orthodontic appliances or insulin pumps damaged as a result of an accident on the premises of an educational institution;
 - k) death of a legal guardian or a parent of the Insured as a result of a personal accident;
 - l) food poisoning or sudden gas poisoning, or electric shock or lightning;
 - m) diagnosis of zoonoses (echinococcosis, toxoplasmosis, rabies) in the Insured;
 - n) costs of the search operation for the child;
 - 3) **Option "Ochrona Plus"** including the following risks:
 - a) death of the Insured as a result of a personal accident;
 - b) death of the Insured as a result of a personal accident within the grounds of an educational institution;
 - c) costs of purchasing medical devices issued on request and costs
2. The scope of the insurance contract included in Option "Podstawowa", Option "Podstawowa Plus", Option "Ochrona", Option "Ochrona Plus", in addition to the risks indicated in section 1, also includes Option "Hejt Stop", referred to in §10.
3. For the payment of additional premium, Option "Podstawowa", Option "Podstawowa Plus", Option "Ochrona", Option "Ochrona Plus", may be extended by Additional Options D1 – D20:
 - 1) **Additional Option D1** – Death of the Insured as a result of a traffic accident;
 - 2) **Additional Option D2** – Burns and frostbite;
 - 3) **Additional Option D3** – Hospitalization as a result of a personal accident;
 - 4) **Additional Option D4** – Hospitalization as a result of a disease;
 - 5) **Additional Option D5** – Serious Illness;
 - 6) **Additional Option D6** – Surgery as a result of a personal accident;
 - 7) **Additional Option D7** – Surgery as a result of a disease;
 - 8) **Additional Option D8** – Costs of medical treatment as a result of a personal accident;
 - 9) **Additional Option D9** – Liability insurance for interns;
 - 10) **Additional Option D10** – Costs of dental treatment as a result of a personal accident;
 - 11) **Additional Option D11** – Onerous treatment as a result of a personal accident;
 - 12) **Additional Option D12** – EDU PLUS Assistance;
 - 13) **Additional Option D13** – TeleMedicine;
 - 14) **Additional Option D14** – Second Medical Opinion;
 - 15) **Additional Option D15** – Costs of the Insured's funeral;
 - 16) **Additional Option D16** – TICK package and diagnosis of Lyme disease;
 - 17) **Additional Option D17** – Costs of a paid trip following a personal accident;
 - 18) **Additional Option D18** – Care for a hospitalized child;
 - 19) **Additional Option D19** – Post-exposure treatment costs;
 - 20) **Additional Option D20** – Legal Assistance.
4. The scope of insurance in a contract concluded in individual or family form shall cover the consequences of personal accidents suffered in connection with competitive sports by an Insured who is under 20 years of age on the date of commencement of InterRisk's liability.
5. 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 practicing competitive sports.
6. In Additional Option D9 (Liability insurance for interns) referred to in section 3(9), insurance coverage may be extended to the Insured who, on the date of commencement of InterRisk's liability, is at least 13 years old and under 26 years of age.



WHEN WILL INTERRISK NOT PAY OUT A BENEFIT?

EXCLUSIONS OF LIABILITY

§5

1. InterRisk shall not be liable for events occurring as a result of or in connection with:
 - 1) intentional committing or attempting to commit a crime by the Insured, a legal guardian or parent of the Insured;

- 2) committing or attempting suicide or self-inflicted injury by the Insured, a legal guardian or parent of the Insured;
 - 3) bodily injuries caused before the date of the start of insurance coverage;
 - 4) diseases diagnosed before the date of the start of insurance coverage;
 - 5) acts of war, martial law, riots and unrest, and acts of terrorism, excluding passive acts of terror;
 - 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) an occupational disease, mental illness;
 - 9) an autoimmune disease, except for provisions of §11(1)(5);
 - 10) congenital defects and their consequences, except for the provisions of §11(1)(5);
 - 11) a myocardial infarction or cerebral stroke, diagnosis of sepsis in an Insured not falling under the definition of a child as referred to in §2(24);
 - 12) practicing competitive sports under an agreement concluded in an individual or family form, subject to §4(4);
 - 13) practicing sports and high-risk activities by the Insured, a legal guardian or parent of the Insured;
 - 14) a habitual dislocation;
 - 15) performing preventive examinations not resulting from disease or personal accident and not recommended by a physician;
 - 16) Acquired Immunodeficiency Syndrome (AIDS) and related opportunistic infections, cancer, neurological diseases and other AIDS-related disease syndromes;
 - 17) the Insured's, the Insured's legal guardian's or parent's remaining under the influence of alcohol, narcotics, psychotropic substances or substitutes within the meaning of the Act on Counteracting Drug Addiction, in the wording valid as at the date of the conclusion of the insurance contract, with the exception of cases of taking such substances in accordance with a physician's recommendation, provided that the Insured, legal guardian or parent of the Insured being under the influence of alcohol, narcotics, psychotropic substances or substitutes had an impact on the occurrence of personal accident or disease;
 - 18) radioactive waste or explosives, except in the case of an event arising out of or in connection with explosives used in class;
 - 19) a secondary surgery;
 - 20) fainting;
 - 21) a pathological fracture.
2. In the case of Additional Option D3 (Hospitalization as a result of a personal accident), Additional Option D4 (Hospitalization as a result of a disease) and Additional Option D18 – care for a hospitalized child, referred to in §11(1)(3),(4),(18) of the GT&C, taking into account the exclusions specified in section 1, additionally InterRisk shall not be liable for:
 - 1) events arising as a result of or in connection with rehabilitation recommended in connection with the accident or disease;
 - 2) a hospitalization which, on the basis of medical records, ended with no diagnosis of illness or injury and was a hospitalization for diagnostic purposes.
 3. Additionally, for Additional Option D5 (Serious Illness) and Additional Option D14 (Second Medical Opinion), including the exceptions determined in section 1, InterRisk shall not be liable for diagnosing a non-invasive cancer (carcinoma in situ).
 4. In the case of Additional Option D9 (Liability insurance for interns), subject to the provisions of section 1(1) and (17), InterRisk shall not be liable for damage:
 - 1) caused in connection with: competitive sports or recreational sports, high-risk sports and activities;
 - 2) resulting from acts of vandalism or sabotage;
 - 3) resulting from the transmission of any diseases;
 - 4) arising as a result of the Insured's contractual assumption of third party civil liability or as a result of the extension of the scope of their own civil liability under the law;
 - 5) resulting from the possession of firearms and participation in hunting;
 - 6) related to the infringement of copyrights, patents, trademarks and designations;
 - 7) consisting in the loss or damage of money and other means of payment, payment cards, securities, all types of documents, philatelic, numismatic and archival collections, jewellery (including watches) and works of art;
 - 8) in property which the Insured possessed on the basis of a rental, lease, loan, storage, leasing or other contractual title;
 - 9) covered by compulsory insurance;
 - 10) consisting in the obligation to pay a contractual penalty, fine, penalty payment or monetary penalty;
 - 11) related to the breeding of animals for commercial purposes;
 - 12) caused by any type of computer virus or program that disrupts the operation of any program, computer, network or telephone, regardless of the cause of their appearance, including those related to Internet access and use;
 - 13) caused to a business entity if the Insured is its owner, co-owner, shareholder or stockholder;
 - 14) resulting from the destruction or damage of a mobile phone or smartphone.
5. In the case of Additional Option D11 (onerous treatment as a result of a personal accident), InterRisk will not pay a benefit if the follow-up medical appointments were made via telemedicine or communication systems.
 6. The insurance coverage shall not cover compensation for pain, suffering or physical and mental suffering.
 7. InterRisk shall not be liable for medical treatment costs or dental treatment costs incurred outside the territory of the Republic of Poland.
 8. InterRisk shall not cover the costs of travel to medical centers by the Insured, except for medical transport under Additional Option D12 (EDU PLUS Assistance), costs incurred in connection with obtaining medical records and costs of purchase of medicines, except for extending the scope by Additional Option D8 (Costs of treatment as a result of a personal accident) in accordance with §11(1)(8) of the GT&C.
 9. The scope of services provided under Additional Option D12 (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 authorization of the Assistance Center, even if the costs are within the limits of liability, unless the lack of notification and authorization of the Assistance Center occurred for reasons beyond the control of the Insured;
 - 3) costs of transport of medicines not prescribed by the attending physician.
 10. In the case of Additional Option D14 (Second Medical Opinion), subject to the exclusions set forth in section 1, additionally InterRisk shall not be liable for:
 - 1) events due to which the Insured's treatment was started before the date of start of insurance coverage;
 - 2) events that occurred within 30 days, counting from the date of start of insurance coverage;
 - 3) the consequences of any action or inaction based on the information contained in the Second Medical Opinion and the consequences of implementing the treatment plans proposed by the Consultant, as well as their effectiveness.
 11. Additionally, for Additional Option D19 (Post-exposure treatment costs), including the exceptions determined in section 1, InterRisk shall not be liable for infection with the HIV virus or infection with the hepatitis virus which occurred before the date of start of insurance cover.
 12. InterRisk will not provide coverage or pay benefits to the extent that the coverage or payment of benefits would expose InterRisk to consequences related to non-compliance with UN resolutions or sanction regulations, trade embargoes or economic sanctions enacted under the laws of the European Union or the United States of America, the United Kingdom of Great Britain and Northern Ireland or the laws of other countries and regulations issued by international organizations, if applicable to the object of contract.



WHAT DOES OPTION "PODSTAWOWA" PROVIDE? TYPE AND AMOUNT OF BENEFITS

§6

Option "Podstawowa" shall cover the following benefits:

- 1) **as a result of a personal accident:**
 - a) in the case of **100% health detriment** – a benefit amounting to 100% of the insurance amount under the insurance contract;

- b) in the case of **health detriment of less than 100%** – a benefit amounting such a percentage of the insurance amount that the health detriment occurred;
- c) **costs of acquisition of medical devices issued on request and costs of a purchase or repair of corrective glasses, a hearing device, orthodontic device and/or insulin pump damaged due to a personal accident within the grounds of an educational institution:**
 - i. acquisition of medical devices issued on request – up to 30% of the insurance amount under the insurance contract, 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;
 - ii. reimbursement of costs of a purchase or repair of corrective glasses, a hearing device, orthodontic device and/or insulin pump damaged due to a personal accident within the grounds of an educational institution – up to PLN 300, provided that the personal accident as result of which the corrective glasses, hearing device, orthodontic device and/or insulin pump happened within the grounds of an educational institution and resulted in a bodily injury requiring medical attention at a medical center²;

²NOTE – please note that the costs of purchasing/repairing prescription glasses, hearing aids, orthodontic appliances or insulin pumps will only be reimbursed if the injury was caused by an accident that occurred during the insurance coverage period under the relevant insurance contract.

- d) **costs of the dream trip** – reimbursement of documented costs up to 30% of the insurance amount under the insurance contract, provided that:
 - i. during the insurance coverage period, the Insured was recognised as disabled and meets the definition of a disabled child referred to in §2 points 24) and 44);
 - ii. the costs were incurred during the insurance coverage period;
- 2) in the case of **health detriment as a result of an epileptic seizure** – a one-off benefit amounting to 1% of the insurance amount under the insurance contract, provided that epilepsy was diagnosed for the first time within the insurance period;
- 3) in the case of the **Insured's death as a result of a personal accident** – a benefit amounting to 100% of the insurance amount under the insurance contract, provided that:
 - a) the personal accident occurred during the insurance period; and
 - b) the death occurred within two years from the date of the personal accident;
- 4) in the case of the **Insured's death as a result of a personal accident within the grounds of an educational institution** – an additional benefit amounting to 300% of the insurance amount under the insurance contract, provided that:
 - a) the personal accident occurred in the educational institution where the Insured is a pupil or employee, during the insurance period;
 - b) the death occurred within six months from the date of personal accident; and
 - c) the personal accident is documented by a certificate issued by the director of the educational institution;
- 5) in the case of a **diagnosis of sepsis in a child Insured** – a one-off benefit amounting to 10% of the insurance amount under the insurance contract, but no more than PLN 5000, provided that the sepsis was diagnosed for the first time during the insurance coverage term;
- 6) in the case of **death of a legal guardian or parent of the Insured as a result of a personal accident** – a one-off benefit amounting to 10% of the insurance amount under the insurance contract, provided that:
 - a) the personal accident occurred during the insurance period;
 - 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 coverage term;
- 7) in the case of a **bite, nipping, stinging** – a one-off benefit amounting to:
 - a) 1% of the insurance amount under the insurance contract in the case of a bite;
 - b) 2% of the insurance amount under the insurance contract in the

- case of nipping, stinging, provided that an at least 2-day hospitalization was necessary as a result of nipping, stinging;
- 8) in the event of assault or battery – a benefit equal to 1.5% of the sum insured for each percentage of health impairment, provided that the assault or battery resulted in health impairment exceeding 20%;
- 9) in the case of **food poisoning, sudden gas poisoning**, or in the case of **electrocution or lightning** – a one-off benefit amounting to 2% of the insurance amount specified in the insurance contract, provided that the Insured is hospitalized for at least three days as a result of food poisoning, sudden gas poisoning, or in the case of electrocution or lightning;
- 10) in the case of a **diagnosis of zoonoses in the Insured** (echinococcosis, toxoplasmosis, rabies) – a one-off benefit amounting to 5% of the insurance amount specified in the insurance contract, provided that echinococcosis, toxoplasmosis or rabies has been diagnosed during the insurance period;
- 11) **costs of child search operations** – reimbursement of documented costs up to 10% of the insurance amount specified in the contract of insurance, provided that a report of the disappearance of the child to the police is documented.



WHAT DOES OPTION "PODSTAWOWA PLUS" PROVIDE? TYPE AND AMOUNT OF BENEFITS

§7

Option "Podstawowa Plus" includes the following benefits:

- 1) **as a result of a personal accident:**
 - a) in the case of **100% health detriment** – a benefit amounting to 100% of the insurance amount under the insurance contract;
 - b) in the case of **health detriment below 100%** – a benefit amounting to such a percentage of the insurance amount, in which health detriment occurred only for the bodily injuries specified in the EDU PLUS Health Detriment Standards Table, constituting Appendix No. 1 to the GT&C;
 - c) **costs of acquisition of medical devices issued on request and costs of a purchase or repair of corrective glasses, a hearing device, orthodontic device and/or insulin pump due to a personal accident within the grounds of an educational institution** – reimbursement of documented costs of:
 - i. acquisition of medical devices issued on request – up to 30% of the insurance amount under the insurance contract, 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;
 - ii. reimbursement of costs of a purchase or repair of corrective glasses, a hearing device, orthodontic device and/or insulin pump damaged due to a personal accident within the grounds of an educational institution – up to PLN 300, provided that the personal accident as result of which the corrective glasses, hearing device, orthodontic device and/or insulin pump happened within the grounds of an educational institution and resulted in a bodily injury requiring medical attention at a medical center³;

³NOTE – please note that the costs of purchasing/repairing prescription glasses, hearing aids, orthodontic appliances or insulin pumps will only be reimbursed if the injury was caused by an accident that occurred during the insurance coverage period under the relevant insurance contract.

- d) **costs of the dream trip** – reimbursement of documented costs up to 30% of the insurance amount under the insurance contract, provided that:
 - i. during the insurance coverage period, the Insured was recognised as disabled and meets the definition of a disabled child referred to in §2 points 24) and 44);
 - ii. the costs were incurred during the insurance coverage period;
- 2) in the case of **health detriment as a result of an epileptic seizure** – a one-off benefit amounting to 1% of the insurance amount under the insurance contract, provided that epilepsy was diagnosed for the first time within the insurance period;
- 3) in the case of the **Insured's death as a result of a personal accident** – a benefit amounting to 100% of the insurance amount under the

insurance contract, provided that:

- a) the personal accident occurred during the insurance period; and
 - b) the death occurred within two years from the date of the personal accident;
- 4) in the case of **the Insured's death as a result of a personal accident within the grounds of an educational institution** – an additional benefit amounting to 300% of the insurance amount under the insurance contract, provided that:
- a) the personal accident occurred in the educational institution where the Insured is a pupil or employee, during the insurance period;
 - b) the death occurred within six months from the date of personal accident; and
 - c) the personal accident is documented by a certificate issued by the director of the educational institution;
- 5) in the case of a **diagnosis of sepsis in a child Insured** – a one-off benefit amounting to 10% of the insurance amount under the insurance contract, but no more than PLN 5000, provided that the sepsis was diagnosed for the first time during the insurance coverage term;
- 6) in the case of **the death of a legal guardian or a parent of the Insured as a result of a personal accident** – a one-off benefit amounting to 10% of the insurance amount under the insurance contract, provided that:
- a) the personal accident occurred during the insurance period; 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;
- 7) in the case of a **bite, nipping, stinging** – a one-off benefit amounting to:
- a) 1% of the insurance amount under the insurance contract in the case of a bite;
 - b) 2% of the insurance amount under the insurance contract in the case of nipping, stinging, provided that an at least 2-day hospitalization was necessary as a result of nipping, stinging;
- 8) in the event of assault or battery – a benefit equal to 1.5% of the sum insured for each percentage of health impairment, provided that the assault or battery resulted in health impairment exceeding 20%;
- 9) in the case of **food poisoning, sudden gas poisoning**, or in the case of **electrocution or lightning** – a one-off benefit amounting to 2% of the insurance amount specified in the insurance contract, provided that the Insured is hospitalized for at least three days as a result of food poisoning, sudden gas poisoning, or in the case of electrocution or lightning;
- 10) in the case of a **diagnosis of zoonoses in the Insured** (echinococcosis, toxoplasmosis, rabies) – a one-off benefit amounting to 5% of the insurance amount specified in the insurance contract, provided that echinococcosis, toxoplasmosis or rabies has been diagnosed during the insurance period;
- 11) **costs of child search operations** – reimbursement of documented costs up to 10% of the insurance amount specified in the contract of insurance, provided that a report of the disappearance of the child to the police is documented.



WHAT DOES OPTION "OCHRONA" PROVIDE? TYPE AND AMOUNT OF BENEFITS

§8

Option "Ochrona" shall cover the following benefits:

- 1) in the case of **the Insured's death as a result of a personal accident** – a benefit amounting to 100% of the insurance amount under the insurance contract, provided that:
 - a) the personal accident occurred during the insurance period; and
 - b) the death occurred within two years from the date of the personal accident;
- 2) in the case of **the Insured's death as a result of a personal accident within the grounds of an educational institution** – an additional benefit amounting to 100% of the insurance amount under the insurance contract, provided that:
 - a) the personal accident occurred in the educational institution where the Insured is a pupil or employee, during the insurance period;
 - b) the death occurred within six months from the date of personal accident; and

- c) the personal accident is documented by a certificate issued by the director of the educational institution;
- 3) in the case of a **diagnosis of sepsis in a child Insured** – a one-off benefit amounting to 100% of the insurance amount under the insurance contract, provided that the sepsis was diagnosed for the first time within the insurance period;
 - 4) 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 amounting to a percentage of the insurance amount under the insurance contract for permanent partial disability;

TABLE NO. 1

ITEM	type of injury	Amount of the benefit expressed as a percentage (%) of the insurance amount under the insurance contract for permanent partial disability	
Total physical loss or total and permanent loss of function of specific organs or permanent impairment of the function of specific organs:			
1.	eyesight in both eyes	100	
2.	eyesight 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 of:		
a)	hip joint, thigh, knee joint, shank, foot	50	
b)	big toe	5	
c)	other toe	2	
9.	lower limb paresis	25	
10.	restriction of hip joint mobility	20	
11.	restriction of knee joint mobility	10	
12.	loss of upper limb at the level of:	right	left
a)	shoulder joint, arm, elbow joint, forearm, hand	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 an ovary or testicle	20	
d)	total loss of the 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 insurance coverage term 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 insurance amount under the insurance contract 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 amounting to a percentage of the insurance amount 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 amounting to a percentage of the insurance amount 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 insurance coverage term, one or more bones are broken as a result of the personal accident referred to in item 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 the case of permanent partial disability and the Insured shall be entitled to benefit amounting to the difference between the benefit due to permanent partial disability and the benefit paid in the case of breakage of one or more bones as a result of a personal accident;
- 5) in the case of **reimbursement of the costs of a purchase of a wheelchair in the case of disability as a result of a personal accident** – if as a result of a personal accident which occurred during the insurance coverage term, the Insured suffers bodily injury resulting in permanent partial disability listed in Table No. 1, which according to the physician'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 insurance amount under the insurance contract;
- 6) in the 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 – amounting to a percentage of the insurance amount under the insurance contract for breaking one or more bones as a result of a personal accident:

TABLE NO. 2

ITEM	type of fracture of one or more bones	Amount of the benefit expressed as a percentage (%) of the insurance amount under the insurance contract 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 fracture	100
b)	other open fractures	50
c)	other multi-fracture	30
d)	other fractures	20
e)	nose fracture	10
2.	Fracture of the femur, heelbone:	
a)	multi-break open fracture	50
b)	other open fractures	40
c)	other multi-fracture	30
d)	other fractures	20
3.	Fracture of shinbone, collarbone, lateral and medial ankle, humerus, forearm, wrist bone (if there is a fracture of more than one wrist bone in one personal accident, the benefit is paid for the one wrist bone with the highest type of fracture)	
a)	multiple open fracture	50

b)	other open fractures	40
c)	other multiple fracture	30
d)	other fractures	20
4.	Lower jaw fractures:	
a)	multiple open fracture	50
b)	other open fractures	40
c)	other multiple fracture	30
d)	other fractures	20
5.	Fractures of the shoulder blade, patella, sternum, metatarsal, meta-tarsal, tarsal bones:	
a)	open fractures	30
b)	other fractures	20
6.	Spinal fractures (vertebral bodies):	
a)	compression fractures	20
b)	spinal fracture	20
c)	other fractures of spinous and transverse processes	10
7.	Fractures of a rib or ribs, the 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)	in total not more than	20
9.	Finger/toe fractures	2

- a) if as a result of the same personal accident that occurred during the insurance period 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 insurance amount under the insurance contract 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 insurance coverage term 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 the case of permanent partial disability, and the Insured shall be entitled to benefit amounting to the difference between the benefit due in the case of permanent partial disability and the benefit paid in the case of breaking one or more bones as a result of a personal accident;
- 7) in the case of **wounds as a result of a personal accident**:
- a) 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-off benefit amounting to 100% of the insurance amount under the insurance contract shall be due, subject to item b);
 - 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-off benefit amounting to 20% of the insurance amount under the insurance contract shall be due;
- 8) in the case of **injuries to the locomotor system resulting from a personal accident**:
- a) if during the insurance period the Insured suffers a bodily injury resulting in not breaking the bone of the locomotor system, but in accordance with the physician's recommendation, **the motor organ 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-off benefit shall be granted amounting to 100% of the insurance amount under the insurance contract;

- b) if during the insurance period the Insured suffers bodily injury resulting in no fracture of the locomotor system bone, but in accordance with the physician's recommendation, **the motor organ will be immobilized for more than 7 days** exclusively with the use of the following medical means: an orthopedic collar, stabilizer, orthosis, plaster tutor, splint, orthopedic vest, causing exclusion of locomotor system activities – a one-off benefit shall be granted amounting to 50% of the insurance amount under the insurance contract;
- c) if during the insurance period the Insured suffers an injury of a finger(s) or toe(s) as a result of which bone fracture shall not occur, but in accordance with the physician's recommendation the **finger(s) and/or toe(s) shall be immobilized for more than 7 days** exclusively with the use of the following medical means: plaster, synthetic plaster (light plaster), rail, causing exclusion of the finger or fingers function – a one-off benefit shall be granted amounting to 25% of the insurance amount under the insurance contract;
- d) if, as a result of the same personal accident that occurred during the insurance coverage term, 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 the case of locomotor system injury shall be credited towards the benefit due in the case of permanent partial disability, and the Insured shall be entitled to benefit amounting to the difference between the amount of benefit due in the case of permanent partial disability and the benefit paid in the case of locomotor system injury;
- 9) in the case of a **bite, nipping, stinging** – a one-off benefit amounting to:
 - a) 50% of the insurance amount under the insurance contract as a result of a bite;
 - b) 100% of the insurance amount under the insurance contract, provided that at least 2-day hospitalization was necessary as a result of **nipping, stinging**;
- 10) **the costs of purchasing medical devices issued on prescription and the costs of purchasing or repairing prescription glasses, hearing aids, orthodontic appliances or insulin pumps damaged as a result of an accident on the premises of an educational institution:**
 - a) purchase of medical devices issued on prescription – up to 100% of the sum insured specified in the insurance contract, provided that they are medically necessary and documented by a copy of a doctor's prescription for the supply of medical devices issued on prescription and were incurred in the territory of the Republic of Poland within a period not exceeding two years from the date of the accident;
 - b) purchase or repair of prescription glasses, hearing aids, orthodontic appliances or insulin pumps damaged as a result of an accident on the premises of an educational institution – up to PLN 300, provided that the accident resulting in damage to prescription glasses, hearing aids, orthodontic appliance or insulin pump took place on the premises of an educational institution and resulted in bodily injury requiring medical intervention at a medical facility⁴;

⁴NOTE – please note that the costs of purchasing/repairing prescription glasses, hearing aids, orthodontic appliances or insulin pumps will only be reimbursed if the injury was caused by an accident that occurred during the insurance coverage period under the relevant insurance contract.

- 11) in the case of **the death of a legal guardian or a parent of the Insured in the following cases** – a one-off benefit amounting to 100% of the insurance amount under the insurance contract, provided that the personal accident occurred during the insurance period; and the death occurred within 12 months from the date of the personal accident. The liability of InterRisk is limited to two events during the insurance period;
- 12) in the case of **food poisoning, sudden gas poisoning**, or in the case of **electrocution or lightning** – a one-off benefit amounting to 100% of the insurance amount specified in the insurance contract, provided that the Insured is hospitalized for at least three days as a result of food poisoning, sudden gas poisoning, or in the case of electrocution or lightning;
- 13) in the case of a **diagnosis of zoonoses in the Insured** (echinococcosis, toxoplasmosis, rabies) – a one-off benefit amounting to 100% of the

insurance amount specified in the insurance contract, provided that echinococcosis, toxoplasmosis or rabies has been diagnosed during the insurance period;

- 14) **costs of child search operations** – reimbursement of documented costs up to 10% of the insurance amount specified in the contract of insurance, provided that a report of the disappearance of the child to the police is documented.



WHAT DOES OPTION "OCHRONA PLUS" PROVIDE? TYPE AND AMOUNT OF BENEFITS

§9

Option "Ochrona Plus" includes the following benefits:

- 1) in the case of the **Insured's death as a result of a personal accident** – a benefit amounting to 100% of the insurance amount under the insurance contract, provided that:
 - a) the personal accident occurred during the insurance period and
 - b) the death occurred within two years from the date of the personal accident;
- 2) in the case of the **Insured's death as a result of a personal accident within the grounds of an educational institution** – an additional benefit amounting to 300% of the insurance amount under the insurance contract, provided that:
 - a) the personal accident occurred in the educational institution where the Insured is a pupil or employee, during the insurance period;
 - b) the death occurred within six months from the date of personal accident and
 - c) the personal accident is documented by a certificate issued by the director of the educational institution;
- 3) **costs of acquisition of medical devices issued on request and costs of a purchase or repair of corrective glasses, a hearing device, orthodontic device and/or insulin pump damaged due to a personal accident within the grounds of an educational institution – reimbursement of documented costs of:**
 - a) acquisition of medical devices issued on request – up to 30% of the insurance amount under the insurance contract, 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;
 - b) reimbursement of costs of a purchase or repair of corrective glasses, a hearing device, orthodontic device and/or insulin pump damaged due to a personal accident within the grounds of an educational institution – up to PLN 200, provided that the personal accident as result of which the corrective glasses, hearing device, orthodontic device and/or insulin pump happened within the grounds of an educational institution and resulted in a bodily injury requiring medical attention at a medical center⁵;

⁵NOTE – please note that the costs of purchasing/repairing prescription glasses, hearing aids, orthodontic appliances or insulin pumps will only be reimbursed if the injury was caused by an accident that occurred during the insurance coverage period under the relevant insurance contract.

- 4) **costs of the dream trip** – reimbursement of documented costs up to 30% of the insurance amount under the insurance contract, provided that
 - a) during the insurance coverage period, the Insured was recognised as disabled and meets the definitions of a disabled child referred to in §2 points 24) and 44);
 - b) the costs were incurred during the insurance coverage period;
- 5) in the case of **health detriment resulting from an epileptic seizure** – a one-off benefit in the insurance period amounting to 1% of the insurance amount under the insurance contract, provided that the epilepsy was diagnosed for the first time in the insurance period;
- 6) in the case of a **diagnosis of sepsis in a child Insured** – a one-off benefit amounting to 10% of the insurance amount under the insurance contract, but no more than PLN 5000, provided that the sepsis was diagnosed for the first time within the insurance period;
- 7) in the case of **the death of a legal guardian or a parent of the Insured as a result of a personal accident** – a one-off benefit amounting to 10% of the insurance amount under the insurance contract, provided that:

- a) the personal accident occurred during the insurance period 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;
- 8) in the case of a **bite, nipping, stinging** – a one-off benefit amounting to:
 - a) 1% of the insurance amount under the insurance contract in the case of a bite;
 - b) 2% of the insurance amount under the insurance contract in the case of nipping, stinging, provided that an at least 2-day hospitalization was necessary as a result of nipping, stinging;
- 9) in the case of **permanent partial disability** – depending on the type of health detriment 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. 3 – a benefit amounting to a percentage of the insurance amount under the insurance contract for Option "Ochrona Plus":

TABLE NO. 3

ITEM	type of injury	Amount of benefit expressed as a percentage (%) of the sum of the insurance specified in the insurance contract for Option "Ochrona Plus"
1.	loss of an upper limb at shoulder or shoulder level	80
2.	loss of an upper limb at elbow or forearm level	60
3.	loss of a hand	50
4.	total loss of fingers: digit 2, 3, 4 and 5	8 – for each finger
5.	total loss of a thumb	22
6.	loss of a lower limb at hip joint or femur level	75
7.	total loss of a lower limb at the level of the knee, shank or ankle joint	60
8.	total loss of a foot	40
9.	total loss of toes: digits 2 to 5	3 – for each toe
10.	total loss of a 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 an ear cavity	15
16.	total loss of the 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 an ovary or testicle	20
23.	paresis of at least two limbs below 3 on the Lovett scale	100
24.	coma lasting more than 30 days	100

- a) if, as a result of the same personal accident that occurred during the insurance coverage term, permanent partial disability occurs, for which InterRisk shall pay compensation to the Insured, and then in connection with the same health detriment causing permanent partial disability, the fracture, dislocation or torsion specified in Table No. 4 shall occur, resulting from the same personal accident, then the benefit paid in the case of permanent partial disability shall be credited towards the benefit due in the case of breakage or dislocation or torsion, and the Insured shall

be entitled to benefit amounting to the difference between the benefit due in the case of breakage or dislocation or torsion and the benefit paid in the case of permanent partial disability;

- 10) in the case of **bone fractures, dislocations or joint sprains as a result of a personal accident**:

- a) in the case 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. 4 – a benefit in the amount constituting a percentage of the insurance sum specified in the insurance contract:

TABLE NO. 4

ITEM	type of fracture of one or more bones, joint dislocation or sprain	Amount of benefit expressed as a percentage (%) of the sum of the insurance specified in the insurance contract for Option "Ochrona Plus"
1.	Fractures of the vault and skull base bones	5
2.	Craniofacial fractures	4
3.	Fracture of the shoulder blade, collarbone, sternum	4 – for each bone
4.	Fractures of a rib, ribs	2 – for each rib 10 – maximum in the case of multiple rib fractures
5.	Dislocation of the shoulder joint, humeral joint	3
6.	Shoulder bone fractures	5
7.	Forearm bone fractures (both or one bone)	3
8.	Dislocation of the elbow joint	3
9.	Metacarpal, wrist area fractures	2
10.	Fracture of finger II – V bones	1 – for each finger
11.	Finger II – V joint dislocations	1 – for each finger
12.	Fracture of a thumb	2
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	5
18.	Shin bone fractures (both or one)	4
19.	Fractures of the kneecap	4
20.	Knee joint dislocation, twisting requiring surgery	4
21.	Fractures in the metatarsal, tarsal areas	2
22.	Finger fractures	2
23.	Toe bone fractures: digits 2 to 5	1 – for each toe
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 (excluding caudal bone)	7 – for each disc
27.	Spinal fractures – concerns transverse processes, spinous vertebrae	2 – for each disc
28.	Tailbone fractures	3.5
29.	Permanent tooth fracture	1 – for each tooth 5 – maximum in the case of fracture of multiple permanent teeth

30.	Ankle joint twisting not requiring surgery	1
31.	Knee joint twisting not requiring surgery	1

- b) except for the damage referred to in points 20 and 25 of Table No. 4, in the case when the breakage, dislocation or twisting required carrying out surgeries, the Insured shall be entitled, apart from the benefit resulting from Table No. 4, to an additional benefit amounting to 1% of the insurance amount under the insurance contract;
- c) if as a result of the same personal accident that occurred during the insurance coverage term, more than one break or sprain or sprain occurs, there is – in accordance with Table No. 4 – a benefit being the sum of amounts for each type of break or sprain or sprain, but the amount of benefit cannot exceed the insurance amount under the agreement;
- d) if, as a result of the same personal accident which occurred during the insurance coverage term, 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. 3, arising as a result of the same personal accident, then the benefit paid in the case of breakage or dislocation or twisting shall be credited towards the benefit due in the case of permanent partial disability and the Insured shall be entitled to benefit amounting to the difference between the benefit due in the case of permanent partial disability and the benefit paid in the case of breakage or dislocation or twisting;

- 11) in the case of **a concussion as a result of a personal accident** – if the Insured suffered a concussion, as a result of which the necessary hospitalization of the Insured lasts for at least three days, the Insu-

red is entitled to a one-off benefit amounting to 1% of the insurance amount under the insurance contract;

- 12) in the case of **food poisoning, sudden gas poisoning**, or in the case of **electrocution or lightning** – a one-off benefit amounting to 2% of the insurance amount specified in the insurance contract, provided that the Insured is hospitalized for at least three days as a result of food poisoning, sudden gas poisoning, or in the case of electrocution or lightning;
- 13) in the case of a **diagnosis of zoonoses in the Insured** (echinococcosis, toxoplasmosis, rabies) – a one-off benefit amounting to 5% of the insurance amount specified in the insurance contract, provided that echinococcosis, toxoplasmosis or rabies has been diagnosed during the insurance period;
- 14) **costs of child search operations** – reimbursement of documented costs up to 10% of the insurance amount specified in the contract of insurance, provided that a report of the disappearance of the child to the police is documented.

WHAT DOES OPTION "HEJT STOP" PROVIDE TYPES AND LIMITS OF OPTION "HEJT STOP" BENEFITS

§10

I. INSURANCE OBJECT

The insurance object shall be the arrangement and coverage of the costs of providing the Insured with IT support services, psychological support, legal assistance, as referred to in item II.

II. INSURANCE COVERAGE

If IT support, psychological support or legal assistance is provided, the Assistance Center will arrange and cover the costs of providing IT services to the Insured or providing psychological consultation and legal advice to the Insured, within the benefit limits and in connection with the events as follows.

Item	Events	Scope	Benefit limit
I	IT support		
1.	improved security on social networks	Assistance with: a) setting the password in accordance with the security policy of the respective portal; b) securing the account with two-step verification; c) analyzing the location of account logins by third parties (unauthorized access); d) privacy settings (public profiles, private profiles); e) removing unwanted applications, games, sites and advertisements; f) processing any online payments; g) setting up notifications of unrecognized account logins; h) encryption of notification messages; i) remote assistance from an IT specialist to remove or stop access to negative or illegally accessed information about the Insured on the Insured's device.	4 events in the insurance period
2.	hacking into a social network account	Providing information: a) how to proceed after data theft; b) how to secure other accounts and accesses, including online banking; c) who to notify of the hack; d) on the documents necessary to regain access to the profile; e) how to avoid similar situations in the future.	
II	Psychological support and legal assistance		
1.	online insult or defamation	1) Psychological support – psychological consultation	2 events during the insurance period, including:
2.	cyberbullying, cybermobbing (bullying in virtual space)	2) Legal assistance: a) legal advice, in the process of: i. intervention; ii. reporting the case to law enforcement agencies; iii. calling for discontinuance of acts; iv. calling for the deletion of a post or comment; v. requesting the blocking of an email or social media account; vi. calling for remediation;	a) 2 psychological consultations lasting 30 minutes each;
3.	aggressive, offensive online activity (e.g., comments or opinions about the Insured)	b) providing a model letter, when: i. drafting complaints, completing forms, notifications and notifications required for notification of an online incident; ii. drafting documents to law enforcement agencies regarding suspected criminal offenses; iii. specifying claims for redress against the offender.	b) unlimited legal assistance services; within a single event.
4.	online dissemination of untrue or unwanted private information online or dissemination of photos of the Insured		
5.	deepfake (i.e., image processing techniques in which it is possible to match a face to another body)		
6.	blackmail		
7.	other violent online acts against the Insured		

III. EXCLUSIONS OF LIABILITY

- As part of IT support, the insurance coverage shall not include costs resulting from:
 - external or internal device damage or destruction;
 - damage or destruction of the device caused by malware and illegal software.
- In the context of legal assistance, the insurance coverage shall not include events in connection with disputes arising between the Insured, the Policyholder and/or InterRisk.

IV. NOTIFICATION AND PROCESSING OF BENEFITS

- In the event of an insured event, the Policyholder or the Insured shall be obliged to contact the Assistance Center by telephone (address, telephone number is given in the insurance contract) and provide the following information:
 - full name (name) and address of the Policyholder;
 - full name of the Insured;
 - a brief description of the event and the type of assistance needed;
 - the Insured's contact telephone number or email address.
- IT support shall be provided 24 hours a day on business days in remote mode.
- The condition for remote delivery of IT support shall be the Insured's authorization to install an application on the device and to provide IT support remotely by accepting the message displayed on the device monitor.
- If the Insured does not agree to the above, or if it is technically impossible to provide support remotely, the IT support service will consist of phone IT support.
- Legal assistance and psychological support shall be provided on business days from 8:00 AM to 8:00 PM on business days, excluding bank holidays and December 24 and December 31.
- Legal assistance shall be provided in the form of telephone advice or email responses.
- Psychological support shall be provided either by video call, telephone call or online chat, or by e-mail responses.
- IT support, legal assistance and psychological support shall be provided within 24 hours of the Assistance Center's receipt of all information needed to provide assistance.



TO WHAT ADDITIONAL OPTIONS CAN YOU EXTEND THE SELECTED OPTION?

§11

For the payment of additional premium, **Option "Podstawowa", Option "Podstawowa Plus", Option "Ochrona", Option "Ochrona Plus"** may be extended by the following **Additional Options (D1-D20)**, which include the following benefits:

- Additional Option D1 – Death of the Insured as a result of a traffic accident** – a benefit amounting to 100% of the insurance sum specified in the insurance contract for Additional Option D1, provided that:
 - the traffic accident occurred during the duration of the insurance cover; and
 - the death occurred within two years from the date of the personal accident;
- Additional Option D2 – Burns and frostbite** – a benefit amounting to a percentage of the insurance amount specified in the insurance contract for Additional Option D2, depending on the degree of a burn caused as a result of a personal accident specified only in Table No. 5 and/or frostbite caused as a result of a personal accident specified only in Table No. 6:

TABLE NO. 5

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

If there are several burns of different degrees in a single personal accident, InterRisk shall pay a single benefit corresponding to the highest degree of the Insured's burn.

TABLE NO. 6

Degree of frostbite	Amount of the benefit expressed as a percentage (%) of the insurance amount specified in the insurance contract for Additional Option D2
Second degree	10
Third degree	30
Fourth degree	50

If there are several frostbite events of different degrees within a single event, InterRisk shall pay a single benefit corresponding to the highest degree of the Insured's frostbite.

- Additional Option D3– Hospitalization as a result of a personal accident⁶** – a benefit amounting to 1% of the insurance amount under the insurance contract for Additional Option D3, for each day of hospitalization, starting from the first day of hospitalization, resulting from the personal accident that occurred during the insurance period, provided that the hospitalization lasts at least 2 days. In the case of consecutive hospitalizations in connection with the same accident, the hospital service shall be provided from the first day of hospitalization, provided that hospitalization lasted at least 2 days. The benefit of a hospitalization as a result of a personal accident shall be paid for maximum 100 days of the hospitalization. When the discharge from the hospital occurs after the end of the insurance period, the hospitalization is covered by the liability of the Insurer, provided that the admission to the hospital took place during the insurance period;

⁶NOTE – please note that the accident must occur during the insurance coverage period under the insurance contract, and hospitalisation must commence during the insurance coverage period under the insurance contract.

- Additional Option D4 – Hospitalization as a result of a disease⁷** – a benefit amounting to 1% of the insurance sum specified in the insurance contract for Additional Option D5, for each subsequent day of the hospitalization, starting from the third day of hospitalization, due to disease diagnosed during the insurance period. For further, successive hospitalizations in connection with the same disease, hospital treatment shall be provided from the first day of hospitalization, provided that hospitalization lasted at least 3 days. The benefit of a hospitalization as a result of a disease is granted for a maximum of 100 days in hospital. When the discharge from the hospital occurs after the end of the insurance period, the hospitalization is covered by the liability of the Insurer, provided that the admission to the hospital took place during the insurance period;

⁷NOTE – please note that the illness must be diagnosed during the insurance coverage period under the insurance contract, and hospitalisation must commence during the insurance coverage period under the insurance contract.

- Additional Option D5 – Serious Illness:** – a benefit amounting to 100% of the insurance sum specified in the insurance contract for Additional Option D5, provided that the Insured is diagnosed with a type of Serious Illness as referred to in §2(75)(a) for the first time during the insurance period;
- Additional Option D6 – Surgery as a result of a personal accident** – a benefit amounting to a percentage of the insurance amount specified in the insurance contract for Additional Option D6, depending on the type of surgery specified exclusively in Table No. 7, provided that the surgery:
 - was recommended by a physician as an essential part of the process of treating the consequences of a personal accident that occurred during the insurance coverage term; and
 - was carried out in the course of an at least 3-day hospitalization of the Insured during the insurance coverage term;

TABLE NO. 7

Type of surgery	Amount of the benefit expressed as a percentage (%) of the insurance amount specified in the insurance contract for Additional Option D6
integumentary system surgery:	
plastic/reconstruction surgery for the consequences of personal accidents	15

gastrointestinal and abdominal surgery:	
esophageal surgery	100
gastric resection	70
intestinal resection	40
liver surgery	90
pancreatic surgery	90
spleen surgery s	40
amputations:	
amputation - fingers and toes - for each	10
amputation - hand, forearm, foot	30
amputation at shank, shoulder, and shoulder levels	50
amputation at thigh level	70
amputation - limb at hip joint level	100
thoracic surgery:	
lung surgery	100
sensory organ surgery:	
eye surgery:	
traumatic damage - eyeball	20
removal - eyeball	40
retinal detachment	20
ear surgery:	
procedures in the middle ear	40
procedures in the inner ear	65
nasal surgery:	
sinus surgery	15
nasal septum and nasal alae surgery	10
surgical fracture treatment:	
skull bones	50
craniofacial bones (except for nose bones)	30
nose	10
spine	50
shoulder rim	30
ribs, sternum	10
forearm bones	15
tarsal bones, metatarsal	10
thigh	30
shoulder or shank	25
transplants:	
heart transplant	100
liver transplantation	100
kidney transplantation	100
other organ transplants	65

- a) if more than one surgery has been performed as a result of the same personal accident, in accordance with Table No. 7, the benefit is the sum of amounts for each type of surgery, but the amount of benefit cannot exceed the insurance amount under the insurance contract for Additional Option D6;

7) **Additional Option D7 – Surgery as a result of a disease** – a benefit amounting to a percentage of the insurance amount specified in the insurance contract for Additional Option D7, depending on the type of surgery, specified exclusively in Table No. 8, provided that the surgery:

- a) was 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 in the course of an at least 3-day hospitalization of the Insured during the insurance coverage term;

Table No. 8

Type of surgery	Amount of the benefit expressed as a percentage (%) of the insurance amount specified in the insurance contract for Additional Option D7
gastrointestinal and abdominal surgery:	
esophageal surgery:	
partial esophageal resection	80
total esophageal resection	100
fixation excluding the esophagus	80
esophageal repair surgery/transplantation of esophageal endoprosthesis	80
gastric surgery:	
partial gastric resection / excision of a stomach lesion	80
total gastric resection	100
intestinal surgery	40
appendicitis surgery for emergency indications	10
liver surgery:	
partial resection of the liver / excision of a liver lesion	80
total resection of the liver	90
pancreatic surgery:	
excision of a pancreatic lesion	90
total pancreatic resection / excision 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 - limb with exfoliation at hip joint level	100
simple nipple amputation	40
total amputation - a nipple(s) with complete removal of the axillary nodes	80
respiratory surgery:	
nose surgery:	
sinus surgery	20
nasal septum and nasal alae surgery	20
laryngeal excision	90
tracheal surgery:	
partial tracheal resection of tracheal artery	90
tracheal plasty	80
prosthetics of the trachea – open method	80
tracheostomy (does not include temporal tracheostomy)	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 surgery	10
tongue extraction	40
excision of the tonsils	1
salivary surgery/salivary tube surgery	5
eye surgery:	
removal of an eyeball	40
orbital surgery	50
prosthetic eyeball prosthetics	30
eyelid or tear gland surgery	20
conjunctivitis surgery	10
cornea or sclera surgery	10
repair of retinal detachment	5
ear surgery:	
mastoid process procedures	80
middle ear procedures	10
internal ear procedures	10
outer ear procedures	10
cochlea procedures	80
vestibular apparatus procedures	70
nervous system surgery:	
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
brain meninges and periosteal space surgery	90
subarachnoid brain space surgery	80
cranial nerve surgery	80
spinal nerve surgery	30
spinal cord surgery	100
sympathectomy	80
urinary tract surgery:	
kidney surgery:	
complete removal of the kidney	80
partial renal excision/removal of a renal lesion	80
kidney incision	50
ureter surgery	50
ureter orifice surgery	30
bladder surgery:	
complete excision of the bladder	90
partial excision of the bladder	80
bladder orifice plasty	40
excision of the urethra	70
arterial and venous vascular surgery:	
surgery on large arterial vessels (aorta, pulmonary artery, carotid artery, subclavian artery, kidney, iliac, femoral arteries)	100
surgery on an aneurysm of the cerebral arteries	100

fixation of a portal vein or a portal vein branch	90
cardiac surgery:	
ventricle plasty	90
bypassing for the coronary arteries	80
open surgery on the cardiac conducting system	100
implantation of a pacemaker/stimulator	40
pericardial surgery	40

- c) if more than one surgery is performed as a result of the same disease, in accordance with Table No. 8, the benefit is the sum of the amounts for each type of surgery, but the amount of benefit cannot exceed the insurance amount under the insurance contract for Additional Option D7;
- 8) **Additional Option D8 – Costs of medical treatment as a result of a personal accident** – reimbursement of documented costs up to 100% of the insurance amount under the insurance contract for Additional Option D8, excluding plastic surgery costs. Reimbursement of treatment costs, Reimbursement of medical expenses shall be made on condition that the medical expenses:
- arose as a result of a personal accident that occurred during the insurance coverage term; and were incurred on the territory of the Republic of Poland in the period not longer than 12 months from the date of the personal accident;
 - up to 50% of the insurance amount for Additional Option D8, applicable to reimbursement of costs of rehabilitation;
 - up to 200% of the insurance amount for Additional Option D8 in case of reimbursement of plastic surgery costs; however, not more than 100% of the insurance amount, except for plastic surgery costs;
- 9) **Additional Option D9 – Liability Insurance for interns** – indemnity up to the guarantee amount for personal injury or property damage caused to third parties as a result of a tort during the insurance coverage period by the Insured as a student or trainee;
- 10) **Additional Option D10 – Costs of dental treatment as a result of a personal accident** – reimbursement of documented costs up to 10% of the insurance amount under the insurance contract for Additional Option D10, provided that the costs of dental treatment:
- arose as a result of a personal accident that occurred during the course of the duration of the insurance cover; and
 - 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 (if contracted under Option "Podstawowa" or Option "Podstawowa Plus") or permanent partial disability or fracture (if contracted under Option "Ochrona" or Option "Ochrona Plus"); and
 - were incurred in the territory of the Republic of Poland within a maximum period of 6 months from the date of the personal accident;
- 11) **Additional Option D11 – Onerous treatment as a result of a personal accident** – a benefit equal to 100% of the insurance amount under the insurance contract for Additional Option D11;
- 12) **Additional Option D12 – EDU PLUS Assistance** including:
- medical assistance:**
 - an Assistance Center physician's call – if the Insured suffered a personal accident which is covered by insurance cover, through the agency of the Assistance Center, InterRisk will arrange and cover the costs of travel of the Assistance Center Physician and his fee for the first visit to the place of the Insured's stay;
 - a nurse's call – if the Insured has suffered a personal accident which is covered by insurance cover, through the agency of the Assistance Center, on behalf of the Assistance Center Physician, InterRisk will arrange and cover the cost of the nurse's travel expenses and the nurse's fee for the appointment in the place of the Insured's stay. InterRisk shall cover the costs of the nurse's calls up to the amount of the insurance amount;
 - delivery of medicines – if the Insured suffered a personal accident, covered by the insurance and who, as a result,

needs to rely on the advice of the Assistance Center Physician, through the agency of the Assistance Center, InterRisk will arrange and cover the cost of transporting the medicines prescribed by the Assistance Center Physician. The cost of medicines shall be borne by the Insured;

- iv. post hospitalization home care – if the Insured suffered a personal accident resulting in the Insured's hospitalization lasting for at least 7 days, after obtaining the physician's recommendation, InterRisk will arrange and cover the cost of home care after the end of hospitalization, up to the amount of the insurance amount, through the agency of the Assistance Center. The total duration of home care cannot exceed 96 hours. Homecare service includes:

- food and industrial purchases of first need – the costs of purchases made at the request of the Insured shall be covered by the Insured;
- food preparation – with the use of products, means and equipment made available by the Insured;
- 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;

- v. medical transport – if the Insured has suffered a personal accident which is covered by insurance cover, through the agency of the Assistance Center, InterRisk will arrange and cover the cost of transport from the place of the Insured's stay to the medical Center;

- vi. medical hotline – through the agency of the Assistance Center, InterRisk shall provide the Insured with an opportunity to talk to a physician of the Assistance Center who shall provide the Insured with oral information on further proceedings. The information provided by the Assistance Center Physician is not of a diagnostic nature. Moreover, through the agency of the Assistance Center, the Insured will get:

- medical information about a given disease, the treatment applied, modern methods of treatment under the regulations in force in Poland;
- information on control tests for age groups with a higher risk of disease;
- information on the effects of drugs (use, equivalents, side effects, interactions with other drugs, possibility of taking during pregnancy and lactation under 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 cover, as a result of which they could not attend classes continuously for at least 7 days, documented by a medical certificate or a print of a medical certificate, through the agency of the Assistance Center, InterRisk will arrange 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 cover, 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, upon request of the attending physician, InterRisk will arrange 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, through the agency of the Assistance Center;

- 13) **Additional Option D13 – TeleMedicine** – through the agency of the TeleMedicine Center, InterRisk will arrange and cover:

- a) the cost of up to 12 E-consultations during the insurance period, subject to the reservation that there must be a minimum of 12-hour break between two consecutive E-consultations. The following doctors are available for E-consultations: internist, pediatrician, gynecologist, urologist, as well as psychologist;
- b) CRP tests after obtaining an order from the E-consultation doctor.

In order for the Insured to benefit from an 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 Appendix No. 2 to the GT&C. The costs of Internet connections and services shall be borne by the Insured himself;

- 14) **Additional Option D14 – Second Medical Opinion** – InterRisk, through the agency of the Second Opinion Center, will arrange and cover the cost of a Second Medical Opinion provided that the Insured is diagnosed for the first time during the insurance coverage term with one of the types of Serious Illness referred to in §2(75)(b). The Second Opinion Center will:

- a) provide the Insured with information on the necessary medical records to enable the issuance of a Second Medical Opinion;
- b) select the Consultant;
- c) provide translation of the delivered medical records pertaining to the Insured's medical condition into the language spoken by the Consultant;
- d) transmit the translated medical records to the Consultant by the most appropriate means of communication, at its discretion, that will enable the Consultant to read the records and analyze them;
- e) ensure that a Second Medical Opinion is issued by the Consultant;
- f) translate the Second Medical Opinion issued by the Consultant into Polish;
- g) deliver the Second Medical Opinion to the Insured.

During the insurance coverage term, InterRisk will arrange and cover the cost of only one Second Medical Opinion if the Insured is diagnosed for the first time during the insurance coverage term with one of the types of Serious Illness referred to in §2(75)(b). The information contained in the Second Medical Opinion is a supplementary opinion to the first medical opinion issued by the Insured's attending physician, and the extent of use of the Second Medical Opinion must be agreed upon by the Insured with said physician;

- 15) **Additional Option D15 – Costs of the Insured's funeral** – one-off reimbursement of documented funeral costs up to 100% of the insurance amount as defined in the insurance contract for Additional Option D15 in the event of the Insured's death as a result of a personal accident. Funeral costs shall be reimbursed provided that:

- a) the Insured's death occurred as a result of a personal accident that occurred during the insurance period; and
- b) they were incurred in the territory of the Republic of Poland within 12 months from the date of the personal accident;

- 16) **Additional Option D16 – TICK package and diagnosis of Lyme disease** – a one-off benefit of PLN 1,000 in the event of the Insured being bitten by a tick and diagnosed with Lyme disease. The Insured's tick bite and the diagnosis of Lyme disease in the Insured must occur during the insurance period. Moreover, InterRisk shall cover documented costs of:

- a) an appointment at the physician's office in order to remove the stuck tick up to the amount of PLN 150;
- b) diagnostic tests to confirm or exclude the Lyme disease infection recommended by the physician following a tick bite, up to PLN 150;
- c) antibiotic treatment prescribed by a physician (i.e. antibiotic purchased on the prescription received from the physician) to treat Lyme disease caused by a tick bite, up to 200 PLN;

if these costs were incurred in the territory of the Republic of Poland within 6 months from the day of a tick bite and were not financed from public funds. The Insured's tick bite and the Insured's diagnosis of Lyme disease must occur during the insurance coverage and be confirmed by medical records;

- 17) **Additional Option D17 – Costs of a paid trip following a personal accident** – reimbursement of documented costs up to 100% of the insurance amount as specified in the insurance contract for Additional Option D17, provided that all the following conditions are met:

- a) the trip was organized by an educational institution attended by or where the Insured was employed (in case of employees);
- b) the Insured's inability to participate in the trip was caused by his hospitalization or outpatient treatment resulting from a personal accident covered by the insurance cover;

- 18) **Additional Option D18 – Care for a hospitalized child** – in the case of a hospitalization as a result of a traffic accident or Serious Disease of the Insured who is under 14 years of age, there shall be a daily benefit amounting to 1% of the insurance amount as specified in the insurance contract for Additional Option D18, payable for each day of care by a parent or legal guardian of the Insured provided that the

Insured's hospitalization lasts at least 5 days. The benefit is payable for a maximum of 15 days of care for the Insured during a hospitalization. The benefit shall be paid provided that the hospitalization was a consequence of a traffic accident that occurred during the insurance period or a Serious Disease that was diagnosed for the first time during the insurance period;

- 19) **Additional Option D19 – Post-exposure treatment costs** – reimbursement of documented costs up to 100% of the insurance amount as specified in the insurance contract for Additional Option D19, provided that the post-exposure treatment costs:
- arose after exposure which occurred during the insurance cover provided to the Insured during the period of acquiring – in accordance with the law on medical activities in the wording valid as at the date of the conclusion of the insurance contract – qualifications to practice a medical profession;
 - were incurred within the period not longer than 12 months from the date of exposure;



Additional Options D20 – Legal Assistance

§12

I. INSURANCE OBJECT

- The insurance object shall be the arrangement and coverage of costs of providing Legal Assistance services to the Insured related to his private life.
- The insurance cover shall cover insurance accidents occurring and recognized in the territory of the Republic of Poland according to Polish law, occurring during the period of insurance.
- The terms used in the GT&C with respect to Legal Assistance insurance shall be construed as:
 - Legal Assistance – provision of Legal Information and Consultation and Legal Advice referred to in section 1 (II);
 - Legal Information – Benefits of Legal Assistance listed in item II(1);
 - 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 notified and recommending lawful conduct in the scope of an agreed legal problem;
 - Representative of InterRisk – an entity designated by InterRisk to provide Legal Assistance;
 - 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 notified during the insurance period through InterRisk Contact to an InterRisk Representative;
 - Private life – activity of the Insured not connected with conducting the Insured's business or professional activity.

II. INSURANCE COVERAGE

- 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 section by organizing and covering the costs of the following services:
 - Legal Information, including:
 - providing information on rights and obligations related to the private life of the Insured;
 - informing about the legal procedure for the conduct of legal disputes and protection rights;
 - informing about the costs of litigation;
 - transmitting texts of current and historical legal acts;
 - providing contact details of courts, legal advisers, attorneys and notaries;
 - Consultation and Legal Advice.
- 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

- Subject to section 2 below, during the insurance period the Insured shall be entitled to receive Legal Assistance benefits in the following scope:
 - provision of Legal Information – without limitations, subject to section 2;
 - consultation and Legal Advice – up to 12 benefits in total, but not more than 4 benefits per calendar month, subject to section 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

- The following legal issues are excluded from the insurance coverage cover in Legal Assistance insurance:
 - related to warfare, civil unrest, unrest, strikes, lockout and earthquakes;
 - 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;
 - resulting from an intentional violation by the Insured of the provisions of the universally binding Polish law;
 - 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 concentration or 0.1 mg of alcohol concentration in 1 dm³ of exhaled air, narcotics, psychotropic substances or substitute substances within the meaning of the provisions of the Act on Counteracting Drug Addiction in the wording valid as at the date of the conclusion of the insurance contract, provided that this had an impact on the occurrence of a legal problem;
 - related to the performance of business activities by the Insured;
 - emissions from the possession and use of motor vehicles;
 - concerning the claims arising from the assignment of claims;
 - related to expropriation, division, ownership transformation of real estate, spatial development plan;
 - decided on by: the Constitutional Tribunal, Supreme Administrative Court, Supreme Administrative Court, Supreme Court or international tribunals;
 - in the field of law: trademarks, accounting, tax, patent, collective labor law or trade unions, foundations and associations law.
- In no case shall the insurance cover cover legal problems related to disputes arising between the Insured, the Policyholder, InterRisk or the InterRisk Representative.
- 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

- 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).
- An application for Legal Assistance should contain the following data:
 - full name and contact details of the applicant (Insured);
 - the subject and description of the legal problem to which the Legal Assistance is to refer;
 - 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.
- 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.
- 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.
- Legal Assistance services shall be provided to the Insured:
 - by telephone, to the phone number indicated by the Insured, or
 - by e-mail, to the e-mail address indicated by the Insured.
- 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.
- 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.



Insurance amount and terms of its change

§13

1. The amount of the insurance amount/guaranteed sum shall be determined

ned at the Policyholder's request separately for **Option "Podstawowa"** or **Option "Podstawowa Plus"** or **Option "Ochrona Plus"**, as referred to in §4(1) and (3), and for each Additional Option (D1-D11, D15, D17-D19) referred to in §4(3)(1)-(11) and (17)-(21).

2. For the **Cover Option** referred to in §4(1)(2), the sums insured shall be determined for each event for which InterRisk is liable. Separate insurance sums, specified in the insurance contract, which, depending on the selected option – in accordance with Table No. 9 – amount to:

TABLE NO. 9:

Type of insurance	INSURANCE AMOUNT (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	7,000	8,000	9,000	10,000	11,000	12,000	13,000	14,000	15,000	20,000	25,000
Death of the Insured within the grounds of an educational institution as a result of a personal accident	7,000	8,000	9,000	10,000	11,000	12,000	13,000	14,000	15,000	20,000	25,000
Diagnosis of sepsis in a child Insured	700	800	900	1,000	1,100	1,200	1,300	1,400	1,500	2,000	2,500
Permanent partial disability	7,000	8,000	9,000	10,000	11,000	12,000	13,000	14,000	15,000	20,000	25,000
Reimbursement of costs of purchase of a wheelchair for disabled persons in the 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	1,500	1,750	2,000	2,250	2,500	2,750	3,000	3,250	3,500	3,750	4,000
Wounds as a result of a personal accident	200	250	300	350	400	500	600	700	750	800	850
Injuries of motor organs as a result of a personal accident	200	250	300	350	400	500	600	700	750	800	850
Dog bite, nipping, stinging	80	90	100	110	120	130	140	150	160	210	260
The costs of purchasing medical devices issued on prescription and the costs of purchasing or repairing prescription glasses, hearing aids, orthodontic appliances or insulin pumps damaged as a result of an accident on the premises of an educational institution.	2,100	2,400	2,700	3,000	3,300	3,600	3,900	4,200	4,500	6,000	7,500
Concussion as a result of a personal accident	1,000	1,250	1,500	1,750	2,000	2,250	2,500	2,750	3,000	3,250	3,500
Death of a legal guardian or a parent as a result of a personal accident	700	800	900	1,000	1,100	1,200	1,300	1,400	1,500	2,000	2,500
Food poisoning or sudden gas poisoning, or electric shock or lightning	140	160	180	200	220	240	260	280	300	400	500
Diagnosis of zoonoses (echinococcosis, toxoplasmosis, rabies) in the Insured	350	400	450	500	550	600	650	700	750	1,000	1,250
Costs of child search operations	700	800	900	1,000	1,100	1,200	1,300	1,400	1,500	2,000	2,500

3. For Additional Option D12 – **EDU PLUS Assistance** referred to in §11(1)(12), the insurance amount shall be fixed and amount to PLN 5,000.
4. For Additional Option D13 – **TeleMedicine** referred to in §11(1)(13), the insurance amount shall be the cost of 12 E-Consultations referred to in §11(1)(14), but not more than PLN 5,000.
5. For Additional Option D14 – **Second Medical Opinion** referred to in §4(4)(15), the insurance amount shall be the cost of services referred to in §11(1)(14).
6. For Additional Option D20 – **Legal Assistance** referred to in §12, the insurance amount shall be fixed and amount to PLN 500.
7. For **Option "Hejt Stop"** referred to in §10, the insurance amount shall be fixed and amount to PLN 5,000.
8. The insurance amount shall be determined for each Insured and shall be specified in the insurance contract.
9. The upper limit of InterRisk's liability is:
 - 1) in the case of Option "Podstawowa", Option "Podstawowa Plus" – the amount constituting 100% of the sum insured specified in the insurance contract for Option "Podstawowa", Option "Podstawowa Plus"; in the case of Option "Ochrona", Option "Ochrona Plus" – the amount constituting 100% of the sum insured specified in the insurance contract for Option "Ochrona Plus", Option "Ochrona", subject to item 2);
 - 2) in the event of the Insured's death as a result of an accident on the premises of an educational institution – an amount representing 400% of the sum insured specified in the insurance contract for Option "Podstawowa", Option "Podstawowa Plus" or Option "Ochrona

Plus';

- 3) for Option "Hejt Stop" – an amount representing 100% of the sum insured specified in the insurance contract for the Hejt Stop Option;
- 4) in the case of Additional Options D1-8 and D10-D20 – the amount representing 100% of the sum insured specified in the insurance contract for the respective Additional Option D1-D8 and D10-D20, except for reimbursement of plastic surgery costs under Additional Option D8.
10. In the case of Additional Option D9, the guarantee amount specified in the insurance contract constitutes the upper limit of liability in relation to one and all insured events during the insurance coverage period, cumulatively for property damage and personal injury.
11. Under the insurance cover, 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 Option "Podstawowa", Option "Podstawowa Plus", Option "Podstawowa Plus", Option "Ochrona", Option "Ochrona Plus" and Option "Hejt Stop", and selected Additional Option (D1-D8 and D10-D20).



WHAT NEEDS TO BE DONE TO CONCLUDE AN INSURANCE CONTRACT?

CONCLUSION OF INSURANCE CONTRACT

§15

1. The insurance contract shall be concluded on the basis of an application of the Policyholder, which should include at least the following data:

- 1) full name (name) and address (registered office) of the Policyholder;
 - 2) full name 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) insurance object and scope (option, variant) of insurance;
 - 5) a proposal for insurance sums for Option "Podstawowa", Option "Podstawowa Plus", Option "Podstawowa Plus", Option "Ochrona Plus"; and in the case of the Option "Ochrona", a proposal for separate insurance sums for each event;
 - 6) a proposal of the insurance amount/guaranteed sum for Additional Options (D1-D20) – in the case the Policyholder applies for extension of the scope by Additional Options (D1-D20);
 - 7) the insurance period;
 - 8) a proposal for additional or different provisions to the provisions of the GT&C if the Policyholder wishes to introduce them into the insurance contract.
2. InterRisk may make the conclusion of an insurance contract conditional upon obtaining additional information affecting the assessment of the insurance risk.
 3. The insurance contract shall be concluded for a period of twelve months, unless the parties agreed otherwise.
 4. InterRisk shall confirm the conclusion of the insurance contract with an insurance document.

§15

1. The insurance contract may be concluded in the form of group insurance, individual or family insurance.
2. Individual or family insurance can only be taken out in personal form.
3. The group insurance contract 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 D12 – EDU PLUS Assistance, D13 – TeleMedicine, D14 – Second Medical Opinion, D20 – Legal Assistance, the group insurance contract shall be concluded in a registered form.



FROM WHEN DOES THE INSURANCE GUARANTEE COVER AND WHEN WILL THAT COVER END?

BEGINNING AND END OF INTERRISK'S LIABILITY

§16

1. Each insurance contract specifies the start and end dates of the insurance term (insurance coverage period). The insurance coverage period (i.e. the period during which InterRisk is liable) may never exceed the insurance term specified in the insurance contract. The start and end of the insurance coverage period are specified in sections 2 and 3.
2. InterRisk's liability under the insurance contract shall begin:
 - 1) from the date specified in the insurance contract as the beginning of the insurance period, but not earlier than unless otherwise agreed;
 - 2) from the day following the payment of the premium or of the first premium installment for an Insured acceding to the group insurance contract via electronic means of communication after one month as of the date specified in the insurance contract as the beginning of the insurance period;
 - 3) in Additional Option D14 (Second Medical Opinion) – from the day following the expiry of the grace period of 30 days as of the beginning of InterRisk's liability as referred to in item 1) and 2).
3. InterRisk's liability shall cease:
 - 1) on the date of the end of the insurance period;
 - 2) on the day of withdrawal from the insurance contract by the Policyholder;
 - 3) on the date of mutually agreed dissolution of the insurance contract or as a result of its termination;
 - 4) in the case referred to in §18(11) of the GT&C – at the date indicated therein;
 - 5) towards the Insured – at the date of exhaustion of the insurance amount due to payment of a benefit or benefits with a total amount equaling to the insurance amount or the upper limit of liability;
 - 6) towards the Insured – exhaustion of the guarantee amount as a result of payment of a benefit or benefits totalling the guarantee amount, subject to section 4;

- 7) towards the Insured – on the day of their death;
 - 8) towards the Insured in a group insurance contract – 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.
4. The liability of InterRisk under the concluded insurance contract shall be resumed on the day following the 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 CONTRACT

§17

1. If the insurance contract is concluded for a period longer than six months, the Policyholder shall have the right to withdraw from the insurance contract within 30 days, and in the case the Policyholder is an entrepreneur within 7 days, from the date of insurance contract conclusion.
2. Except for cases determined in the remainder of the other provisions of the GT&C and generally applicable provisions of law, the Policyholder may terminate the insurance contract at any time during its term with effect on the last day of a calendar month with 30 days' notice.
3. The Insured may withdraw from the group insurance contract at any time.



ON WHAT DOES THE INSURANCE PREMIUM DEPEND?

INSURANCE PREMIUM

§18

1. The amount of insurance premium shall be specified in the insurance contract.
2. The amount of the basic insurance premium depends on:
 - 1) the insurance object;
 - 2) the insurance cover;
 - 3) the insurance period, including the grace period;
 - 4) the sums insured requested by the Policyholder;
 - 5) the number of persons acceding to the insurance contract;
 - 6) information on loss claims.
3. The basic insurance premium shall be calculated by multiplying the specified insurance amount by the premium rate specified in Polish zlotys, depending on the factors specified in section 2. This provision shall not apply to:
 - 1) **Option "Ochrona";**
 - 2) Additional Option D12 – **EDU PLUS Assistance;**
 - 3) Additional Option D13 – **TeleMedicine;**
 - 4) Additional Option D14 – **Second Medical Opinion;**
 - 5) Additional Option D20 – **Legal Assistance;**
 in which there is one premium rate defined in amount for each Insured.
4. The basic insurance premium shall be calculated in accordance with the premium rate in force on the day on which the insurance contract is concluded:
 - 1) for Option "Podstawowa", Option "Podstawowa Plus" and Option "Ochrona Plus" are determined depending on the amount of the insurance amount. The amount of premium for each Insured shall be determined in the amount for each 1,000 PLN of the insurance amount;
 - 2) for Option "Ochrona" is set depending on the selected insurance variant;
 - 3) for each Additional Option shall be determined depending on the amount of the insurance amount. 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;
 - 4) for Additional Option D12 – EDU PLUS Assistance, Additional Option D13 – TeleMedicine, Additional Option D14 – Second Medical Opinion, Additional Option D207 – Legal Assistance, the amount of premium for each Insured shall be set at a fixed amount.
5. InterRisk may apply premium increases, in particular due to:
 - 1) coverage of persons participating in competitive sports with insurance cover;
 - 2) introduce additional or different provisions to the provisions of the GT&C.
6. InterRisk may apply discounts on contributions, in particular on account of:

- 1) the number of persons acceding to the insurance contract;
 - 2) the number of persons (joining the insurance contract) in a difficult material situation;
 - 3) low loss claims in previous insurance periods;
 - 4) introduce additional or different provisions to the provisions of the GT&C.
7. The insurance premium is payable once only, unless the parties agreed otherwise.
 8. 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 contract.
 9. The premium for insurance shall be paid on the day of the conclusion of the agreement, unless the parties to the agreement agree on a later date for payment in the insurance contract. In the case of instalment payments, the first instalment of premium shall be paid on the day of concluding the insurance contract, while subsequent instalments of insurance premium shall be paid on the payment dates specified in the insurance contract.
 10. 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 contract is not terminated, it shall expire at the end of the period for which the unpaid premium was due.
 11. In the case of paying the premium in installments, non-payment of the next installment of the premium within the deadline causes InterRisk's liability to cease if InterRisk, after expiration of the deadline, called the Policyholder for payment with the threat that non-payment within seven days from the day of receiving the call would cause termination of liability.
 12. In the case of revealing a circumstance that entails a significant change in the probability of an accident, each of the parties can demand an appropriate change amounting to premium, starting from the moment when this circumstance occurred, but not earlier than from the beginning of the current insurance period. In the case of such a demand, the other party may terminate the agreement with immediate effect within 14 days.
 13. In the case of the expiration of the insurance relationship before the end of the period for which the insurance contract was concluded, InterRisk is due the premium for the period in which it provided insurance cover, and the Policyholder is entitled to reimbursement of the premium for the period of unused insurance cover.
- 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 the 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 contract 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 contract, prior to accession to the group insurance contract the Policyholder shall provide the person interested in acceding to such an agreement with information about:
 - 1) InterRisk and the address of InterRisk's headquarters;
 - 2) the nature of the remuneration or other benefits received in connection with the proposed accession to the group insurance contract;
 - 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 shall be obliged:
 - 1) to provide the Policyholder with information necessary to conclude and execute the insurance contract, and in the case of a claim being made, to timely adjust the loss;
 - 2) to deliver to the Policyholder, prior to the conclusion of the insurance contract, the text of the GT&C, as well as other documents and forms necessary for the performance of the insurance contract;
 - 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) to 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;
 - 5) to cover the persons who have been notified by the Policyholder and for whom the insurance premium has been paid with insurance cover;
 - 6) to pay a benefit under the terms and conditions specified in the GT&C and in the insurance contract;
 - 7) to secure personal data received as a result of the insurance contract in accordance with the provisions of law;
 - 8) to 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(8) of the GT&C;
 - 9) to 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 cover, in accordance with §21(8) of the GT&C.
 6. The Policyholder, Insured or Beneficiary or the claimant 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 ARE THE RESPONSIBILITIES OF THE POLICYHOLDER, THE INSURED, AND INTERRISK?

RIGHTS AND OBLIGATIONS OF PARTIES TO THE INSURANCE CONTRACT

§19

1. The Policyholder shall be obliged to:
 - 1) prior to the conclusion of an insurance contract, to 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;
 - 2) to notify InterRisk of changes in circumstances of which the Policyholder informed InterRisk prior to the conclusion of the insurance contract, immediately after becoming aware of them;
 - 3) to pay the contribution or its instalments within the agreed period of time;
 - 4) to enable InterRisk to obtain information relating to the circumstances of the accident;
 - 5) to provide InterRisk with all data necessary to properly perform the provisions of the insurance contract;
 - 6) to comply with the obligations specified in the GT&C.
2. In the event that the insurance contract is concluded for the account of a third party:
 - 1) the Policyholder shall be obliged to deliver the GT&C to the Insured and provide the necessary information concerning the insurance cover;
 - 2) the Policyholder shall be obliged to provide the person interested in acceding to the insurance contract with the information referred to in Art. 17 (1) of the Act on Insurance and Reinsurance Activity in the wording valid as at the date of the conclusion of the insurance contract; before such person joins the insurance contract, in writing, or if the person interested in acceding to the insurance contract consents thereto, on another durable medium;



WHAT SHOULD YOU DO TO OBTAIN THE BENEFIT?

SUBMITTING A CLAIM. DETERMINATION AND PAYMENT OF BENEFIT

§20

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

- 1) to immediately report to the physician and follow their instructions;
- 2) to notify InterRisk of the occurrence of this event not later than within 30 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 health condition so permits;
- 3) be examined by a physician designated by InterRisk to identify the notified 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 cover to any InterRisk organizational unit.
2. The notification of an event should contain the following basic information:
 - 1) full name or name and address of the Policyholder;
 - 2) full name, address of the Insured;
 - 3) full name, address of the Beneficiary, if the claim is made by a Beneficiary;
 - 4) the date of the personal accident and a detailed description of the circumstances in which it occurred;
 - 5) full name 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 his possession:
 - 1) a copy of the police incident report, if any;
 - 2) medical records of first-aid and the course of treatment describing the type of injury suffered and containing an accurate diagnosis;
 - 3) medical records confirming the initial diagnosis;
 - 4) the hospital discharge report;
 - 5) in case of myocardial infarction:
 - a) records of hospital treatment;
 - b) documentation from the Cardiology Clinic where the Insured was treated after the heart attack;
 - c) an ECG result performed no earlier than 3 months after the date of the heart attack;
 - 6) in case of stroke:
 - a) records of hospital treatment;
 - b) documentation from the neurological clinic or from the attending physician with a description of the dysfunctions present after the stroke;
 - 7) 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) to present to the Insurer the originals of registered bills or VAT invoices and proofs of payment;
 - 8) in order to reimburse costs incurred for the purchase or repair of corrective glasses or hearing aids damaged as a result of a personal accident in an educational institution – present to the Insurer the originals of registered receipts or VAT invoices and proof of their payment, medical records of the attended appointment at a medical center and an accident report drawn up by the accident team appointed by the head of the educational institution or a statement by the head of the educational institution containing the date and description of the circumstances of the event;
 - 9) in order to reimburse the costs of the dream trip:
 - a) medical documentation of the treatment of the consequences of the accident, describing the type of injuries sustained and containing a precise diagnosis;
 - b) a copy of the final decision of the Social Insurance Institution or the Agricultural Social Insurance Fund (in the case of children of farmers) or the Ministry of National Defence and the Ministry of the Interior and Administration (in the case of children of persons belonging to the uniformed services), on the basis of which the first or second disability group was granted, or

- c) a copy of a final decision on significant disability issued by the district (or provincial) disability assessment team;
 - d) present to the Insurer the originals of personal VAT invoices or receipts and proof of payment confirming the dream trip or meeting with a favourite sports, literary, political or entertainment star (music, film, television, Internet);
- 10) in order to reimburse the Insured for the costs of medical treatment, costs of post-exposure treatment, costs of dental treatment – to present to the Insurer the originals of registered bills or VAT invoices and evidence of their payment, as well as medical records of appointments, procedures, hospitalizations, surgeries. Additionally, in order to reimburse the incurred rehabilitation costs – present the medical records containing the referral to rehabilitation procedures;
 - 11) to reimburse the costs of an appointment at the physician's office, diagnostic tests to confirm or exclude the Lyme disease infection, antibiotic therapy prescribed by the physician, which is aimed at treating Lyme disease caused by a tick bite within Additional Option D16 (Tick Package and diagnosis of Lyme disease) – to present to the Insurer the original registered bills or VAT invoices and evidence of their payment as well as medical records from the appointment with the physician during which the tick was removed, including referral for diagnostic tests or recommendation for antibiotic therapy;
 - 12) in order to reimburse the costs of the paid trip:
 - a) to present to the Insurer the original named bills or VAT invoices and proof of their payment;
 - b) a certificate from the educational institution which organizes the trip stating that the Insured did not participate in the trip;
 - 13) in the case of assault or battery:
 - a) a copy of the police report;
 - b) medical records describing the course of treatment, the type of injuries sustained and containing an accurate diagnosis;
 - c) an information sheet from the hospital
 - 14) in the case of a traffic accident, if the Insured was the driver of the vehicle – a copy of the vehicle registration certificate;
 - 15) in the case of a bite, nipping, stinging – a hospital discharge report ;
 - 16) in case of care of a hospitalized child:
 - a) a doctor's certificate stating the period of the parent's or legal guardian's release from work in connection with the care of the hospitalized child;
 - b) medical records of the child's hospitalization;
 - c) a statement by the parent or legal guardian that it was necessary to care for the child 24 hours a day during the child's hospitalization;
 - 17) in the case of onerous treatment – medical records from attended in-office appointments at a medical center and/or a medical certificate or a print of a medical certificate containing information about the period of the Insured's temporary inability to study and/or to work and confirmation of the Insured's absence at work or during class classes by the workplace or school;
 - 18) in order to reimburse the costs of the Insured's funeral:
 - a) a medical certificate – the Insured's death card;
 - b) the Insured's death certificate or a court ruling declaring the Insured dead;
 - c) to provide the Insurer with original bills or VAT invoices and evidence of their payment;
 - 19) in case of the Insured's death:
 - a) the death certificate;
 - b) a statistical death card or other documentation confirming the cause of death;
 - c) a police note or details of the unit handling the case;
 - d) the succession certificate or notarized confirmation of inheritance – in case the Insured was of age and may have children who inherit from him in the first place;
 - 20) in case of death of the Insured's legal guardian or parent following an accident:
 - a) the death certificate;
 - b) the birth certificate of the Insured or other documentation confirming the degree of relationship;
 - c) a statistical death card or other documentation confirming the cause of death;
 - d) the police note or data of the unit handling the case.
 - 21) in the case of the costs of child search operations:

- a) the police note or details of the unit in charge of the missing child report;
 - b) present to the Insurer the original named bills or VAT invoices and evidence of their payment.
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 in the wording valid as at the date of the conclusion of the insurance contract, which provided health services to the Insured, through a physician authorized by InterRisk, information on circumstances related to the assessment of insurance risk and verification of data on his health condition, determination of the right of this person to benefit from the concluded insurance contract and the amount of this benefit, within the scope specified in the Act on Insurance and Reinsurance Activity in the wording valid as at the date of the conclusion of the insurance contract.
6. The application of InterRisk for the information referred to in section 5 shall require the consent of the Insured or the person for whose account the insurance contract is to be concluded, or his/her statutory representative.
7. Against payment, InterRisk may obtain data from the National Health Fund about the names and addresses of health care providers who provided health care services in relation to the accident or random event that is the basis for determining its liability and the amount of compensation or benefit. InterRisk's request for this information requires a consent of the Insured or their statutory representative.
8. After receiving a notice of an insurance event covered by insurance cover, 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 or in another way, 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.
9. 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.
10. In the case of an event covered by insurance cover under Additional Option D12 – **EDU PLUS Assistance**, the Policyholder or the Insured shall be obliged to contact the Assistance Center by phone (address, telephone number is given in the insurance contract) and provide the following information:
 - 1) full name or name and address of the Policyholder;
 - 2) full name 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.
11. In the case of an event covered by insurance cover under Additional Option D12 – **EDU PLUS Assistance**, the Insured, at the request of the Assistance Center Physicians: 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.
12. In order to provide benefits under Additional Option D13 – **TeleMedicine**, the Insured shall be obliged to register on the portal of the TeleMedicine Center available on the website www.InterRisk.pl and follow the instructions of the application.
13. In order to provide benefits under Additional Option D14 – **Second Medical Opinion**, the Insured shall be obliged to contact the Second Medical Opinion Center by phone at (22) 364 15 15 (cost of connection at the tariff of the operator concerned) or at the dedicated e-mail address: InterRisk@eiem.pl, and follow provide the following in the benefit delivery ticket:
 - 1) full name;
 - 2) full name of the person reporting the insurance event, if he/she is not the Insured;
 - 3) policy number;
 - 4) telephone number or e-mail address for contacting the Insured or any other person acting on his/her behalf;
 - 5) complete medical records, including the first medical opinion confirming the occurrence of the event;
 - 6) the treatment plan prepared by the physician who prepared the first

medical opinion;

- 7) documents necessary to confirm the Insured's identity, i.e. identity card or driver's license or passport – if requested by the Second Opinion Center;
- 8) the Insured's consent to the processing of personal data, including medical data necessary for the preparation of the Second Medical Opinion, pursuant to Article 9(2)(a) of Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 on the protection of individuals with regard to the processing of personal data and on the free movement of such data and repealing Directive 95/46/EC;
- 9) other documents, if the previously provided documents are not sufficient to consider that the delivery of the benefit is due to the Insured – at the request of the Second Opinion Center.

All documents provided to the Second Opinion Center by the Insured must be in Polish or translated into Polish by a sworn translator. InterRisk shall decide on the delivery of the benefit on the basis of the documentation provided to the Second Opinion Center.

14. In order to receive **Legal Assistance**, the Insured shall be obliged to act in the manner described in §12(V).
15. In order to obtain IT support, psychological support or legal assistance under Option **"Hejt Stop"**, the Insured shall proceed as described in §10(IV).

§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 personal accident.
2. The degree of health detriment or type of disability under Option "Podstawowa Plus" shall be determined on the basis of the claim submitted and the medical records provided on the course of treatment and on the basis of the InterRisk Health Detriment Standards Table in force on the date of conclusion of the agreement, constituting Appendix No. 3 to the GT&C.
3. The degree of health detriment under Option "Podstawowa Plus" shall be 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 the GT&C.
4. The degree of permanent disability, bone fractures, dislocations and sprains under Option 'Ochrona' and Option 'Ochrona Plus', is determined on the basis of Tables No. 1-4 indicated in the General Terms and Conditions and exclusively for permanent disability, bone fractures, dislocations and sprains specified in Tables No. 1-4.
5. If the Insured has been paid a benefit for health detriment as a result of a personal accident, and the Insured subsequently dies as a result of the same personal accident, the benefit for the Insured's death as a result of a personal accident shall be paid after reducing the amount by the previously paid health detriment benefit, up to the maximum of the upper limit of liability specified in the insurance contract.
6. If the Insured has been paid a benefit for health detriment as a result of a heart attack or stroke, and the Insured subsequently dies as a result of the heart attack or stroke, the benefit for the Insured's death as a result of a personal accident shall be paid after reducing the payment amount by the previously paid health detriment benefit, up to the maximum of the upper limit of liability specified in the insurance contract.
7. While determining the degree (percentage) of health detriment or permanent partial disability, the nature of the Insured's professional activities shall not be taken into account.
8. In the case of loss or damage to an organ, apparatus or system whose functions were already impaired before the accident, the benefit shall be paid taking into account the difference between the degree (percentage) of health detriment to an organ, apparatus 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 cover, the legitimacy of the notified claim and the amount of benefit, concluded with the Insured or Beneficiary or a legally valid court decision.
2. Benefits are paid in Polish zloty.
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 section 3, clarification of circumstances necessary to determine the liability of InterRisk or the amount of bene-

fit 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 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, an entitled person and/or beneficiary under the insurance contract and an heir being a natural person with a legal interest in determining liability or satisfaction of the insurance contract, shall have the right to make reservations concerning the services provided by InterRisk, including to lodge complaints and grievances, hereinafter referred to collectively as complaints.
2. Complaints can be lodged:
 - 1) in writing – in person, with any InterRisk customer service organizational unit, through a postal operator or courier, or sent to the e-correspondence address entered into the e-mail database;
 - 2) orally – by telephone via InterRisk Contact (tel. no.: 22 575 25 25) or in person into a report in any InterRisk customer service organizational unit;
 - 3) electronically – by sending an e-mail at szkody@InterRisk.pl.
3. InterRisk shall respond to the complaint without undue delay but not later 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.
4. In particularly complicated cases, which make it impossible to consider the claim and provide an answer within 30 days from the date of receipt of the claim, the deadline for considering the claim and providing an answer may be extended to a maximum of 60 days from the date of receipt of the claim. When notifying InterRisk of the extension of the deadline for responding to the claim, InterRisk shall indicate the reason for the delay, the circumstances that need to be established and specify the expected date for processing the claim.
5. InterRisk shall respond to the complaint of an individual in writing, and at the request of that person – by e-mail. Complaints submitted by entities other than individuals shall be addressed by InterRisk in paper form or in another durable medium.
6. The Policyholder, the Insured, an entitled person and beneficiary under the insurance contract and an heir with a legal interest in determining the liability or satisfaction of the insurance contract, being a natural person shall have the right to submit a request to the Financial Ombudsman to consider their case. Consumers also have the right to request assistance from municipal and district consumer ombudsmen.
7. InterRisk is subject to supervision by the Polish Financial Supervision Authority (PFSA).



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

§25

If the insurance contract is concluded at a distance within the meaning of the Act on Consumer Rights in the wording valid as at the date of the conclusion of the insurance contract, the following provisions shall apply to the agreement:

1. A consumer who has concluded an insurance contract 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 case of withdrawal from the insurance contract 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. The insurance contract 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 shifts 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. The insurance contract is not covered by a guarantee fund or another guarantee scheme.
6. The language used in the relationship between InterRisk and the consumer is the Polish language.
7. The law applicable to InterRisk's relations with the consumer prior to the conclusion of an agreement as well as the law applicable to the conclusion and performance of an insurance contract shall be Polish law.



FINAL PROVISIONS

§26

1. All notices and declarations submitted by the Policyholder, the Insured, the Beneficiary or InterRisk in connection with the 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 contract 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 contract. An action for a claim under the insurance contract 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 contract.
3. The rules of taxation of amounts received under insurance are regulated by the Personal Income Tax Act and the Corporate Income Tax Act in the wording valid as at the date of the conclusion of the insurance contract.
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 authorized to resolve disputes between consumers and InterRisk out of court.
5. The law applicable to the insurance contract concluded on the basis of the 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. The General Insurance Terms and Conditions were approved by Resolution No. 01/25/03/2025 of the Management Board of InterRisk TU S.A. Vienna Insurance Group dated 25 March 2025 and apply to insurance contracts entered into from 26 March 2025.

President
of the Management Board

Piotr Narloch

Member
of the Management Board

Tomasz Rowicki

EDU PLUS HEALTH DETRIMENT STANDARDS TABLE

HEAD INJURY		Percentage of health detriment
1.	SCALP FRACTURE	5
2.	CALVARIAL FRACTURE	10
3.	DAMAGE TO SOFT PARTS OF HEAD (WITHOUT BONE DAMAGE) – WOUNDS TO HAIRY HEAD SKIN (SCARS AND DEFECTS)	1
4.	BRAIN CONCUSSION	1
FACIAL INJURY		Percentage of health detriment
1.	DAMAGE TO THE FACIAL SKIN (SCARS AND DEFECTS)	2
2.	FRACTURES OF CRANIOFACIAL BONES (EXCEPT FOR NOSE BONES)	3
3.	FRACTURE OF NOSE BONE	2
4.	TOTAL LOSS OF NOSE	20
5.	NASAL ALAE LOSS	8
6.	PARTIAL LOSS OF PERMANENT TOOTH – FOR EACH TOOTH	1
7.	TOTAL LOSS OF PERMANENT TOOTH – FOR EACH TOOTH	2
8.	FRACTURE OF JAWBONE OR MANDIBLE	2
9.	PARTIAL LOSS OF JAW OR MANDIBLE	10
10.	TOTAL LOSS OF JAW OR MANDIBLE	40
11.	TOTAL LOSS OF TONGUE	30
EYE INJURY		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	3
4.	DAMAGE TO THE EYEBALL – DETACHMENT OF RETINA OF ONE EYE	15
SPEECH INJURY		Percentage of health detriment
1.	TOTAL LOSS OF SPEECH	100
EAR INJURY		Percentage of health detriment
1.	HEARING LOSS IN ONE EAR	30
2.	TOTAL HEARING LOSS IN BOTH EARS	60
3.	PARTIAL LOSS OF EARLOBE OR DEFORMATION (SCARS, BURNS, FROSTBITE)	2
4.	TOTAL LOSS OF EARLOBE	5
5.	LOSS OF BOTH EARLOBES	10
NECK, LARYNGEAL, TRACHEAL, AND ESOPHAGEAL INJURY		Percentage of health detriment
1.	TRACHEAL INJURY OR NARROWING OF LARYNX ALLOWING FOR LIVING WITHOUT A TRACHEAL TUBE	5
2.	TRACHEAL INJURY, RESULTING IN THE NEED FOR CONSTANT USE OF A TRACHEAL TUBE	25
3.	TRACHEAL INJURY – NARROWING	2
4.	ESOPHAGEAL INJURY RESULTING IN TOTAL ESOPHAGEAL OBSTRUCTION WITH PERMANENT GASTRIC FISTULA	40
5.	NECK INJURY: MUSCLES OR SOFT TISSUES OF SKIN REQUIRING STITCHING	1
THORACIC INJURY 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 MAMMARY GLAND	5
4.	TOTAL LOSS OF MAMMARY GLAND	8
5.	FRACTURE OF RIBS – for each rib, max. 10%	1
6.	FRACTURE OF STERNUM	3
7.	DAMAGE TO THE HEART OR PERICARDIUM (TRAUMATIC, POST-MYOCARDIAL INFRACTION):	10
ABDOMINAL INJURY AND ITS CONSEQUENCES		Percentage of health detriment
1.	DAMAGE TO ABDOMINAL WALLS – scars not resulting from surgical procedures	1
2.	DAMAGE TO THE STOMACH, INTESTINES – without disturbances of gastrointestinal functions	2
3.	DAMAGE TO THE 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
URINOGENITAL INJURY		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 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.	DAMAGE TO THE VAGINA	5
12.	DAMAGE TO THE UTERUS	10
SPINAL INJURY AND SPINAL CORD INJURY		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 SPINE – ARCHES, TRANSVERSE PROCESSES, SPINOUS PROCESSES – for each	2
PELVIC INJURY		Percentage of health detriment
1.	PELVIC FRACTURE	10
UPPER LIMB INJURY		Percentage of health detriment
		right left
1.	FRACTURE OF SHOULDER BLADE	3 2
2.	FRACTURE OF CLAVICLE	3 2
3.	DISLOCATION OF ACROMIOCLAVICULAR JOINT OR STERNOCLAVICULAR JOINT	1 1
4.	DAMAGE TO THE GLENOHUMERAL JOINT	1 1
5.	TOTAL LOSS OF LIMB AT SHOULDER JOINT	70 60
7.	LOSS OF LIMB AT SHOULDER LEVEL	65 60
8.	FRACTURE OF THE PROXIMAL/DISTAL EPIPHYSIS OF THE HUMERUS, OLECRANON PROCESS, RADIAL BONE HEAD	3 2
	FRACTURE OF THE SHAFT/PROXIMAL EPIPHYSIS OF THE HUMERUS – for each	2 1
9.	FRACTURE OF FOREARM BONE	3 2
10.	DAMAGE TO SOFT PARTS REQUIRING SUTURING AT THE LEVEL OF FOREARM, WRIST, METACARPUS AND FINGERS (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 WRIST	1 1
14.	LOSS OF HAND AT WRIST LEVEL	50 40
15.	FRACTURE OF ONE METACARPAL BONE	1 1
16.	FINGER FRACTURE	1 1
17.	PARTIAL LOSS OF THUMB TIP	1 1
18.	LOSS OF THUMB UNGUAL PHALANX	3 2
19.	LOSS OF THUMB	10 8
20.	PARTIAL LOSS OF INDEX FINGER, THIRD, FOURTH OR FIFTH FINGER TIP – for each	1 1
21.	LOSS OF INDEX FINGER, THIRD, FOURTH OR FIFTH FINGER UNGUAL PHALANX – for each	2 1,5
22.	LOSS OF INDEX FINGER	7 5
23.	LOSS OF THIRD, FOURTH OR FIFTH FINGER – for each	6 4
LOWER LIMB INJURY		Percentage of health detriment
A. HIP JOINT, FEMUR		
1.	LOSS OF LOWER LIMB AT HIP JOINT	70
2.	LOSS OF LOWER LIMB AT FEMUR LEVEL	50
3.	DAMAGE TO SOFT TISSUE REQUIRING SUTURING, LIGAMENT SYSTEM, MUSCLES, TENDONS, VESSELS, NERVES – consequences of damage due to torsion injuries	1

4.	DAMAGE TO THE HIP JOINT (CONSEQUENCES OF DISLOCATIONS, FRACTURES OF PROXIMAL FEMORAL EPIPHYSIS, TRANSCERVICAL FRACTURES, PETROCHANTERIC AND SUBTROCHANTERIC FRACTURES, TROCHANTER FRACTURES, TRAUMATIC GROWTH PLATE FRACTURE OF FEMORAL BONE HEAD	5
5.	HIP JOINT ENDOPROTHESIS	15
6.	FEMUR FRACTURE	6
7.	DAMAGE TO SKIN, MUSCLES, TENDONS – consequences of burns, cut wounds	1
B. 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	40
C. LOWER LEG		
1.	FRACTURE OF LOWER LEG BONE (TIBIA, OR TIBIA AND FIBULA)	4
2.	FRACTURE OF LATERAL, MEDIAL MALLEOLUS	3
3.	FRACTURE OF FIBULA	2
4.	DAMAGE TO SOFT TISSUES AND SKIN REQUIRING SUTURING, MUSCLES AND OTHER TENDONS	1
5.	LOSS OF LIMB AT LOWER LEG LEVEL	30
D. ANKLE JOINT AND SUBTALAR JOINT		
1.	DAMAGE TO THE ANKLE JOINT AND SUBTALAR JOINT – TORSIONAL OR DISLOCATIONS	1
2.	FRACTURE OF ANKLE OR TALAR BONE	2
3.	FRACTURE OF METATARSAL BONE (for each bone)	1
4.	DAMAGE TO THE ACHILLES TENDON	1
5.	TOTAL LOSS OF FOOT	50
6.	LOSS OF FOOT AT CHOPART'S JOINT	40
7.	LOSS OF FOOT AT LISFRANC JOINT	30
8.	LOSS OF FOOT WITHIN THE METATARSAL BONE	20
E. TOES		
1.	FRACTURE OF TOE	1
2.	LOSS OF BIG TOE UNGUAL PHALANX	1
3.	LOSS OF BIG TOE	8
4.	LOSS OF SECOND, THIRD, FOURTH, AND FIFTH TOES – for each	1
5.	FRACTURE OF SECOND, THIRD, FOURTH, AND FIFTH TOES – for each	1
PARESIS AND PARALYSIS		Percentage of health detriment
1.	PARALYSIS OR PARESIS OF RIGHT UPPER LIMB	40
2.	PARALYSIS OR PARESIS OF LEFT UPPER LIMB	30
3.	PARALYSIS OR PARESIS OF 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

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.

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

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

If the distribution activities in connection with the proposed insurance contract 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 contract 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.

InterRisk Towarzystwo Ubezpieczeń Spółka Akcyjna Vienna Insurance Group, KRS: 0000054136, District Court for the Capital City of Warsaw, 12th Commercial Division, NIP: 526-00-38-806, Share capital and paid-in capital: 137,640,100 PLN, Head Office, ul. Noakowskiego 22, 00-668 Warsaw, InterRisk Contact: 22 575 25 25, InterRisk.pl

EINTERRISK TABLE OF HEALTH IMPAIRMENT STANDARDS

Head injuries		Percentage of health impairment
1.	Scalp injury (without bone damage):	
A. Scalp injury according to the size, mobility and tenderness of scars:		
	1. <5 cm in diameter/length of the scar, with and/or without accompanying pain complaints	1
	2. 5-10 cm in diameter/length of scar, with and/or without accompanying pain complaints	2
	3. >10 cm in diameter/length of scar, with and/or without accompanying pain complaints	3
B. Scalping:		
	1. 5 – 10 cm in diameter	5
	2. >10 cm in diameter	10
2.	Damage to the bones of the calvaria and base of the skull:	
	1. Depressions, fissures (fracturation)	4
3.	Skull bone defect:	
A.		
	1. <2.5 cm in diameter/length	1
	2. 2.5 – 5 cm in diameter/length	5
	3. 5 – 10 cm in diameter/length	8
	4. >10 cm in diameter/length	10
4.	Brain concussion	1
NOTE: If damage to and defects in skull bones (items 2 and 3) are concomitant with scalp injury (item 1), the degree of permanent impairment per damage should be assessed separately for damage or defects in bones according to items 2 or 3 and separately for scalp injury according to item 1.		
5.	Complications accompanying injuries in items 1, 2 and 3 are assessed additionally. (Add to the basic item the defects resulting from complications – max. 25):	
A.		
	1. Recurrent leakage of cerebrospinal fluid, Chronic osteitis, Subungual abscess treated surgically, Scalp thrombosis, Cerebral hernia	+5
6.	Paralysis and hemiparesis:	
A.		
	1. Hemiplegia, paralysis of lower limbs preventing independent standing and walking 0 – 1° according to the LOVETT scale	100%
	2. Profound 2° or 2/3° hemiparesis of one or both lower limbs that significantly impairs limb function according to the LOVETT scale	60%
	3. Moderate 3° or 3/4° hemiparesis or paresis of both lower limbs according to the LOVETT scale	40%
	4. Minor 4° or 4/5° (minor, discrete) hemiparesis of the hemiplegia or both lower limbs according to the LOVETT scale	10%
	5. 0 – 1° upper limb paralysis according to the LOVETT scale with 3 – 4° lower limb paresis according to the LOVETT scale	
	Right	70%
	Left	60%
	6. 3 – 4° upper limb paresis according to the LOVETT scale with 0 – 1° lower limb paralysis according to the LOVETT scale:	
	Right	70%
	Left	60%
	7. 0 – 1° monoparesis of central origin involving an upper limb according to the LOVETT scale:	
	Right	40%
	Left	30%
	8. 2° – 2/3° monoparesis of central origin involving an upper limb according to the LOVETT scale	
	Right	30%
	Left	25%
	9. 3 – 4° monoparesis of central origin involving an upper limb according to the LOVETT scale	
	Right	10%
	Left	5%
	10. 0° monoparesis of central origin involving a lower limb according to the LOVETT scale	50%
	11. 1 – 2° monoparesis of central origin involving a lower limb according to the LOVETT scale	30%
	12. 3 – 4° monoparesis of central origin involving a lower limb according to the LOVETT scale	10%

LOVETT scale
0° – no active muscle contraction – no muscle strength
1° – trace of active muscle contraction – 10% of normal muscle strength
2° – expressive muscle contraction and the ability to perform the movement with the help and relief of the mobile segment – 25% of normal muscle strength
3° – ability to perform active movement independently with overcoming the gravity of a given stretch – 50% of normal muscle strength
4° – ability to perform active movement with some resistance – 75% of normal muscle strength
5° – normal strength, i.e., the ability to perform active movement with full resistance – 100% of normal muscle strength

7.	Isolated extrapyramidal syndromes:	
A.		
	1. Sustained extrapyramidal syndrome that significantly impairs functional capacity and requires third-party care	100
	2. Extrapyramidal syndrome with functional impairment, with speech impairment requiring constant third-party care, distinct mental and cognitive changes	80
	3. Extrapyramidal syndrome with functional impairment, with speech impairment requiring periodic third-party care, distinct mental and cognitive changes	70
	4. Significant impairment of functioning in daily life, current mental and cognitive changes	60
	5. Moderate impairment of functioning in daily life with periodic mental disorders	40
	6. Distinct extrapyramidal syndrome	15
8.	Balance disorders and other besides hemiparesis, motor dysfunction (ataxia, dysmetria, other symptoms of the cerebellar syndrome) of cerebral origin:	
A.		
	1. Balance disorders that prevent walking	100
	2. Balance disorders that make it very difficult to walk and make it impossible to do any professional work, significant difficulty in doing household chores	60
	3. Balance disorders that make it very difficult to walk and make it impossible to do any professional work, but with the ability to perform household chores	40
	4. Balance disorders that make walking a little difficult	10
	5. Trace imbalances occasionally making walking difficult	5
9.	Post-traumatic epilepsy:	
A.		
	1. Epilepsy with very frequent seizures – 3 or more seizures per week	40
	2. Epilepsy with seizures – more than 2 per month	25
	3. Epilepsy with seizures – less than 2 per month	15
	4. Epilepsy with seizures of different morphology – without loss of consciousness	8
10.	Neurological and mental disorders of organic origin (encephalopathies):	
A.	Severe mental disorders requiring constant third-party care (dementia changes, established psychosis):	
	1. Severe mental disorders requiring constant third-party care (dementia changes, established psychosis, frequent and prolonged psychiatric hospitalizations)	100
	2. Severe mental disorders requiring constant third-party care (dementia changes, established psychosis, requiring outpatient and periodic hospital treatment)	80
	3. Severe mental disorders, requiring constant third-party care (dementia changes, established psychosis, requiring permanent outpatient psychiatric treatment)	70
B.	Encephalopathies with personality changes (characteropathy):	
	1. Significant dementia changes with character changes requiring 24/7 third-party care	60
	2. Significant dementia changes affecting all – day functioning requiring third-party assistance during the day	50
C.	Encephalopathies with sustained subjective discomfort (headaches, dizziness, increased nervous excitability, difficulty focusing attention, memory, sleep disorders):	
	1. Significantly severe subjective symptoms that limit functioning in daily life, requiring ongoing and long – term treatment, neurological symptoms present, and changes in neuropsychological examination, (according to ICD – 10, f07.2)	30
	2. Moderate impairment of functioning in daily life, neuropsychological and/or neurological examination changes present	20
	3. Minor subjective symptoms without changes in neurological and neuropsychological examination	5
11.	Neuroses and neurosis-like syndromes following craniocerebral trauma and/or body injury	
	1. Subjective complaints related to head injury or trauma (recurrent headaches and dizziness, fatigue, hyperactivity, impaired memory, difficulty focusing attention, insomnia) without changes in imaging studies – history of concussion (with hospitalization)	1
	2. Post-traumatic stress disorder, fixed neuroses associated with craniocerebral trauma or after severe injury requiring ongoing psychiatric treatment	5

12.	Speech disorders:	
A.		
	1. Total aphasia (sensory or sensorimotor) with agraphia and alexia:	100
	2. Total motor aphasia	60
	3. Major severe aphasia that impedes communication	40
	4. Minor aphasia	10
13.	Post-traumatic hypothalamic syndromes and other endocrine disorders of central origin (diabetes insipidus, diabetes, hyperthyroidism, etc.):	
A.		
	1. significantly impairing bodily functions	40
	2. slightly impairing bodily functions	20
14.	Partial or complete damage to eyeball motor nerves:	
A.	Oculomotor nerve, in terms of the intrinsic muscles of the eye – depending on damage degree (ophthalmologic examination necessary):	
	1. Significant	15
	2. Moderate	8
	3. Minor	3
B.	Oculomotor nerve, in terms of the external muscles of the eye:	
	1. With double vision and complete eyelid drooping	30
	2. Double vision, eyelid drooping	10
	3. Double vision, without drooping eyelids	5
C.		
	1. Trochlear nerve	3
D.	Inversion nerve – depending on the degree of damage (double vision, impairment of mobility):	
	1. Partial	4
	2. Total	2
15.	Partial or total damage to the trigeminal nerve – depending on the degree of damage:	
A.		
	1. sensory (including post-traumatic neuralgia)	4
	2. motor	4
	3. sensorimotor	10
16.	Partial or complete damage to the facial nerve:	
A.		
	1. total peripheral with eyelid incompetence	20
	2. peripheral partial depending on the severity of the complaint	5
	3. isolated central lesion	5
17.	Partial or complete damage to the lingual – pharyngeal and vagus nerves – depending on the degree of speech and breathing, circulation and gastrointestinal disorders:	
A.		
	1. Complete paralysis of the palate, pharynx and larynx	40
B.	Retrograde laryngeal nerve palsy:	
	1. Unilateral	5
	2. Bilateral	30
C.	Lingual – pharyngeal nerve paralysis, depending on the difficulty of swallowing:	
	1. Significant	25
	2. Moderate	15
	3. Minor	5
D.		
	1. Neuralgia of the lingual – pharyngeal nerve	20
18.	Partial or total damage to the accessory nerve:	
A.		
	1. Complete, involving the sternocleidomastoid muscle and the upper part of the quadriceps muscle	10
	2. Partial	3
19.	Partial or total damage to the sublingual nerve:	
A.		

1. Complete, with the presence of fasciculation and atrophy	20
2. Partial	5

Facial injuries	Percentage of health impairment
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20. Facial injury (scars and defects):	
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A. Disfigurement without functional impairment:	
1. Scar, predominantly skin pigmentation change (up to 5 cm in length / diameter)	1
2. Scar, prevalence of skin pigmentation change (more than 5 cm in length / diameter)	3
3. Distinct, disfiguring scars up to 5 cm in length/diameter	5
4. Distinct, disfiguring scars over 5 cm in length/diameter	10
B. Disfigurement with disorders of functioning:	
1. Disfigurements combined with major disorders of functioning	30
2. Disfigurement with mild disorders of functioning	10

21. Nose injury (nasal bone fractures, cartilage damage, loss of soft parts):	
--	--

A.	
1. Minor damage to the nose without respiratory or olfactory impairment (discoloration and scarring that does not change the shape of the nose) (for women x 2)	1
B. Damage to the nose without respiratory and smell impairment (changing the shape of the nose) (for women x 2):	
1. Minor	2
2. Major	3
3. Persisting despite corrective surgery	5
C. Damage to the nose with respiratory impairment – depending on the extent and damage and the degree of respiratory impairment:	
1. Minor impairment of nasal patency	5 – 9
2. Moderate impairment of nasal patency	10 – 15
3. Major impairment of nasal patency with secondary sinusitis	16 – 20
D. Damage to the nose with respiratory and olfactory impairment according to the degree of respiratory and olfactory impairment:	
1. Damage to the nose without respiratory or olfactory impairment – scarring and/or slight deformation of the nose	1
2. Damage to the nose with respiratory impairment – significant deformation of the nose or loss of part of the nose	5
3. Damage to the nose with respiratory and olfactory impairment	10
4. Loss or disturbance of the sense of smell following damage to the anterior cranial fossa	5
5. Loss of a significant part of the nose or total loss (including the nasal bone)	25

NOTE: Insofar as a significant nasal deformity is accompanied by nasal scarring, evaluate together according to point 20. Insofar as damage to the nose, lips, eyelids is part of the set of injuries covered by point 19, use the evaluation according to point 19).

22. Tooth loss (per tooth):	
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A. Incisors and canines:	
1. Partial	1
2. Total	3
B. Other teeth:	
1. Partial	1
2. Total	2

23. Fracture of the jaw or mandible – dependent dislocations, bite asymmetry, impaired chewing and jaw dilation causing impaired function:	
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A.	
1. Minor degree without mandibular – temporal joint dysfunction, treated conservatively	1
2. Moderate degree without mandibular – temporal joint dysfunction, treated surgically	6
3. Significant degree with mandibular – temporal joint dysfunction joint, treated conservatively or surgically	15

24. Loss of the jaw or mandible including disfigurement and loss of teeth:	
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A.	
1. Partial	15
2. Total	40

25. Palatal defect:	
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A.	
1. With minor speech and swallowing disorders	15

2. With severe speech and swallowing disorders	30
26. Tongue defects (cut wounds, burns):	
A.	
1. No speech or swallowing disorders	2
2. With moderately severe speech and swallowing disorders	10
3. With severe speech and swallowing disorders	20
4. Total loss of tongue	50

Eye damage **Percentage of health impairment**

27. Reduced visual acuity or loss of one or both eyes:

A.

1. The loss is determined on the basis of the visual acuity table:

Visual acuity of the right eye:	1.0 (10/10)	0.9 (9/10)	0.8 (8/10)	0.7 (7/10)	0.6 (6/10)	0.5 (1/2)	0.4 (4/10)	0.3 (3/10)	0.2 (2/10)	0.1 (1/10)	0
Visual acuity of the left eye:	Percentage of permanent or long-term health impairment										
1.0 (10/10)	0	2.5	5	7.5	10	12.5	15	20	25	30	35
0.9 (9/10)	2.5	5	7.5	10	12.5	15	20	25	30	35	40
0.8 (8/10)	5	7.5	10	12.5	15	20	25	30	35	40	45
0.7 (7/10)	7.5	10	12.5	15	20	25	30	35	40	45	50
0.6 (6/10)	10	12.5	15	20	25	30	35	40	45	50	55
0.5 (1/2)	12.5	15	20	25	30	35	40	45	50	55	60
0.4 (4/10)	15	20	25	30	35	40	45	50	55	60	65
0.3 (3/10)	20	25	30	35	40	45	50	55	60	65	70
0.2 (2/10)	25	30	35	40	45	50	55	60	65	70	80
0.1 (1/10)	30	35	40	45	50	55	60	65	70	80	90
0	35	40	45	50	55	60	65	70	80	90	100

NOTE: visual acuity is always determined following lens correction both with corneal or lens opacity and with the coexistence of retinal or optic nerve damage.

B.

1. Loss of vision in one eye with simultaneous eyeball extraction	38
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28. Paralysis of accommodation – when using corrective lenses or contact lenses:

A.

1. One eye	15
2. Both eyes	30

29. Eyeball injury due to blunt trauma:

A.

1. Tearing of the choroid of one eye	(item 26A)
2. Inflammation of the choroid and retina of one eye, causing central or peripheral vision disorders	(item 26A)
3. Traumatic damage to the macula of one eye	(item 26A)
4. Optic nerve atrophy	(item 26A)

30. Eyeball injury due to penetrating injuries:

A.

1. Scars of the cornea or sclera (scleral staphyloma)	(item 26A)
2. Traumatic cataract (damage to the lens)	(item 26A)
3. Intraocular foreign body causing reduced visual acuity	10 + (item 26A)
4. Intraocular body not reducing visual acuity	10

31. Eyeball injury due to chemical and thermal injuries (burns, etc.):

A.

1.	(item 26A)
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32. Concentric constriction of the visual field:

A. Evaluate according to the visual field evaluation table:

1.	(item 31A)		
Stenosis to	With the other eye intact	In both eyes	With blindness of the other eye
60°	0	0	35
50°	5	15	45

40°	10	25	55
30°	15	50	70
20°	20	80	85
10°	25	90	95
Below 10°	35	95	100

33. Hemianopsia:

A.		
1. Bitemporal		60
2. Binasal		30
3. Homonymous		25

34. Aphakia following surgical removal of traumatic cataracts:

A.		
1. In one eye		25
2. In both eyes		40

35. Loss of lens:

A. Evaluate according to item 26a:		
1. In one eye		min. 15
2. In both eyes		min. 30

36. Disorders of the patency of the tear ducts (tearing):

A.		
1. In one eye		8
2. In both eyes		10

37. Retinal detachment of one eye:

A. Evaluate according to item 26a and item 31a:		
1.		min. 15 – max. 35

38. Post-traumatic glaucoma

A. Evaluate according to the vision acuity table, according to item 26a and item 31a:		
1. without visual field and visual acuity impairment		2
2. with visual field and visual acuity impairment to be evaluated according to the visual acuity table (item 26) and the concentric visual field narrowing table (item 31), with the proviso that the overall percentage of impairment may not be more than 35% for one eye and 100% for both eyes		max. 100

39. Traumatic cataract:

A.		
1.		(item 26)

40. Chronic conjunctivitis (burns, trauma):

A.		
1.		1

Damage to the hearing system

41. Impaired hearing acuity:

A.		
1. With impairment of hearing acuity, the percentage of impairment is determined according to the following table:		

Left ear \ Right ear	Normal hearing	Minor impairment	Moderate impairment	Major impairment	Impairment bordering on deafness	Total deafness
	(0%)	(30%)	(50%)	(70%)	(90%)	(100%)
The degree of impairment is indicated in brackets						
Normal hearing (0%)	0	5	10	15	18	20
Minor impairment (30%)	5	10	15	18	20	25
Moderate impairment (50%)	10	15	18	20	25	30
Major impairment (70%)	15	18	20	25	30	35
Impairment bordering on deafness (90%)	18	20	25	30	35	40
Total deafness (100%)	20	25	30	35	40	50

NOTE: In order to exclude aggravation or simulation, hearing acuity should be determined by audiometric testing and reed testing.

42. Auricular injuries:	
A.	
1. Deformation of the auricle (scars, burns and frostbite)	1
2. Loss of part of one auricle	5
3. Loss of one auricle	15
4. Loss of both auricles	30
43. Post-traumatic unilateral or bilateral stenosis or overgrowth of the external auditory canal, with hearing impairment or dullness:	
A.	
1.	(item 40)
44. Chronic suppurative otitis media:	
A.	
1. Unilateral	5
2. Bilateral	10
45. Middle ear injury following a fracture of the temporal bone with hearing impairment:	
A.	
1.	(item 40)
46. Inner ear injury:	
A.	
1. With damage to the auditory part	(item 40)
2. With damage to the static part (dizziness, nausea, vomiting, minor balance issues)	5
3. With damage to the static part (dizziness, balance issues making it hard to move, nausea, vomiting)	25
4. With damage to the auditory and static parts – to be assessed the auditory part as in item 1), the static part as in items 2-3)	max. 60
47. Facial nerve injury including fracture of the scaphoid bone: (not more than 30)	
A. Unilateral – depending on the degree of damage:	
1. Unilateral	15
2. Bilateral	30
Injuries to the neck, larynx, trachea and esophagus	
Percentage of health impairment	
48. Injury to the throat:	
A.	
1. Minor damage with impairment of swallowing and articulation functions	5
2. Significant impairment of swallowing and articulation functions	10
49. Damage to or stenosis of the larynx that allows for functioning without a tracheal tube, depending on the degree of stenosis:	
A.	
1. Minor, occasional dyspnea	5
2. Shortness of breath with moderate efforts of daily life	15
50. Damage to the larynx, making it necessary to permanently wear a tracheal tube:	
A. Depending on the degree of voice disorder:	
1. With voice disorder – esophageal speech, pharyngeal speech	35
2. With voicelessness	60
51. Tracheal damage:	
A.	
1. Without respiratory failure	5
2. Shortness of breath during exercise	10
3. Shortness of breath when walking on a level stretch of road requiring periodic stopping to take in air	30
4. Severe stenosis confirmed by bronchoscopic examination with resting dyspnea	45
52. Esophageal damage:	
A.	
1. With stenosis but no difficulties with feeding	5
2. Partial difficulties with feeding	10
3. Feeding with liquids only	50
4. Complete esophageal obstruction with permanent gastric fistula	80
53. Damage to the soft tissues (skin and muscles) of the neck – depending on the degree of mobility and positioning of the head:	
A.	

1. Neck scars that do not cause mobility impairment	1
2. Minor impairment of mobility	5
3. Extensive scarring, severely limited neck mobility with asymmetrical head positioning	15

NOTE: Soft tissue damage with concomitant damage to the cervical spine should be assessed according to item 84.

Injuries to the chest and its consequences, back		Percentage of health impairment
54.	Scarring and defects of chest muscles limiting chest mobility:	
A.		
	1. Discomfort when walking quickly on a level surface, climbing uphill or stairs and resting discomfort that subsides following changing body position	1
	2. Discomfort when walking on a level surface with peers and resting discomfort that subsides following changing body position	5
	3. Discomfort (need to stop for air or until pain subsides) while walking at an even pace and resting discomfort that subsides following changing body position	10
	4. Exercise and resting complaints constant, independent of the adopted body position	30
56.	Partial loss of nipple in women:	
A.		
	1. Partial	3
	2. Total	10
57.	Breast gland loss depending on the extent of defect and scarring:	
A.		
	1. Partial	5
	2. Total	20
	3. With part of the pectoral muscle	30
58.	Rib fracture:	
A.		
	1. Fracture of one rib	1
	2. Fracture of two or three ribs	2
	3. Multiple rib fracture	5
	4. Multiple rib fracture with distortion and reduction of lung capacity	10
59.	Sternal fracture:	
A.		
	1. Without deformities	2
	2. With deformities	5
60.	Lung and pleural damage (pleural adhesions, lung tissue damage, lung tissue defects, foreign bodies, etc.):	
A.		
	1. Lung and pleural damage without respiratory failure	3
	2. With signs of mild respiratory failure – shortness of breath when walking quickly on level ground, climbing uphill or up stairs	10
	3. With signs of moderate respiratory failure – shortness of breath (needing to stop for air) while walking on level ground at own pace	20
	4. With respiratory failure	30
61.	Damage to lung tissue complicated by bronchial fistulas, lung abscess :	
A.		
	1. Damage to lung tissue complicated by bronchial fistulas, fistula lung abscess – confirmed by spirometry and blood gas testing	+10
NOTE: When adjudicating according to items 58 and 59, the degree of lung tissue damage and respiratory failure must be confirmed by additional imaging or functional tests. Full medical documentation required!		
62.	Damage to the heart or pericardium (post – traumatic, post – infarction):	
A.		

	1. With efficient cardiovascular system, EF greater than 55%, greater than 10 MET, without contractile dysfunction	5
	2. NYHA class I, EF 50% – 55%, more than 10 METs, minor contractile dysfunction	10
	3. NYHA class II, EF 45% – 55%, 7 – 10 METs, moderate contractile dysfunction	20
	4. NYHA class III, EF 35% – 45%, 5 – 7 METs, increased contractile dysfunction	30
	5. NYHA class IV, EF <35%, less than 5 METs, major contractile dysfunction	40
63.	Damage to the diaphragm – diaphragmatic rupture, diaphragmatic hernias:	
A.		
	1. without dysfunction – after surgical treatment	4
	2. medium degree dysfunction	10
	3. high degree dysfunction with respiratory insufficiency – confirmed by spirometry and blood gas testing	30
Abdominal injuries and their consequences		Percentage of health impairment
64.	Abdominal tissue damage (post-traumatic hernias, fistulas, etc.) – depending on the location and extent of abdominal tissue damage:	
A.		
	1. < 5 cm in length/diameter	1
	2. > 5 cm in length/diameter	3
	3. Muscle defects without hernia	5
	4. Hernia	10
	5. Fistulas resulting from post-traumatic complications	15
<i>NOTE: Post-traumatic hernias are considered hernias caused by traumatic damage to the abdominal tissues (e.g., following tearing the muscles of the abdominal tissues).</i>		
65.	Damage to the stomach, intestines, and omentum:	
A.		
	1. Post-surgical treatment, without gastrointestinal dysfunction and with sufficient nutritional status	5
	2. Post-surgical treatment, with digestive disorders and sufficient nutritional status	8
	3. Post-surgical treatment, with digestive disorders and insufficient nutritional status – nutritional status disorders	10
	4. Post-surgical treatment, with digestive disorders and insufficient nutritional status – parenteral nutrition only	50
66.	Intestinal fistulas, fecal fistulas and artificial anus – depending on the degree of contamination and inflammatory changes in the tissues surrounding the fistula:	
A.		
	1. Small intestine	30
	2. Colon	20
67.	Damage to the large blood vessels of the abdominal and pelvic cavities not causing impairment of the function of other organs depending on the extent of vascular damage:	
A.		
	1.	8
68.	Anal sphincter injury:	
A.		
	1. scarring, narrowing, minor discomfort	1
	2. causing permanent total incontinence of feces and gas	40
69.	Rectal prolapse – depending on the degree of prolapse:	
A.		
	1. Transmural damage – without dysfunction	5
	2. Rectal prolapse	10
70.	Spleen injury:	
A.		
	1. treated conservatively (hematoma, organ rupture)	2
	2. treated surgically with organ preservation	5
	3. loss of spleen in persons over 18 years of age	15
	4. Loss of spleen in persons 18 years of age and under	20
71.	Damage to the liver and bile ducts, gallbladder or pancreas depending on the degree of complications (not more than 60):	
A.		
	1. Without functional disorders, loss of gallbladder	4

2. Child-Pugh grade A liver dysfunction, minor exocrine pancreatic dysfunction or loss of part of the organ	8
3. Child-Pugh grade B liver dysfunction, moderate degree of pancreatic extra- and endocrine dysfunction or loss of a significant portion of the organ	15
4. Child-Pugh grade C liver dysfunction, severe extra- and endocrine pancreatic dysfunction	20

Injuries to the urogenital organs	Percentage of health impairment
72. Kidney damage:	
A.	
1. Damage to the kidney without dysfunction (hematoma, rupture of the organ – confirmed by imaging studies)	4
2. Damage to one kidney or both kidneys resulting in impairment of their function	10
73. Loss of one kidney with the other healthy and functioning properly:	
A.	
1.	25
74. Loss of one kidney with impaired function of the other kidney:	
A.	
1. Latent renal failure	40
75. Ureter injury causing stenosis of its lumen:	
A.	
1. not causing dysfunction	4
2. causing urinary system dysfunction	10
76. Bladder injury:	
A.	
1. without dysfunction, treated surgically	5
2. with impaired function – confirmed by additional tests and urodynamics	15
77. Fistulas of the urinary tract and bladder:	
A.	
1.	+10
78. Urethra damage:	
A.	
1. Causing difficulty in urination	8
2. Causing urinary incontinence or retention	20
79. Loss of penis	
A.	
1.	40
80. Partial loss of penis:	
A.	
1.	20
81. Loss of one testicle or ovary:	
A.	
1.	20
82. Loss of both testicles or ovaries:	
A.	
1.	40
83. Post-traumatic hydrocele testis:	
A.	
1.	2
84. Loss of or damage to the uterus:	
A.	
1. damage or partial loss	5
2. loss	30
85. Damage to the perineum, scrotal sac, vulva, vagina, buttocks:	
A.	
1. Scars, defects, deformities	1

2. Vaginal prolapse	10
3. Vaginal and uterus prolapse	30

Spinal and spinal cord injuries		Percentage of health impairment
86. Cervical spine injury:		
A.		
1. Sprain, contusion, minor ligamentous injury – with vertebral displacement of less than 3 mm or angular instability of less than 12°	1	
2. With fracture of the vertebral border plate or compression of the vertebral body up to 25% of the vertebral height, other fracture of the vertebra causing deformity of medium degree, subluxation (confirmed by functional X-ray examinations), condition after removal of the nucleus pulposus, surgical bracing	5	
3. Post-traumatic lesions with significant impairment of mobility in all planes	15	
4. Fracture with compression of the vertebral body more than 25%, other vertebral fracture causing deformity of a large degree, dislocation, surgical bracing	20	
5. Multilevel post-traumatic lesions causing forced positioning of the head in an extremely functionally unfavorable position	50	
87. Thoracic spine injury (TH 1 – TH 11):		
A. Without deformation – depending on the degree of injury:		
1. without vertebral deformities with slight limitation of mobility in rotation or bending up to 20%	1	
2. With vertebral deformity with a slight restriction of mobility in rotation or bending of more than 20%	10	
3. Fractures with significant deformity on X-ray and CT/MRI, complete stiffness (surgical bracing)	20	
88. Thoracic and lumbar spine injury (TH 12 – L5):		
A.		
1. Sprain, contusion, with minor damage to the ligamentous apparatus	2	
2. Fracture of the border plate or compression of the vertebral body up to 25% of the height of the vertebra, other fracture of the vertebra causing deformity of medium degree, condition after removal of the nucleus pulposus	5	
3. Fracture of the border plate or compression of the vertebral body up to 25% of the height of the vertebra, other fracture of the vertebra causing deformity of medium degree, condition after removal of the nucleus pulposus	15	
4. Fracture of the border plate or compression of the vertebral body up to 25% of the height of the vertebra, other fracture of the vertebra causing deformity of medium degree, condition after removal of the nucleus pulposus	40	
89. Isolated fractures of the transverse or bony processes:		
A.		
1. Fracture of a single transverse process or bony vertebra, fracture of the cuneiform bone	1	
2. Multiple fracture of the transverse or bony processes of the vertebrae (depending on the number, degree of displacement and restriction of spinal mobility)	2	
90. Spinal injuries complicated by vertebral osteomyelitis or presence of a foreign body, etc. (according to items 84-87):		
A.		
1.	+5	
NOTE: Post-traumatic instability or post-traumatic spondylolisthesis should be assessed according to items 85-88. Spinal muscle damage should be assessed according to the degree of impairment of spinal mobility at the respective segment.		
91. Spinal cord injury:		
A.		
1. Paralysis of the upper and/or lower extremities 0-1° on the Lovette scale, profound quadriplegia 2° on the Lovette scale, Brown-Sequard syndrome following a cervical hemiplegia with paralysis of the extremities 0-1° on the Lovette scale	100	
2. Paralysis of the upper and/or lower extremities 0-1° on the Lovette scale, profound quadriplegia 2° on the Lovette scale, Brown-Sequard syndrome following a cervical hemiplegia with paralysis of the extremities 0-1° on the Lovette scale	60	
3. Moderate paresis of the upper or lower extremities – 3° on the Lovette scale, Brown-Sequard syndrome, resulting from a cervical hemiplegia with limb paresis of 3° on the Lovette scale, or thoracic hemiplegia – with lower limb paresis of 0-2° on the Lovette scale	30	
4. Moderate paresis of the upper or lower extremities – 3° on the Lovette scale, Brown-Sequard syndrome, resulting from a cervical hemiplegia with limb paresis of 3° on the Lovette scale, or thoracic hemiplegia – with lower limb paresis of 0-2° on the Lovette scale	20	
5. Minor paresis of the upper and/or lower limbs – 4° on the Lovette scale without sphincter and genital disturbances, trophic disorders	5	
92. Traumatic root syndromes (pain, movement or mixed):		

A.	
1. Neck pain	2
2. Cervicals without paresis – pain, sensory disturbances, weakness or absence of reflexes	5
3. Cervical with the presence of paresis	10
4. Breastfeeding	2
5. Lumbosacral pain	2
6. Lumbosacral without hemiparesis – pain, sensory disturbances, weakened or absent reflexes	5
7. Lumbosacral with the presence of paresis	10
8. Coccyx	2

Pelvic injury		Percentage of health impairment	
93.	Dissection of the pubic conjunctiva or tearing of the sacroiliac joint:		
A.			
	1. Diastasis of the pubic conjunctiva without sacroiliac joint discomfort and without gait disturbance	1	
	2. Splitting of the conjunctiva causing discomfort in the sacroiliac joint, with impaired walking	5	
	3. Diastasis, dislocation of the pubic conjunctiva with dislocation of the sacroiliac joint treated surgically	20	
94.	Fracture of the pelvis with interruption of the lower limb rim single or multiple locations:		
A.			
	1. In the anterior segment, unilateral (pubic bone, pubic bone and ischium) treated conservatively	5	
	2. In the anterior segment, unilateral (pubic bone, pubic bone and ischium) treated surgically	10	
	3. In the anterior segment bilaterally treated conservatively	5	
	4. Bilaterally treated with surgery in the anterior segment	10	
	5. In the anterior and posterior segments (malgaignea type)	15	
	6. In the anterior and posterior sections bilaterally	40	
95.	Fracture of the acetabulum of the hip joint with or without central dislocation of the joint:		
A.			
	1. 1st degree	8	
	2. 2nd degree	15	
	3. 3rd degree	25	
	4. 4th degree	35	
96.	Isolated fracture of the pelvic bone and sacrum:		
A.			
	1. Single-location fracture of the pelvic bones (e. g. Fracture of one branch of the pubis or ischium), sacrum – without deformity and without impairment of function	3	
	2. Multiple fractures of the pelvic and/or sacral bones – without deformity and without impairment of function	5	
	3. Single-location fracture of the pelvic bone and/or sacrum – with deformity and impaired function	6	
	4. Multiple fractures of the pelvic and/or sacral bones with deformity and impaired function	10	

Upper limb injury		Percentage of health impairment	
A. Blade		right	left
97.	Scapula fracture:		
A.			
	1. Healed fracture with local discomfort without restriction of range of motion in the joint	2	1
	2. Healed fracture with minor displacements with local discomfort and mobility limitations in the form of restriction of arm elevation up to 140°	4	2
	3. Fractures healed with displacement, with more pain and with the formation of a contracture that does not allow lifting of the arm	8	6
	4. Healed neck and acetabular fracture with large displacement, contracture in the scapulohumeral joint, with large muscle atrophy and other changes	30	25
Note: Item 95 standards also include possible neurological complications!			
B. Clavicle		right	left
98.	Clavicle fracture:		
A. Minor lesions			
	1. Slight deformity, without restriction of movement	3	2
	2. Medium degree deformity and restriction of movement of mediocre degree	5	3

	3. Significant deformity, resulting in scarring contracture of the shoulder joint, atrophy of the muscles of the shoulder girdle with reduced dexterity limited to the ability to lift the arm and limited rotational movements	10	8
99.	Pseudo-clavicular joint:		
A.			
	1. Prominent deformity causing restrictions in range of motion at the scapulohumeral joint	10	5
100.	Subluxation, dislocation of the clavoclavicular or clavosternal joint:		
A.			
	1. Minor deformity, damage and degree of	2	1
	2. Deformation, damage of ii degree	4	3
	3. Prominent deformity, damage of iii degree with limited range of motion in the scapulohumeral joint, with limited rotational movements	8	6
	4. Significant deformity, muscular atrophy with severe restriction of mobility in the shoulder-blade joint	10	8
101.	Injuries to the clavicle complicated by chronic osteoarthritis and the presence of foreign bodies – is assessed according to items 96-98 increasing the degree of impairment by:		
A.			
	1. Chronic osteoarthritis		+1
	2. Foreign bodies (except foreign bodies applied as a result of surgery)		+1
Note: With concomitant neurological complications, use the assessment according to the items for damage to the relevant limb segments, depending on the degree of limitation of function			
C. Shoulder		right	left
102.	Injury to the scapulohumeral joint – depending on scarring, mobility restrictions, muscle atrophy, displacement, deformity of the fractured head of the proximal humeral epiphysis and other secondary changes:		
A.			
	1. Slight deformation	1	1
	2. Significant deformity, scarring contracture, atrophy of the shoulder muscle, shoulder girdle muscles with limited dexterity reduced to the ability to lift the arm to an angle of 100°	10	5
	3. Significant deformation of the joint with significant discomfort, resulting in large functional disorders similar to stiffness of the joint in a functionally unfavorable position	20	15
103.	Chronic irreparable dislocation of the shoulder joint:		
A.			
	1. Irreducible dislocation	18	15
104.	Flail joint following traumatic bone loss:		
A.			
	1. Flail joint with the ability to perform active shoulder movements	25	20
	2. Flail joint with the ability to perform only passive movements of the shoulder without significant loss of motion, with a shortening of the length of the arm up to 5 cm	30	25
	3. Flail joint with the ability to perform only passive movements of the shoulder with significant bone loss, with shortening of the arm dimension of more than 5 cm	40	35
105.	Shoulder joint stiffness:		
A.			
	1. With impaired function of the elbow joint and with unsatisfactory substitution of movement in the scapulohumeral joint	20	15
	2. In a functionally unfavorable setting	35	30
106.	Scarring contracture of the shoulder joint:		
A.			
	1. Slight limitation of mobility	2	1
	2. Marked contracture with impaired mobility	6	3
	3. Clear contracture with the ability to lift the limb to an angle of 100°	12	6
107.	Shoulder injury complicated by chronic osteoarthritis, presence of foreign bodies, with fistulas and neurological changes – to be assessed according to items 100-105, increasing the degree of impairment depending on the degree of complications and functional impairment by:		
A.			
	1. Chronic osteoarthritis	1	1
	2. Foreign bodies (except foreign bodies applied as a result of surgery)	1	1
	3. Fistulas	1	1
108.	Loss of limb at shoulder:		
A.			
	1.	75	70

109. Loss of limb including scapula:		
A.		
1.	80	70
D. Arm	right	left
110. Fracture of the shaft of the humerus (depending on displacement, restrictions in the shoulder and elbow joint):		
A.		
1. Fracture of the shaft of the humerus healed or with a slight axial bend, slightly interfering with the function of the limb and giving mainly subjective complaints	3	2
2. Fracture of the shaft of the humerus healed with an angular bend of more than 20° or rotation, significantly disrupting the function of the limb	10	8
3. Fracture of the shaft of the humerus healed with shortening > 3 cm and with significant angular or rotational bends and elbow stiffness	15	10
4. Fracture of the shaft of the humerus healed with shortening > 5 cm and with significant angular or rotational bends and with stiffness of the elbow and shoulder and radial nerve paresis	24	20
111. Damage to muscles, tendons and their attachments, nerves of the arm:		
A.		
1. Injury to muscle tendons and their attachments causing minor functional impairment and mainly subjective complaints	1	1
2. Injury to tendons, muscles and their attachments causing moderate impairment of function with weakness of muscle strength (ruptures of tendons and bellies of biceps and triceps muscles)	5	4
3. Injury to tendons, muscles and their attachments causing impairment of function with weakness of muscle strength (ruptures of tendons and bellies of biceps and triceps muscles) or significant restriction of elbow mobility to a right angle	7	5
4. Injury to tendons, muscles and their attachments resulting in abolition of the function of bending or straightening of the elbow, or contracture of the elbow in a position close to a right angle	15	10
112. Loss of a limb within the arm:		
A.		
1. With preservation of only 1/3 of the proximal humerus	70	65
2. With longer stumps	65	60
113. Muscle herniations of the shoulder:	1	1
E. Elbow joint	right	left
114. Fracture at the elbow (distal epiphysis of the humerus, proximal epiphysis of the radius and ulna):		
A.		
1. Complaints mainly subjective and limitations of mobility mainly upright and similar limitations of rotational movements, while preserving the axis of the joint	1	1
2. Flail mobility restrictions covering a range of 20° to 130°, with rotational movements above 130° (supination and pronation in total), with preserved joint axis	5	3
3. Consequences in the form of mobility restrictions covering a range of 40° to 130°, with rotational movements of more than 110° (supination and pronation in total), with preserved joint axis	10	8
4. Consequences in the form of mobility restrictions involving a range of 75° to 110° with preservation of rotational movements or complete abolition of rotational movements < 45°, with a range of elbow mobility of 50°-130°, and with elbow axis disorders of more than 15° of valgus and 15° of scaphoid.	20	15
115. Elbow joint stiffness:		
A.		
1. In flexion close to a right angle (75°-110°), with preserved rotational movements	25	20
2. With the absence of rotary movements	30	25
3. In upright or near upright position (160°-180°)	35	30
4. In other settings: near right angle, 50° flexion position and above	30	25
116. Elbow injuries – dislocations, sprains, soft part injury, and neurological disorders:		
A.		
1. Scars, deformities, defects after burns/frostbite/cuts		1
2. Minor consequences causing subjective discomfort	1	1
3. Mainly subjective symptoms and limited mobility, mainly extension and similar restrictions of rotational movements, with the joint axis remaining intact	3	2
4. Restrictions of mobility from 40° to 90° of flexion and restrictions of rotational movements giving a total of 110° of rotation or with contracture in maximum pronation	8	5
5. Restrictions of mobility similar to elbow stiffness near 90° with preserved but limited rotation movement below 45° or contracture in maximal supination	15	10
Note: any other damage to the elbow joint – evaluate according to items 112-113.		

117. Elbow flail joint – depending on the degree of limpness and muscle condition:		
A.		
1. With preserved and usable elbow joint function	15	10
2. With a trace of free motion, trace utility of the elbow joint	20	16
3. Completely flaccid joint, with multiplanar instability, total functional uselessness of the elbow joint	28	20
F. Forearm	right	left
118. Fractures in the distal epiphyses of one or both bones of the forearm, causing restrictions of wrist mobility and deformity:		
A.		
1. Consequences in the form of mainly subjective complaints and with no or limited mobility of rotation and restriction of wrist flexion and extension movements and slight restrictions of elbow movements	3	2
2. Consequences of healed fractures with dislocations causing restriction of the range of motion of the wrist below 20° (on the verge of stiffness), however, in a functionally favorable position with possible deviation of the wrist, with significant limitations in the range of motion of rotation of the forearm	5	4
3. Healing sequelae with significant displacements resulting in stiffness of the wrist in a functionally favorable position, with limited rotational movements of the forearm up to 110°, with impaired finger movements interfering with precise grasping	10	8
4. Consequences in the form of stiffness of the wrist in a functionally unfavorable position, with abolition of forearm rotation movements, with stiffness of the fingers and complicated by algodystrophic syndrome	20	15
119. Fractures of the shafts of one or both bones of the forearm:		
A.		
1. Consequences in the form of mainly subjective complaints and with no or limited mobility of rotation and restriction of wrist flexion and extension movements and slight restrictions of elbow movements	2	1
2. Consequences of healed fractures with displacement, resulting in limitations in the range of mobility of the wrist up to 30° (25% of the physiological range of mobility), involving the intermediate position, and limitations in the range of mobility of the elbow with loss of extension, and with significant limitations in rotation	5	4
3. Fractures healed with significant displacement, with shortening of one of the bones of the forearm, with secondary changes in the wrist in the form of stiffness and/or deviation	10	8
4. Fractures healed with significant displacement, with shortening of one of the bones or with cross fusion between the bones of the forearm, with complete abolition of rotational movements, with stiffness of the elbow in a position close to 90°, and with impaired grip function of the hand	20	18
120. Damage to soft parts of the forearm, skin, muscles, tendons, vessels:		
A.		
1. Scarring, local discomfort and associated trophic changes not significantly impairing the function of the forearm and hand	1	1
2. Scarring sequelae causing subjective discomfort and mobility restrictions of 60° (about 50% of the due range of motion) involving intermediate positions of the elbow or wrist	5	3
3. Consequences in the form of scarring, trophic changes and contractures causing significant restrictions of mobility in the range of 20° (about 15% of the due range of motion) with limited but feasible movement of forearm rotation or causing contracture in a position that deviates from a functionally favorable one	10	8
121. Pseudarthrosis of the ulnar or radial bone:		
A.		
1. Pseudarthrosis of one of the bones of the forearm with slight pathological mobility, with preserved axis of the limb and with preserved mobility of the wrist, without impairment of the grasping function of the hand, with preserved mobility of the elbow, without trophic changes	10	10
2. Pseudarthrosis of one of the bones of the forearm with slight pathological mobility, with preserved axis of the limb and with preserved mobility of the wrist, with mediocre impairment of the grasping function of the hand, with preserved mobility of the elbow, without trophic changes	16	12
3. Pseudarthrosis of one of the bones of the forearm causing permanent pathological mobility, with disturbed axis of the forearm, with limited mobility of the wrist, with marked impairment of the grasping function of the hand, and with trophic changes	28	24
122. No fusion, pseudarthrosis of both forearm bones:		
A.		
1. Pseudarthrosis of both bones of the forearm with slight pathological mobility, with preserved axis of the limb and with preserved mobility of the wrist, without impairment of grasping function of the hand or with mediocre impairment of grasping function, with preserved mobility of the elbow without trophic changes	10	8
2. Pseudoarthritis of both bones of the forearm causing permanent pathological mobility, with disruption of the forearm axis, with stiffness of the wrist, impairment of the grasping function of the hand, and with significantly limited mobility of the elbow, as well as with trophic changes	20	18
123. Complicated injury to the forearm – is assessed according to items 117-121, increasing the degree of damage depending on the complications by:		
A.		
1. Chronic osteoarthritis	1	1

2. Fistulas	1	1
3. Presence of foreign bodies (except foreign bodies applied as a result of surgery)	1	1
4. Bone loss	1	1
5. Neurological changes	1	1
124. Loss of a limb within the forearm:		
A.		
1.	50	50
125. Loss of the forearm adjacent to the wrist joint:		
A.		
1.	50	50
G. Wrist	right	left
126. Injuries to the wrist (sprains, dislocations, fractures) – depending on scarring, deformity of the extent of damage to the skin, muscles, vessels, impairment of function, trophic and other secondary changes:		
A.		
1. Minor sequelae causing subjective discomfort	2	1
2. Intermediate degree sequelae resulting in mobility limitations of 20° (approximately 15% of the due range of motion) involving an intermediate position, with abolition of side-to-side yaw movements, with limited but manageable forearm rotation movement	5	4
3. Consequences of trace movement containing only palmar flexion with fixed ulnar or radial deviations	10	8
127. Complete stiffness at the wrist:		
A.		
1. In a functionally favorable setting	10	8
2. In a functionally unfavorable setting	20	18
128. Injuries to the wrist complicated by deep, permanent trophic changes, chronic suppurative osteitis of the wrist, fistulas and neurological changes – are assessed according to items 131 -132, increasing the degree of damage depending on the degree of 0:		
A.		
1. Deep, permanent trophic changes	1	1
2. Chronic suppurative osteoarthritis of the wrist	1	1
3. Fistulas	1	1
4. Neurological changes	1	1
129. Loss of hand at wrist level:		
A.		
1.	55	50
H. Metacarpal bone	right	left
130. Damage to the metacarpals, soft parts (skin, muscles, vessels, nerves):		
A.		
1. Fractures of metacarpal bones -1 or ii (for each bone) without displacement	2	2
2. Fractures of metacarpal bones -1 or ii (for each bone) with displacement	3	3
3. Fractures of metacarpal bones – iii or iv or v (for each bone) without displacement	1	1
4. Fractures of metacarpal bones – iii or iv or v (for each bone) with displacement	2	2
5. Consequences of fractures of several metacarpal bones causing significant deformity with limitations or absence of grasping function of fingers ii to v or damage to 1 metacarpal bone with complete abolition of grasping function of the thumb	5	4
6. Damage to soft tissues of the metacarpus (wounds requiring suturing of muscles, tendons, vessels) more than 5 cm in length or more than 3 cm ² area – muscle damage confirmed by imaging studies (without restriction of mobility)	1	1
7. Damage to soft tissues of the metacarpus (wounds requiring suturing of muscles, tendons, vessels) – lesions with impaired function – extensive more than 10 cm in length or more than 5 cm ² area – muscle damage confirmed by imaging studies (with restriction of mobility more than 30%)	2	2
8. Damage to soft tissues of the metacarpal (wounds requiring suturing of muscles, tendons, vessels) – burn scars above grade iia – per 3% of tbsa (total body surface area)	1	1
I. Thumb	right	left
131. Loss within the thumb:		
A.		
1. Partial loss of pad	1	1
2. Loss of nail phalanx	2	1
3. Loss of nail phalanx with part of the basal phalanx with preservation of more than 2/3 of the length of the phalanx stump	5	4

	4. Loss of nail phalanx with part of the basal phalanx with less than 2/3 of the length of the phalanx stump preserved	10	8
	5. Loss of both phalanges with metacarpal bone	25	20
132.	Other damage to the thumb (fractures, dislocations, damage to muscles, tendons, vessels, nerves-dependent scarring, deformities, sensory disturbances, restriction of finger movement impairment of hand function and other secondary changes:		
A.			
	1. Minor lesions in the deformation of the nail plate, scars that do not restrict the movement of the thumb and others	1	1
	2. Minor consequential changes corresponding to at least partial loss of the pad	2	2
	3. Medium succession changes corresponding to partial loss of the nail phalanx	5	4
	4. Significant consequential changes corresponding at most to partial loss of 1/2 of the basal phalanx	10	8
Note: when assessing the degree of thumb dysfunction, it is important to consider primarily the ability to counter and grasp.			
J. Index finger		right	left
133.	Loss within the index finger (scarring, tendon damage, deformities, joint contractures, stiffness, trophic, sensory changes):		
A.			
	1. Partial loss of the pad	1	1
	2. Loss of nail phalanx	2	2
	3. Loss of nail phalanx with 1/3 of the distal phalanx of the middle phalanx	7	5
	4. Loss of nail and middle phalanx below 1/3	9	7
	5. Loss of 3 phalanges	12	10
	6. Loss of index finger with metacarpal bone	22	20
134.	Any other damage to the index finger (scarring, tendon damage, deformity, joint contracture, stiffness, trophic, sensory changes) causing:		
A.			
	1. Fracture of the index finger	1	1
	2. Minor lesions of deformation of the nail plate, scars that do not restrict the movement of the index and others	1	1
	3. Minor consequential changes corresponding to at least partial loss of the pad	4	2
	4. Changes of medium degree of sequelae corresponding at most to the loss of the nail phalanx and/or part of the basal phalanx	8	6
	5. Significant sequelae changes corresponding at most to the loss of the middle phalanx and/or basal phalanx with its stump still of functional significance remaining	10	8
	6. Uselessness of the pointer, bordering on its loss	15	12
K. Third, fourth and fifth finger		right	left
135.	Third, fourth and fifth fingers – depending on the degree of damage:		
A.			
	1. Fracture of a finger (for each finger)	1	1
	2. Partial loss of pad	1	1
	3. Loss of nail phalanx	2	1
	4. Loss of two phalanges	5	4
	5. Loss of three phalanges	8	7
136.	Loss of third, fourth or fifth fingers with metacarpal bone:		
A.			
	1.	+4	+4
Note: with the previous absence of an index, the current damage to finger iii should be treated as if it were an index.			
137.	Any other damage to third, fourth or fifth fingers (scarring, tendon damage, deformities, contractures, joint stiffness, trophic or sensory changes, etc.). – per finger:		
A.			
	1. Scars	1	1
	2. Tendon injuries	1,5	1
	3. Contractions	1,5	1
	4. Joint stiffnesses	1,5	1
	5. Trophic and/or sensory changes	1,5	1
	6. Total uselessness	6	5
Note: for damage involving more fingers, the assessment must correspond to the degree of utility of the hand, but the impairment must be less than the total loss of these fingers, and damage involving all fingers with full loss of utility of the hand must not exceed 55% for the right hand and 50% for the left hand.			

Lower limb injury		Percentage of health impairment
A. Hip joint		
138.	Loss of a lower limb by hip debridement or subluxation:	
A.		
	1. Stump of the ileal region offering the possibility of prosthesis	75
	2. Stump with trophic changes, scarred and deformed without the possibility of prosthetics	80
	3. Hip articulation	85
139.	Damage to soft tissues, ligamentous apparatus, muscles, vessels, nerves, skin:	
A.		
	1. Damage to soft tissue (scars, deformities, defects after burns/frostbite, cuts)	1
	2. Consequences of injuries (e. g. , torsional injuries) healed without or with slight contracture, giving subjective complaints and a mediocre degree of gait failure	1
	3. Consequences of injuries (e. g. , torsional injuries) giving subjective discomfort, contractures and shortening of 2-4 cm, but with positioning of the hip in a functionally favorable position allowing a reasonably efficient gait	6
	4. Consequences of injuries (e. g. , torsional injuries) giving significant subjective complaints, contractures shortening of more than 4 cm, hip positioning in a functionally favorable position, with disorders of the gait mechanism and with secondary complaints from the spine, sacroiliac joints and knee	16
	5. Stiff and painful hip, placed in a functionally favorable position causing disorders of the gait mechanism and with secondary complaints from the spine, sacroiliac joints and knee	20
140.	Hip joint stiffness:	
A.		
	1. In a functionally favorable setting	15
	2. In a functionally unfavorable setting	30
141.	Injuries to the hip joint (dislocations, fractures of the proximal femoral epiphysis, neck fracture, transtibial and sub-tibial fractures, vertebral fractures, traumatic exfoliation of the femoral head):	
A.		
	1. The aftermath of healed injuries, without shortening, giving subjective complaints, but with a functional and efficient gait mechanism	5
	2. Consequences of healed injuries, with shortening of up to 2 cm, giving subjective complaints, limiting mobility allowing flexion above 90°, efficient visitation and rotational movements	12
	3. Consequences of healed injuries, with a shortening of 2 to 4 cm, limiting mobility below flexion of 90°, abduction of less than 15° and rotational movements of less than 15°	16
	4. A properly functioning hip endoprosthesis with a range of mobility that does not impair activities of daily living (90° flexion, 15° abduction and preserved rotation) and allows for a reasonably efficient gait	20
	5. Properly functioning hip endoprosthesis with range of motion that does not impair activities of daily living, with secondary complaints of the knee sacroiliac joint and spine	26
	6. Consequences causing a high degree of static and dynamic disorders, including restrictions in the range of mobility without the ability to bend the hip to an angle of 90° and/or shortening of the limb of more than 4 cm	30
	7. Consequences causing a significant degree of static and dynamic disorders in the form of lack of support function of the limb, including complications in the form of endoprosthesis instability (multiple dislocations of the endoprosthesis) or the so-called "hanging hip"	40
142.	Complicated chronic osteitis, with fistulas – is adjudicated according to item 140, increasing the degree of impairment depending on the severity of complications by:	
A.		
	1. Chronic osteoarthritis	+1
	2. Fistulas	+5
	3. Trophic changes	+5
Note: the following lesions are often reported as a result of traumatic injury to the hip: hematogenous suppurative osteitis, osteoarticular tuberculosis, neoplasia, aseptic necrosis of the bone, adolescent patellar hip and other static disorders. With these types of conditions, special attention should be paid to the existence of a causal relationship between the reported conditions and the accident.		
B. Thigh		
143.	Fracture of the femur:	
A.		
	1. Minor lesions in the form of scarring and subjective complaints	1
	2. Minor lesions in the form of scarring, atrophy of the muscles of the thigh up to 2 cm measured 10 cm above the patella, with bending of the axis or shortening up to 2 cm, with slight limitations of mobility of the knee or hip	4
	3. Minor lesions in the form of scarring, significant atrophy of the muscles of the thigh above 2 cm to 6 cm, with bending of the axis or shortening up to 4 cm, with limitations of mobility of the knee or hip and with slight gait failure	8
	4. Moderate lesions with shortening of up to 6 cm or causing restrictions in mobility of the hip or knee resulting in impairment of gait mechanism	15

5. Large lesions with shortening of more than 6 cm, causing contracture of the hip or knee in functionally unfavorable positions and impairing the gait mechanism	30
144. Femoral pseudarthrosis, femoral defects that prevent weight bearing on the limb, delayed bone fusion:	
A.	
1. Pseudarthrosis of the femur with bone loss causing shortening of up to 4 cm or causing contracture of the knee or hip in a functionally unfavorable position	40
2. Pseudarthrosis of the femur with bone defects causing a shortening of 4 to 6 cm that makes it impossible to put weight on the limb	48
3. Infected femoral pseudarthrosis with bone defects causing shortening of more than 6 cm preventing weight bearing on the limb	56
145. Damage to skin, muscles, tendons (burns, cuts, subcutaneous fractures, muscle herniations):	
A.	
1. Consequences of injuries healed without contractures, giving subjective discomfort and preserving a fit gait	1
2. Consequences of healed injuries without contractures, giving subjective complaints behind a clear scar of more than 6 cm in length/diameter	3
3. Consequences of healed injuries with a slight contracture causing shortening up to 2 cm, giving subjective complaints and mediocre gait failure	8
4. Consequences of injuries giving subjective complaints and contractures with shortening of 2-4 cm with limited mobility of the knee and hip causing gait failure	10
5. Consequences of injuries giving significant subjective complaints and contractures with shortening of more than 4 cm limiting mobility of the knee and hip causing significant gait failure	16
146. Large vessel injuries, post-traumatic aneurysms:	
A.	
1. Consequences of venous injuries of the shin, healed with thrombosis not involving the main vessels, and arterial injuries healed with minor local sequelae	5
2. Consequences of venous injuries, healed with thrombosis of the femoral vein or arterial injuries resulting in ankle stiffness	16
3. Consequences of venous injury causing thrombosis of the tibial vein resulting in stiffness, local lesions, giving gait failure or persistent pseudoaneurysm of a large vessel	24
147. Complicated injuries to the thigh are assessed according to items 142-145, increasing the degree of impairment 0:	
A.	
1. Chronic suppurative osteitis	+2
2. Fistulas	+2
3. Foreign bodies	+2
4. Extramedullary ossification	+2
5. Neurological changes	+2
148. Injury to the thigh complicated by concomitant damage to the sciatic nerve-assess according to items 142-145 increasing the degree of impairment depending on the extent of nerve damage 0:	
A.	
1. Weakening of outward rotation in the hip joint	+5
2. Impairment of flexion in the knee joint	+5
3. Abolition of foot movements	+20
4. Impaired movement of the foot	+10
5. Sensory disturbances	+5
6. Trophic changes very severe	+5
7. Moderate trophic changes	+3
8. Complex regional pain syndrome	+20
Note: the total degree of damage assessed according to items 142-147 cannot exceed 70%.	Max. 70
149. Loss of a limb – depending on the length of the stump and suitability for prosthetics:	
A.	
1. Shapely stump covered with skin without trophic lesions providing prosthetic possibilities	50
2. Skin-covered stump with trophic changes limiting prosthetic options	60
3. Stump covered with skin with trophic changes or with fistulas making prosthesis practically impossible	70
C. Knee joint	
150. Fracture of the epiphyses forming the knee joint and the patella:	
A.	
1. Minor lesions – the ability to bend to an angle in the range of 90°-120° and/or a deficit of straightening to an angle of 5°, a small or medium straight or slight rotational instability	4

	2. Moderate lesions – the ability to bend to an angle in the range of 40°-90° and/or a deficit of straightening to an angle in the range of 15°-5°, large instability of simple or medium degree of rotation or a small or medium degree of complex, disorders of the limb axis	10
	3. Large lesions – the ability to bend to an angle in the range of 0°-40° and/or a deficit of straightening to an angle of more than 15°, fixed large compound and rotational instability, significant disruption of the limb axis	18
	4. Knee joint stiffness in a 0-15° functional favorable position	25
	5. Knee joint stiffness in unfavorable functional positions	30
151.	Sprains and dislocations of the knee joint (including dislocations of the kneecap) with damage to the ligament-bone apparatus (capsule, ligaments, meniscus):	
A.		
	1. Sprain, dislocation of the knee joint without surgical treatment	1
	2. Isolated meniscus injuries, status after surgical treatment of meniscus with good results, damage to ligamentous apparatus without signs of instability	2
	3. Damage to the ligamentous apparatus with or without damage to the meniscus – resulting in a small to medium degree of straight instability, a small degree of rotational instability, condition after surgical treatment of the joint structures with good results	5
	4. Damage to the ligamentous apparatus with or without damage to the meniscus, resulting in major simple or moderate degree rotational instability, or minor or moderate degree complex instability	10
	5. Persistent large compound and rotational instability, damage to both cruciate ligaments, significant limb misalignment	15
	6. Dislocation of the patella requiring repositioning by a doctor (excluded habitual dislocations, self-alignment)	2
152.	Other damage to the knee joint:	
A.		
	1. Post-traumatic bursitis	1
	2. Scars and cavities	1
153.	Loss of a limb at the level of the knee joint:	
A.		
	1.	60
D. Shank		
154.	Fracture of the shafts of the bones of the lower leg of one or both:	
A.	Minor lesions or shortening up to 4 cm:	
	1. Minor lesions – uncomplicated fusion, minor disruption of limb axis, minor shortening	4
	2. Medium lesions – fracture fusion or features of delayed fusion, disruption of the limb's axis to a medium degree impairing gait	10
	3. Very extensive bone lesions with associated restrictions on the function of adjacent joints – complicated by chronic osteitis with fistulas, bone loss, pseudarthrosis, aseptic necrosis, neurological and other secondary lesions	15
	4. Complications in the form of chronic osteoarthritis, fistulas, trophic skin changes with ulceration, pseudo joints, bone loss and neurological changes	+5
155.	Isolated fracture of the fibula – causing deformation I and/or impairment of limb function:	
A.		
	1.	2
<i>Note: the sequelae of lateral ankle fractures are determined according to the criteria adopted for the ankle joint.</i>		
156.	Damage to the soft tissues of the lower leg, skin, muscles, Achilles tendon and other tendons:	
A.		
	1. Injury without functional impairment up to 5 cm in length	1
	2. Lesions with impaired function and restricted mobility – extensive over 5 cm in length or over 3 cm² area	4
	3. Lesions with impaired function and restricted mobility over 30% – extensive over 10 cm in length or over 5 cm² area	8
157.	Loss of a limb in the lower extremity:	
A.		
	1. With the length of the stump in an adult up to 8 cm (measured from the joint crevice) in children under 10 years of age with the length of the stump up to 6 cm)	60
	2. With longer stumps	40
E. Ankle and foot and ankle joint		
158.	Ankle and ankle and heel joint injuries, sprains, contusions, ligament damage, capsule damage, soft tissue damage, scarring:	
A.		
	1. No mobility impairment with subjective complaints	1
	2. Consequences of sprains causing minor mobility impairment, minor deformities, scarring, defects	2
	3. Moderate mobility impairment and deformity – after partial ligament damage without instability in the joints	3
	4. Moderate mobility impairment and deformity – after partial ligament damage, with instability in the joints	5
	5. Large lesions with persistent symptoms of functional joint instability, after complete ligament tears	10

159. Fractures and dislocations of the bones that make up the shin-ankle or ankle-foot joint, the distal epiphyses of the lower leg bones:	
A.	
1. Slight limitation of function in the ankle joint up to 20%	3
2. Medium degree of ankle joint dysfunction up to 50%	8
3. High degree of ankle joint dysfunction of more than 50% or stiffness in near-right angle alignment	10
4. Stiffness in a functionally unfavorable setting	10
5. Significant dysfunction in the ankle joint, complicated by chronic osteoarthritis, arthritis, fistulas, necrosis, trophic changes and other secondary changes, stiffness in an unfavorable alignment	15
160. Loss of ankle or heel bone:	
A.	
1. Subsequent injuries with limitation of movement of the ankle joint and with major secondary changes or stiffness in a functionally favorable position, in an intermediate position, allowing provision of orthopedic shoes, with the possibility of loading the limb	20
2. Consequences of injuries with major secondary changes or with stiffness in a functionally unfavorable position, without the possibility of orthopedic shoes and without the ability to load the limb	30
161. Fractures, dislocations of step bones with displacements, deformities and other secondary changes:	
A.	
1. Minor degree with up to 20% mobility limitation	1
2. Medium degree with mobility limitation of more than 20%	5
3. Significant degree or with complications and mobility limitation of more than 50%	8
162. Metatarsal bone fractures:	
A.	
1. Fracture of one bone	1
2. Fracture of two bones	2
3. Fracture of three bones	6
4. Fracture of four bones	8
5. Fractures of multiple bones with deformity and gait impairment	12
163. Complicated fractures of metatarsal bones – is assessed according to item 161, increasing the degree of damage by:	
A.	
1. Bone inflammation,	+1
2. Fistulas	+1
3. Secondary trophic changes	+1
4. Neurological changes	+1
164. Other damage to the tarsal and metatarsal areas – sprains, damage to the skin, muscles, tendons, vessels, nerves:	
A.	
1. The aftermath of healed injuries with minor static disorders of finger mobility and mainly subjective complaints	1
2. The aftermath of the injury, with significant structural and static abnormalities impairing gait to a minor degree and with significant subjective complaints	3
3. Subsequent injuries, with major trophic changes and significant structural and static abnormalities impairing gait to a significant degree and requiring the provision of orthopedic shoes	5
165. Loss of foot entirely:	
A.	
1.	50
166. Loss of foot:	
A.	
1. At the level of the chopart pond	45
2. In the foxhole pond	35
3. Within the metatarsal bones	20
F. Toes	
167. Big toe injury:	
A.	
1. Loss of the pad or partial loss of the nail phalanx of the big toe	1
2. Loss of the nail phalanx of the big toe	3

3. Loss of the whole big toe	8
168. Big toe injuries: fractures, dislocations soft tissue damage:	
A.	
1. Wounds requiring suturing, fractures without displacement, sprains, dislocations, deformities	1
2. Fractures with displacement	2
169. Loss of the big toe along with metatarsal bone:	
A.	
1. Loss of toe with metatarsal bone	15
170. Damage and loss of third, fourth and fifth toes:	
A.	
1. Fracture, dislocation, damage to soft tissues (skin, muscles, tendons, vessels)	1
171. Damage and loss of third, fourth and fifth toes:	
A.	
1. Partial loss	1
2. Total loss	2
172. Loss of the fifth toe along with the metatarsal bone:	
A.	
1. Loss of v-toe with metatarsal bone	8
2. Loss of the little toe with the entire metatarsal bone with large secondary lesions preventing orthopedic supplies and significantly impairing gait	15
173. Loss of third, fourth and fifth toes with the metatarsal bone:	
A.	
1. Loss of toe with metatarsal bone	4

Paralysis or paresis of individual peripheral nerves		Percentage of health impairment	
174. Partial or complete damage:		Right	Left
A.			
1. Diaphragmatic nerve below its junction with the subclavian nerve		5	
2. Long thoracic nerve		7	5
3. Axillary nerve partial-sensory		6	5
4. Total axillary nerve – motor and/or sensory		10	8
5. Musculocutaneous nerve partial – sensory		5	4
6. Musculocutaneous nerve total		8	6
7. Radial nerve above the branch departure to the radial nerve above the branch departure – partial		8	6
8. Radial nerve above the branch departure to the radial nerve above the branch departure – complete		20	14
9. Radial nerve below the departure of the branch from the triceps brachii muscle – partial		8	7
10. Radial nerve below the departure of the branch from the triceps brachii muscle – complete		16	14
11. Radial nerve over the entrance to the canal of the inverted forearm muscle – partial		7	6
12. Radial nerve over the entrance to the canal of the inverted forearm muscle – complete		13	10
13. Radial nerve after exit from the canal of the inverter forearm muscle – partial		5	4
14. Radial nerve after exit from the canal of the inverted forearm muscle – complete		10	8
15. Median nerve in the range of the arm – partial		8	7
16. Median nerve in the range of the arm – complete		16	14
17. Median nerve in the wrist area – partial		6	4
18. Median nerve in the wrist area – complete		14	10
19. Ulnar nerve – partial		6	4
20. Ulnar nerve – total		14	10
21. Shoulder plexus of the supraclavicular (upper) part – partial		8	6
22. Shoulder plexus of the supraclavicular (upper) part – complete		18	16
23. Shoulder plexus of the subclavian (lower) part – partial		10	8
24. Shoulder plexus of the subclavian (lower) part – complete		22	20
25. Other nerves of the cervicothoracic segment		4	
26. Obturator nerve – partial		3	

27. Obturator nerve – complete	6
28. Femoral nerve – partial	8
29. Femoral nerve – total	15
30. Gluteal nerves (upper and lower) – partial	3
31. Gluteal nerves (upper and lower) – total	6
32. Common vulvar nerve – partial	3
33. Common vulvar nerve – total	6
34. Sciatic nerve before division into tibial and fibular nerve – partial	10
35. Sciatic nerve before division into tibial and fibular nerve – total	30
36. Tibial nerve – partial	5
37. Tibial nerve – total	12
38. Common fibula nerve – partial	4
39. Common fibula nerve – total	8
40. Lumbosacral plexus	10
41. Lumbosacral plexus – total	30
42. Other nerves of the lumbosacral region	3

Note: according to item 172, only isolated peripheral nerve damage is evaluated concomitant bone, muscle and nerve damage is evaluated according to the items for damage to the respective sections of the upper and lower extremities. Peripheral nerve damage should be documented by neurophysiological examination (emg and neuroconduction). Total damage must be documented by neurophysiological examination (emg and neuroconduction).

In assessing the sequelae of peripheral nerve damage, the sequelae may not exceed the damage provided for amputations at a level corresponding to the extent of innervation.

In left-handed individuals, upper limb injury is assessed according to the position in the table for the right upper limb, and right limb injury is assessed as for the left limb.

PERSONAL DATA CONTROLLER PRIVACY NOTICE

Information in accordance with Article 13 of Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 on the protection of individuals with regard to the processing of personal data and on the free movement of such data and the repeal of Directive 95/46/EC (General Data Protection Regulation), hereinafter referred to as the "GDPR":

Personal data controller

The controller of your personal data is InterRisk TU SA Vienna Insurance Group with its registered office in Warsaw (00 – 668), ul. Noakowskiego 22 (hereinafter referred to as the "Controller", "InterRisk" and/or "We"). You may contact InterRisk:

- Via e – mail address: korespondencja@InterRisk.pl;
- By calling +48 22 575 25 25;
- In writing to the address: ul. Noakowskiego 22, 00 – 668 Warsaw.

Data Protection Officer

We have appointed a data protection officer (DPO). You can contact the DPO for all matters relating to the processing of personal data and the exercise of rights related to data processing:

- Via e-mail address: iod@InterRisk.pl;
- In writing to the address: ul. Noakowskiego 22, 00 – 668 Warsaw.

Purposes of processing and legal basis for processing

We may process your data for the following purposes:

1. **Performance of the insurance contract**
Legal basis: data processing necessary for the conclusion and performance of a contract (Article 6(1)(B) of the GDPR);
2. **Possible enforcement or defense of claims in connection with the insurance contract concluded with you**
Legal basis: legitimate interest of the Controller (Article 6(1)(F) of the GDPR). Our legitimate interest is the ability to assert or defend against claims;
3. **Possible taking action against insurance crimes, including payment of undue benefits**
Legal basis: legitimate interest of the Controller (Article 6(1)(F) of the GDPR), resulting directly from the law. Our legitimate interest is the prevention and prosecution of crimes committed against us;
4. **Fulfillment of obligations imposed on the Data Controller by law (such as tax or accounting regulations)**
Legal basis: legal obligation incumbent on the Controller (Article 6(1)(C) of the GDPR);
5. **Reinsurance of risks**
Legal basis: legitimate interest of the Controller (Article 6(1)(F) of the GDPR). Our legitimate interest is to reduce the insurance risk associated with the contract concluded with you;
6. **Loss adjustment**
Legal basis: legal obligation of the insurance company (Article 6(1)(C) of the GDPR);
7. **Serving customers and clients via hotline** – the legal basis for processing is the necessity of processing to provide the service (Article 6(1)(B) of the GDPR);
8. **Communication and resolution of the matter** to which correspondence addressed to the Controller via email or traditional correspondence, or a telephone call, unrelated to the services provided to the sender of the email or letter or the caller, or any other contract entered into with him/her; the legal basis for processing is the legitimate interest of the Controller (Article 6(1)(F) of the GDPR) in handling correspondence addressed to him in connection with his business activity and resolving the reported matter related to his business activity;
9. **Fulfillment of obligations related to anti-money laundering and counter-terrorist financing** – the legal basis is the Controller's legal obligation (Article 6(1)(C) of the GDPR);
10. **Direct marketing of the Controller's own products and services, including for analytical and profiling purposes** – the legal basis with respect to current InterRisk customers is a legitimate interest of the Controller (Article 6(1)(F) of the GDPR), which is to conduct direct marketing of his own products or services. In the case of marketing to potential or former InterRisk customers, the legal basis for data processing is consent (Article 6(1)(A) of the GDPR);

Provision of personal data is voluntary. Provision of data is necessary for the conclusion and execution of the insurance contract.

Automated decision-making and profiling notice

In some cases, decisions regarding you may be made by automated means (i.e. without human influence). These decisions will be related to insurance risk assessment (for the purposes of possible presentation of a specific offer, determination of insurance premium and conclusion of an insurance contract) and will be made on the basis of your data such as: date of birth, place of residence, occupation, year of obtaining a driver's license, data on the type of vehicle and its technical parameters, number of damages in recent years, health information, value and location of the property (depending on the type of insurance for the purposes of insurance risk assessment, different categories of data may be considered relevant). The above decisions will be based on profiling, i.e. automatic assessment of the insurance risk of entering into an insurance contract with you. As a result of profiling, the Controller will assess, in particular, the probability of the occurrence of a given event.

Based on such an assessment, the Controller will decide whether it is possible to conclude an insurance contract with you and the amount of the insurance premium. For example: the more damages occurred in the past period, the higher the insurance risk may be, and therefore the insurance premium calculated on the basis of the automated risk assessment may be higher.

In connection with automated decision-making, you have the right to receive relevant explanations as to the basis of the decision made, the right to challenge the decision, to express your own position or to obtain human intervention (i.e. analyze the data and make a human decision).

Data retention period

We will keep your personal data:

- Until the statute of impairment for the injury that is the subject of the pending liquidation proceedings; or
- Until the obligation to store data under the law expires, in particular the obligation to store accounting documents relating to the insurance contract and regulations on anti – money laundering and terrorist financing.

We will stop processing your data on the basis of the Controller's legitimate interests if you object to the processing of your data for these purposes. This shall not apply if we demonstrate the existence of valid legitimate grounds for processing that override your interests, rights and freedoms, or grounds for establishing, asserting or defending claims.

However, filing an objection shall not be understood that we will delete all data. In particular, further storage of data may still take place for the period of the statute of impairment for claims.

Recipients of data

Due to the nature of the processing, we may transfer your personal data to the extent necessary to reinsurance companies, as well as to other entities, such as postal operators, operators of the payment methods you have chosen, or claims service providers.

In addition, we may transfer your data to entities that process personal data on our behalf, including but not limited to IT Service Providers, data processors for the purpose of asserting or defending against claims, marketing agencies, insurance agents, data processors for debt collection, and data archiving or deletion entities. Such entities process data under contract with us and only in accordance with our instructions.

Rights of the data subject

You are entitled :

- To access to your data, including receiving a copy of it;
- To demand rectification, erasure or impairment of data processing;
- **To object to the processing of your personal data** (to the extent that the basis for processing is the premise of the Controller's legitimate interest);
- To transfer your personal data (to the extent that your data are processed by automated means and this processing is based on consent or on the basis of a contract with the Controller), i.e. to receive your personal data from the Controller in a structured, commonly used machine – readable format). You may send this data to another data controller;
- To file a complaint with the supervisory authority for the protection of personal data, i.e. the President of the Office for Personal Data Protection.

Please contact us or the Data Protection Officer if you wish to exercise these rights. The contact details have been provided above.