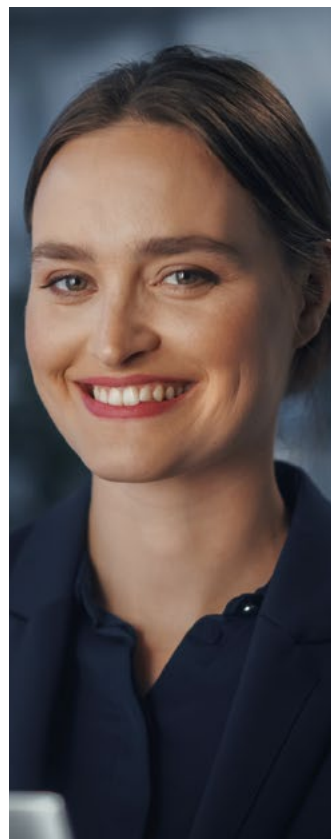
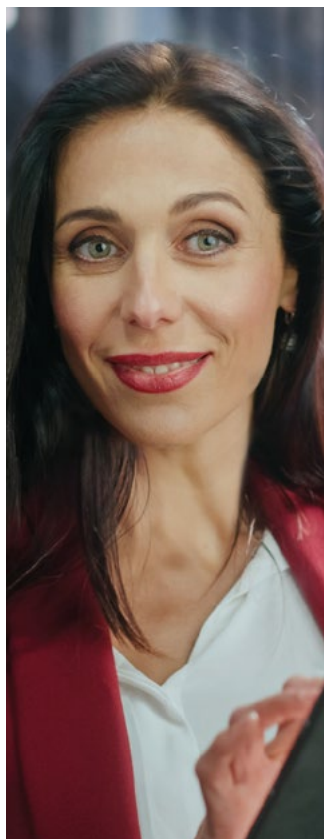
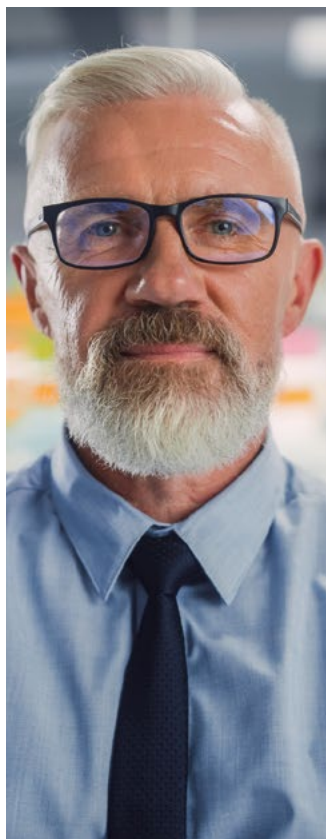




PREMIUM COVERAGE

Premium Coverage Group Life Insurance
General Terms and Conditions

INFORMATION REGARDING PROCESSING OF PERSONAL DATA IN CONNECTION WITH INSURANCE COVERAGE

WHO IS THE CONTROLLER OF MY PERSONAL DATA AND THE CONTACT PERSON?

1. The controller of your personal data is Unum Life Towarzystwo Ubezpieczeń i Reasekuracji Spółka Akcyjna with registered office in Warsaw, at al. Jana Pawła II 17, 00-854 Warsaw (hereinafter referred to as „Unum Life”). Data controller can be contacted via e-mail address: kontakt@unum.pl; via a contact form at: www.unum.pl; by telephone: +48 800 33 55 33; or in writing to the address of Unum Life registered office.
2. In all matters related to personal data processing, in particular, your rights associated with personal data processing, you may contact the Data Protection Officer designated in Unum Life via e-mail address: iod@unum.pl; via a contact form at: www.unum.pl; by telephone: +48 800 33 55 33; or in writing to the address of Unum Life registered office (preferably with a note reading „GDPR”/ „RODO”).

PURPOSE AND SCOPE OF PERSONAL DATA PROCESSING

3. Your personal data can be processed by Unum Life as follows:

PURPOSE	LEGAL BASIS
Life insurance contract conclusion, including underwriting procedure; and contract performance, including premium indexing and claim payment.	Compliance with legal obligations Unum Life is subject to; processing required for contract conclusion and performance; declaration of consent for the processing of personal data concerning health.
Reinsurance of insurance risks.	Protection of Unum Life legitimate interests (i.e. risk mitigation under a life insurance contract); declaration of consent for the transfer of personal data concerning health to the reinsurer.
Ensuring compliance with legal obligations related to counteracting money laundering and financing of terrorism.	Compliance with legal obligations Unum Life is subject to in the field of counteracting money laundering and financing of terrorism.
Ensuring compliance with legal obligations related to reporting obligations under the agreement between the government of the Republic of Poland and the government of the United States of America (FATCA) and automatic exchange of tax information with other countries.	Compliance with legal obligations Unum Life is subject to in relation to international tax provisions and FATCA, as well as the provisions on automatic exchange of tax information with other countries.
Ensuring compliance with legal obligations related to insurance laws and regulations, in particular, as regards risk management and reporting requirements.	Compliance with legal obligations Unum Life is subject to in relation to insurance and reinsurance business provisions.
Ensuring compliance with legal obligations related to other laws and regulations in Poland and the European Union.	Compliance with legal obligations Unum Life is subject to in relation to tax and accounting regulations.
Insurance fraud prevention.	Protection of legitimate interests of Unum Life and other insurance companies (i.e., counteracting the cases of insurance fraud).
Exercise or defense of claims under life insurance contract.	Protection of Unum Life legitimate interests (i.e. exercise or defense of claims).
Direct marketing of insurance products and services and other financial products and services (i.e., receiving Unum Life product and service offers).	Protection of Unum Life legitimate interests (i.e., marketing the offer of insurance products and services and other financial products and services) and, additionally, the declaration of consent regarding electronic and telephone communication channels.

4. Personal data processing carried out by Unum Life includes the so-called profiling. Profiling is defined as follows:
 - Based on information acquired at the stage of life insurance contract conclusion (personal data concerning health included), underwriting is carried out by Unum Life, resulting in a decision to provide (or not) insurance coverage and to conclude insurance contract with a rated premium or, for example, with modified terms and conditions that deviate from the general terms and conditions of insurance;
 - Based on information regarding client's insurance products (but without personal data concerning health), Unum Life develops client preference portfolios in order to match the offer of insurance products and services and other financial products and services with identified or projected needs and expectations of individual customers.

FOR HOW LONG CAN PERSONAL DATA BE KEPT?

5. The period of storage of your personal data depends on the purpose for which the data is processed, and it is equivalent to:
- As regards performance of a life insurance contract and exercise or defense of legal claims arising under life insurance contract – until those claims have expired (claim expiry date is provided for in the Civil Code, insurance law provisions);
 - As regards compliance with laws and regulations – until the underlying requirement has expired (e.g., accounting documents, including the data contained therein, must be stored for five years);
 - As regards direct marketing – until you have stated your objection or withdrawn a relevant declaration of consent.

WHO CAN PERSONAL DATA BE SHARED WITH?

6. Your personal data can be shared with the following entities:
- Reinsurance companies including, inter alia, General Reinsurance AG based in Cologne (Germany) and RGA International Reinsurance Company Dac based in Dublin (Ireland) – in connection with risk reinsurance;
 - Other insurance companies – in connection with prevention of fraud against insurance companies and compliance with legal obligations Unum Life is subject to;
 - Organizations operating under the law (public authorities) including, inter alia, the Polish Financial Supervision Authority and the General Inspector of Financial Information – in connection with legal obligations Unum Life is subject to;
 - Organizations that provide services to Unum Life, including service providers in the field of medical services, IT services, legal and advisory services – in connection with provision of those services;
 - aid, care and medical services to service entities.

TRANSFER OF DATA OUTSIDE OF THE EUROPEAN ECONOMIC AREA

7. Personal data may also be transferred to certain subcontractors of IT system providers who are located in countries outside the European Economic Area for which the European Commission did not state an adequate level of personal data protection.
8. Therefore, the transfer of personal data to these entities takes place on the basis of an appropriate contract, containing standard contractual clauses adopted by the European Commission. You may receive a copy of this agreement – in this case, please contact the Data Protection Officer.

IS IT MANDATORY FOR ME TO SHARE MY PERSONAL DATA?

9. The decision to take insurance coverage is voluntary. However, provision of personal data in connection with life insurance contract is necessary for contract conclusion and its performance - without access to personal data, including personal data concerning health, such contract cannot be concluded or performed.
10. Provision of data for direct marketing purposes is voluntary – it does not have impact upon conclusion or performance of a life insurance contract.

RIGHTS IN THE AREA OF PERSONAL DATA PROCESSING

11. You have certain rights in connection with the processing of personal data, including: (i) the right to access your personal data; (ii) the right to rectify the data; (iii) the right to delete the data; (iv) the right to restrict processing of the data; (v) the right to transfer the data – in accordance with the rules set out in the provisions on personal data protection, including the EU Data Protection Regulation 2016/679 („GDPR“).
12. As regards the processing of your personal data based on performance of legitimate interest, you may object to the processing of your personal data, in particular as regards processing for direct marketing purposes.
13. As regards the processing of your personal data based on your declaration of consent, you may withdraw such consent at all times. The withdrawal of consent shall not affect the lawfulness of processing based on consent before its withdrawal. The withdrawal of consent for the processing of personal data concerning health or for transfer of the personal data concerning health to the reinsurer may result in inability to perform the life insurance contract or inability to reinsure the risks.
14. You may file a complaint before the supervisory authority responsible for personal data protection oversight – the President of the Personal Data Protection Office.

Unum – About Us

We are part of the Unum Group, which has provided sense of security to Customers for more than 170 years. Unum Group has operations in the United States, the United Kingdom and in Poland.

Our mission is to protect life and health of the Insured and their loved ones. We offer customized insurance solutions, tailored to business and personal needs.

We enjoy the trust of more than a quarter of a million Customers, who appreciate us for quality products and services, financial stability and expertise.

About Group Life Insurance

What is Premium Coverage Group Life Insurance General Terms and Conditions?

Premium Coverage Group Life Insurance General Terms and Conditions is a document applicable to Insurance Contracts concluded by and between the Policyholder and Unum Życie TUiR S.A.

Parties to Insurance Contract, the Insured – Insurance Contract who is who:

The parties to the Insurance Contract are as follows: the Policyholder and Unum Życie TUiR S.A., i.e., the Insurer, referred to as 'we/us/our' in Premium Coverage Group Life Insurance General Terms and Conditions. The Insured are the persons who enter into the Insurance Contract and get insurance coverage under the Contract.

Who is eligible to enroll in group insurance?

Insurance Contract is concluded by the Policyholder on behalf of those who want to get coverage for themselves and their loved ones. Enrollment criteria and eligibility requirements are set out in Premium Coverage Group Life Insurance General Terms and Conditions and in the Policy.

Where is the information about the scope of coverage we provide under the Insurance Contract and the amounts of the Sums Insured?

Premium Coverage Group Life Insurance General Terms and Conditions include provisions governing the Basic Contract and all the Riders available under the Insurance Contract concluded with the Policyholder. The scope of coverage for those eligible under the Insurance Contract, as well as the amounts of the Sums Insured and Benefits, are set forth in the Policy, which serves as the acknowledgement of the Contract. The scope of coverage applicable to the Insured, as well as the amounts of particular Sums Insured and Benefits, are specified in Insurance Certificates, which serve as the acknowledgement that the Insured are enrolled in Insurance Contract.

PREMIUM COVERAGE GROUP LIFE INSURANCE GENERAL TERMS AND CONDITIONS

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Background information for Group Life Insurance General Terms and Conditions

Type of information	Provision
1. Statutory requirements for the payment of insurance claim and other benefits or the cash value.	§ 3 in connection with § 2; § 4 in connection with § 2; § 8 Section 2 Clauses c), d), g) and h) in connection with § 2; § 9 in connection with § 2; § 11 in connection with § 2; § 12 in connection with § 2; § 14 in connection with § 2; § 16 in connection with § 2; § 19 Section 1 in connection with § 2.
2. Liability limitations and exclusions authorizing the Insurer not to pay the claims and other benefits or to reduce their value.	§ 15 Section 2 in connection with § 2; § 16 Sections 1, 5, 8, 9 and 14 in connection with § 2.

GROUP LIFE INSURANCE GENERAL TERMS AND CONDITIONS

§ 1. GENERAL PROVISIONS

- These Group Life Insurance General Terms and Conditions (hereinafter referred to as the GTCs) are applicable to group life insurance contracts concluded by and between Unum Życie Towarzystwo Ubezpieczeń i Reasekuracji Spółka Akcyjna and the Policyholder.
- Life Insurance Contract may be concluded on the terms and conditions different from the GTCs, which shall be acknowledged in the Policy.

§ 2. DEFINITIONS

For the purpose of these GTCs, Rider Conditions, Policy document, Attachments, Annexes and any other documents issued in connection with the Insurance Contract, the terms hereinafter shall be defined as follows:

- Insurance Certificate** – a document we issue and provide to the Life Insured to acknowledge that the Life Insured has been covered as per the Insurance Contract and to specify, inter alia, the effective date of our coverage for the Life Insured, the scope of insurance cover, and the amounts of the Sums Insured applicable to the Life Insured (hereinafter referred to as 'Certificate');
- Family Member** – Employee's Spouse and Adult Child covered by us under Insurance Contract. For the purpose of these GTCs, Employee's Partner is also included as a Family Member;
- Hiring Date** – a date on which employment relationship comes into effect, or a date on which the first civil law contract is executed between the Employee and the Policyholder, provided that such a relationship or such a contract has continued uninterrupted and remained in force as of the Enrollment Form signature date or as of the Enrollment Form filing date – in the case when the Enrollment Form may be filed with us in electronic format;
- Business Days** – every day of the week from Monday to Friday

excluding Saturdays and public holidays as per the Law on Public Holidays in Poland;

- Free Cover Limit (FCL)** – the Sum Insured under the Basic Contract and the Riders, determined by us and acknowledged in the Policy, up to the value of which we agree to cover the Life Insured without additional underwriting requirements, subject to § 4 Section 7;
- Waiting Period** – the period during which we are not liable for an Insurable Event or we are only liable to a limited extent. The Waiting Period is indicated in relevant Rider Conditions, as applicable;
- ICD** – currently applicable wording of the International Statistical Classification of Diseases and Related Health Problems, developed by the World Health Organization;
- Spouse** – anyone who:
 - in the capacity of the Life Insured – as of the Enrollment Form signature date or filing date, is married to the Employee as per the Family and Guardianship Code in Poland, subject to § 11 Section 11 Clause b) and Clause c) letter i. (hereinafter referred to as 'Employee's Spouse');
 - as of the date of the Insurable Event, is married to the Life Insured as per the Family and Guardianship Code in Poland (hereinafter referred to as 'Spouse');
- Policy Month** – a one-month period starting on the date on which Insurance Contract was concluded; and, subsequently, each such period starting upon the lapse of the previous period;
- Period of Coverage** – a period corresponding to Policy dates that define the beginning and the end of our liability under the Insurance Contract;
- Partner** – anyone who:
 - in the capacity of the Life Insured – as of the Enrollment Form signature date or filing date, continues an informal relationship with the Employee and has been nominated

by the Employee in the Enrollment Form or other document acceptable to us, provided that they are not related to the Employee and that the Employee and the Partner are not married to someone else, subject to § 11 Section 13 (hereinafter referred to as 'Employee's Partner');

- 2) as of the date of the Insurable Event, continues an informal relationship with the Employee and has been nominated by the Employee in the Enrollment Form or other document acceptable to us, provided that they are not related to the Employee and that the Employee and the Partner are not married to someone else, subject to § 11 Section 14 (hereinafter referred to as a 'Partner');
 12. **Adult Child** – anyone who, in the capacity of the Life Insured, is Employee's biological or adopted child, as per the Family and Guardianship Code in Poland, aged 18 or older;
 13. **Policy** – a document provided to the Policyholder to acknowledge Insurance Contract conclusion and specify the terms of the Contract including, in particular, the scope of coverage, those eligible for coverage, the amounts of the Sums Insured and Benefits, the amount of Premium and Premium payment deadlines, deviations from the GTCs and from Rider Conditions;
 14. **Previous Group Insurance Contract** – a group life insurance contract in force with the Policyholder directly prior to the conclusion of the Insurance Contract, in respect of which the Life Insured was covered in the period directly preceding the coverage under the Insurance Contract; effectively terminated prior to the date of conclusion of the Insurance Contract with us;
 15. **Employee** – a natural person employed by the Policyholder under the employment relationship or a civil law contract, provided that such a relationship or such a contract with the Policyholder has remained in force on a continuous basis since inception, and the term of employment was uninterrupted. A Policyholder who is a natural person, including a business partner in a civil law partnership, as well as a business partner of the Policyholder who is a commercial partnership (referred to as the 'Owners'), shall also be considered an Employee;
 16. **Grace Period** – number of days by which we extended the Due Premium payment date, counted from the date directly following the Due Premium payment deadline;
 17. **Quotation** – a preliminary estimation of coverage cost and scope, made by us upon Policyholder request on the basis of the data provided by the Policyholder and presented to the Policyholder before Insurance Application is filed by the Policyholder. A Quotation is not an offer under the civil law;
 18. **Insurance Year** – the initial twelve Policy Months, starting on the day of Insurance Contract Effective Date, and each such subsequent period, starting upon the lapse of the previous period;
 19. **Premium** – the amount set forth in the Policy, determined in line with our underwriting decision taken on the basis of:
 - a) Sums Insured (relevant for the Basic Contract and the Riders), and
 - b) age and number of individuals eligible for insurance coverage, and
 - c) occupations of those eligible for insurance coverage, and
 - d) scope of coverage provided, taking into account the periods of limited liability;
 20. **Individual Premium** – the amount in respect of insurance coverage provided to a given Life Insured under the Insurance Contract, determined on the basis of the underwriting decision in connection with the Premium, taking into account:
 - a) Sums Insured (relevant for the Basic Contract and the Riders), and
 - b) age and/or health of that Life Insured, and
 - c) Scope of coverage provided to that Life Insured;
 21. **Due Premium** – a total of Individual Premiums in respect of insurance coverage provided to all Insureds under the Insurance Contract during the period for which the Premium is due;
 22. **Sum Insured** – the amount set forth in the Policy, based on which the amount of the Benefit payable upon Insurable Event is calculated;
 23. **Benefit** – the payment, made as a lump-sum or in instalments (as long as such an option is provided for in the Insurance Contract), made for the benefit of the Life Insured, the Beneficiary, or other individuals entitled to receive the Benefit under the Insurance Contract;
 24. **Policyholder** – a natural person, a legal person or an organization without legal personality but with legal capacity under the law, who has entered into Insurance Contract. Policyholder is required to pay Due Premium;
 25. **Life Insured** – an individual covered under the Insurance Contract;
 26. **Rider** – a group insurance contract that enhances the scope of coverage provided under the Basic Contract with additional Insurable Events, concluded by and between us and the Policyholder on the basis of the Rider Conditions, together with the Basic Contract or during the term of the Basic Contract. A Rider may also enhance the scope of coverage provided under other Riders. A Rider is concluded between us and the Policyholder upon a written application from the Policyholder (subject to our approval of the application). Rider conclusion is acknowledged in the Policy;
 27. **Basic Contract** – a Group Life Insurance Contract concluded between us and the Policyholder pursuant to the GTCs. The Basic Contract is concluded upon a written application from the Policyholder (subject to our approval of the application). Basic Contract conclusion is acknowledged in the Policy;
 28. **Insurance Contract** – a Group Life Insurance Contract concluded between us and the Policyholder, including the Basic Contract and selected Riders; with Contract conclusion acknowledged in the Policy;
 29. **Unum (we/us/our)** – Unum Życie Towarzystwo Ubezpieczeń i Reasekuracji Spółka Akcyjna;
 30. **Beneficiary** – a person nominated by the Life Insured as the Primary Beneficiary or as the Secondary Beneficiary as per § 14, entitled to receive the Benefit in the event of death of the Life Insured;
 31. **Primary Beneficiary** – a person nominated by the Life Insured and entitled to receive the Benefit in the event of death of the Life Insured;
 32. **Secondary Beneficiary** – a person nominated by the Life Insured and entitled to receive the Benefit in the event of death of the Life Insured when, and only when, none of the Primary Beneficiaries can be designated effectively;
 33. **Rider Conditions** – insurance terms and conditions pursuant to which Riders are concluded;
 34. **Age of the Life Insured** – age of the Life Insured attained upon the most recent birthday of the Life Insured;
 35. **Application Form** – declaration of will to enter into the Insurance Contract, made by the Policyholder on an official document provided by us;
 36. **Enrollment Form** – declaration of will to enter into a Group Life Insurance Contract, made by an individual applying for insurance coverage together with other representations and authorizations made by that individual, and the representations and authorizations filed with us by the Policyholder on an official document provided by us;
 37. **Insurable Event** – an event set forth in the GTCs or in Rider Conditions, covered as per Insurance Contract, and occurring during the effective term of our liability under the Insurance Contract.
- ### § 3. OBJECT AND SCOPE OF INSURANCE COVERAGE
1. The object of insurance coverage under the Basic Contract is defined as life of the Life Insured.
 2. The scope of coverage provided under the Basic Contract covers the death of the Life Insured occurring during the effective term of our liability under the Basic Contract.
 3. The scope of coverage extended under the Insurance Contract can be enhanced with the Riders. In the event that the scope of coverage is enhanced with the Riders, the object of insurance coverage may be defined as life, health of the Life Insured or other Insurable Events applicable to the Life Insured, as listed in Rider Conditions.
 4. Insurance Contract scope and terms and conditions, in particular, the amounts of the Sums Insured applicable under the Basic Contract and the Riders as well as Premium amounts, shall be acknowledged in the Policy.
- ### § 4. INSURANCE CONTRACT CONCLUSION
1. Insurance Contract is concluded for a one-year period, counting from the date of conclusion of the Insurance Contract referred to in the Policy.

2. Prior to Insurance Contract conclusion, we shall provide the Policyholder with the GTCs and Rider Conditions.
3. Insurance Contract shall be concluded provided that the limit set forth in Section 9 hereunder has been attained; the Premium due for the individuals to be covered as of the Insurance Contract conclusion date has been paid by the Policyholder; and - prior to the Insurance Contract conclusion date - the following documents have been delivered to us:
 - a) Application Form;
 - b) Original copies of properly completed Enrollment Forms applicable to the individuals who are expected to be covered on Insurance Contract conclusion date (unless we have agreed with the Policyholder that the Enrollment Forms will be filed in another format, the electronic format included);
 - c) Census of the individuals enrolling in the Insurance Contract and expected to be covered on the Insurance Contract conclusion date;
 - d) A copy of the excerpt from the relevant business register where the Policyholder is listed;
 - e) Other documents such as we may specify in connection with Insurance Contract conclusion.
4. If the information presented in the documents referred to in Section 3 hereunder is materially different from the information provided to us for Quotation purposes, or if the acceptable underwriting risk is exceeded, we may present to the Policyholder a proposal of Insurance Contract on amended terms, or we may refuse to enter into the Insurance Contract.
5. If the documents referred to in Section 3 hereinbefore have been filled in incorrectly or are incomplete, we shall contact the Policyholder in writing, within 5 Business Days from the receipt of those documents, with a request to have the missing documentation supplemented in due course. In the event that 30 days have passed ineffectively since the date on which the hereinbefore-mentioned request was delivered to the Policyholder, it shall be understood that the Insurance Contract has not been concluded by Policyholder's decision.
6. Prior to Insurance Contract conclusion, we may request that the Policyholder or the individual applying for coverage provide additional evidence of insurability, and we may refer the individual applying for coverage for medical examinations, the scope of which we will specify in the referral, genetic tests excepted. Medical examinations shall be carried out in medical facilities or surgeries indicated by us. We shall cover the cost of such medical examinations.
7. Where, in response to the Policyholder's Application Form, we deliver to the Policyholder a Policy containing details that differ to the detriment of the Policyholder from the details of the Application Form submitted by the Policyholder, we shall notify the Policyholder accordingly in writing when delivering the Policy. In this case, we will set a period of at least 7 days for objection. Should we fail to do that, the changes made to the detriment of the Policyholder will not be effective and the Insurance Contract will be concluded in accordance with the terms and conditions requested by the Policyholder in the Application Form. If there is no objection, the Insurance Contract shall take effect in accordance with the Policy wording on the day following the expiry of the objection deadline.
8. Insurance Contract shall be automatically extended for the subsequent Insurance Year unless otherwise agreed by either party. A declaration of will not to extend the Insurance Contract, or to extend it on revised terms and conditions, must be submitted to the other party in writing not later than 30 days before the end of the relevant Insurance Year, subject to § 7 Sections 4-6.
9. The Quotation sets out the minimum limit of individuals that need to enroll in the Insurance Contract for us to conclude and continue the Insurance Contract, unless otherwise stated in the Policy. If the minimum limit of individuals is not reached by the date agreed between us and the Policyholder, the Insurance Contract will not be concluded.
10. Where, on the last day of Insurance Year, the requirement referred to in Section 9 hereinbefore is not met, the Insurance Contract shall be terminated as of the last day of the Policy Month in which the Policyholder received our notification about non-compliance with the said requirement.
11. In order for the Life Insured to enroll in the Rider it is absolutely

necessary that the Life Insured also be enrolled in the Basic Contract.

12. Riders may be concluded on the date of conclusion of the Basic Contract or during the term of the Basic Contract, i.e., at a later date, as agreed between us and the Policyholder.
13. In the event of any discrepancy or contradiction between the provisions of the Policy and the provisions of the GTCs or Rider Conditions, Policy provisions shall prevail.

§ 5. INSURANCE CONTRACT CANCELLATION

1. The Policyholder may cancel the Insurance Contract by submitting to us a written declaration within 7 days (when the Policyholder is an entrepreneur) or within 30 days (in all other cases) from the date of Insurance Contract conclusion. If, on the date of contract conclusion, at the latest, we fail to notify the Policyholder who is a consumer that they may cancel the contract, a period of 30 days shall run from the day on which the Policyholder becomes aware of that right. In the event of Insurance Contract cancellation, we shall reimburse the Policyholder for the Premium paid, but we reserve the right to retain the part of the Premium due for the period during which insurance coverage was in force.

§ 6. INSURANCE CONTRACT TERMINATION

1. Insurance Contract may be terminated by the Policyholder at all times, upon a written notice with a one-month notice period. Insurance Contract notice period starts on the first day of the Policy Month directly following the month in which we received the Policyholder's termination notice.
2. Insurance Contract shall also be terminated in the event of:
 - a) arrears with Due Premium payment, as per § 10 Section 4 - upon lapse of the last date of the extended deadline specified in the payment notice,
 - b) a declaration of will not to extend the Insurance Contract, referred to in § 4 Section 8, being submitted by a party - upon the lapse of the last day of the Insurance Year,
 - c) non-compliance with the requirement setting the minimum limit of individuals that need to enroll, referred to in § 4 Section 9 - upon the lapse of the last day of the Policy Month in which the Policyholder received the notification referred to in § 4 Section 10,
 - d) a declaration on non-extension of the Insurance Contract for the subsequent period of coverage, referred to in § 7 Section 4, being submitted by the Policyholder - upon the lapse of the last day of the Insurance Year,
 - e) a declaration to cancel the Insurance Contract, referred to in § 5, being submitted by the Policyholder - in the date on which the declaration was submitted.
3. On the date of Insurance Contract termination, the Basic Contract and all the Riders under the Insurance Contract shall be terminated.

§ 7. AMENDMENTS TO INSURANCE CONTRACT

1. Any amendment to the terms and conditions of the Insurance Contract:
 - a) must be agreed to by the parties, and such agreement must be expressed in writing;
 - b) requires prior approval of the Life Insured if the said amendment is detrimental to the Life Insured or the person entitled to receive the Benefit in the event of death of the Life Insured.
2. Before the parties give their approval for the amendment to the Insurance Contract or the change of the law governing the Insurance Contract, we shall notify the Policyholder to the point in writing or - subject to the Policyholder's consent - on another permanent data carrier, including the information on the impact of such amendments or change on the value of Benefits payable under the Insurance Contract.
3. Before the Policyholder gives their approval for the amendment to the Insurance Contract or the change of the law governing the Insurance Contract, the Policyholder shall notify the Life Insured in writing or - subject to consent of the Life Insured - on another permanent data carrier, about the amendment to the Insurance Contract or the change of the law governing the Insurance Contract; including the information on the impact of such amendments or change on the value of Benefits payable under the Insurance Contract

4. Before the end of each Insurance Year, we may propose to the Policyholder that the terms and conditions of the Insurance Contract be amended. We shall provide this proposal to the Policyholder in writing (or as otherwise agreed by the parties) not later than 30 days before the end of a given Insurance Year. Rejection of the proposed terms and conditions, submitted by the Policyholder in writing (or as otherwise agreed by the parties) not later than on the last day of the given Insurance Year, shall be equivalent to the filing of the Policyholder's statement with the decision that the Insurance Contract is not extended for the subsequent Insurance Year.
5. We reserve the right to calculate the Free Cover Limit before the beginning of each Insurance Year. The Free Cover Limit amount shall be specified in the Policy.
6. Insurance Contract terms and conditions may be amended upon a written motion filed by the Policyholder 30 days prior to the end of each Insurance Year, at the latest, provided that we accept the motion, and subject to all other provisions of this paragraph.

§ 8. RIGHTS AND OBLIGATIONS OF THE PARTIES TO THE INSURANCE CONTRACT

1. We shall fulfil our obligations with respect to the Insurance Contract in an accurate and timely manner and, in particular, we shall:
 - a) notify the Policyholder, and the Life Insured upon their own request, in the manner provided for in § 7 Section 2, about the amendment to the Insurance Contract or the change of the law governing the Insurance Contract, including the information on the impact of such amendments or changes on the value of Benefits payable under the Insurance Contract, prior to the approval for the amendment or change;
 - b) confirm the revisions to the census of Insureds;
 - c) prepare Insurance Certificates for the Insureds;
 - d) notify the Life Insured, the Beneficiaries or other persons entitled to receive the Benefit about the documents necessary to establish our liability.
2. The Policyholder shall fulfil their obligations with respect to the Insurance Contract in an accurate and timely manner and, in particular, the Policyholder shall:
 - a) deliver to those applying for insurance coverage – before they give their approval for coverage and submit their Enrollment Form – the terms of the Insurance Contract, specifically: the GTCs, Rider Conditions together with the Attachments representing integral part thereof, serving as the basis for Insurance Contract conclusion, and other documents that we may indicate from time to time;
 - b) keep the Insureds informed about amendments to Insurance Contract terms and conditions or the change of the law governing the Insurance Contract, referred to in § 7 Section 3, in the manner and within the deadlines prescribed therein;
 - c) pay the Premiums Due under the Insurance Contract for all the Insureds in a timely manner;
 - d) submit to us a census of the individuals enrolling in the Insurance Contract, together with their Enrollment Forms, prior to the effective date of coverage for those individuals (unless we have agreed with the Policyholder that Enrollment Forms will be submitted in some other way, specifically, in electronic format), not later than on the eve of the first day of the Policy Month for which the Premium Due has been paid and in which these individuals enroll in Insurance Contract;
 - e) submit to us a census of the individuals resigning from Insurance Contract, not later than on the last day of the Policy Month for which the Premium Due for these individuals has been paid, with the provision that the Policyholder shall be accountable for accuracy of the information;
 - f) provide the Insureds with Insurance Certificates we have prepared (when the Certificates are prepared in a hard copy);
 - g) notify us promptly about any changes in the data of the Insureds (if available to the Policyholder) and the Policyholder where Insurance Contract execution might be affected;
 - h) give us access to the documents in Policyholder's keeping which have bearing on our liability under Insurance Contract and the scope of coverage, as well as the amount of the Premium.
3. Subject to our approval, the Policyholder may assign the rights and obligations under the Insurance Contract to another entity.

Upon such assignment of rights and obligations to another entity, that entity shall become the Policyholder. The assignment of the Policyholder's rights and obligations referred to herein requires our prior written approval, on pain of nullity.

§ 9. INSURANCE PREMIUM

1. The Policyholder shall pay the Premium Due for the entire period of coverage under the Insurance Contract.
2. Premium Due can be paid with a monthly, quarterly, semi-annual or annual frequency, as decided by the Policyholder. Premium Due amount, payment date and frequency are set forth in the Policy.
3. Premium Due should be paid by the Policyholder in one transfer to our bank account designated in the Policy.
4. Premium Due shall be deemed paid on the date of our bank account.
5. A specification – prepared on a template compliant with our requirements and containing the updated census of Insureds as well as the amount of Individual Premium paid for each Life Insured – shall be sent to us by the Policyholder in electronic format not later than on the eve of Insurance Contract conclusion date and, subsequently, not later than on the last day of the Policy Month directly preceding insurance coverage period.
6. If the amount paid by the Policyholder in respect to the Premium is lower than the amount of the Premium Due, it shall be understood that the Premium Due has not been paid.
7. The Policyholder shall pay the Premium Due on a timely basis throughout the entire period of our liability under the Insurance Contract.
8. If any arrears should arise in the payment of Premiums Due, the subsequent sums paid will be counted towards the outstanding Premium.

§ 10. GRACE PERIOD

1. Unless stated otherwise in the Policy, the acceptable Grace Period is 30 days; except for the deadline for the payment of the first Premium Due, which falls on the eve of Insurance Contract conclusion date.
2. During the Grace Period, insurance coverage remains unchanged and no default interest is accrued.
3. In the event that the Premium Due is not paid by the payment deadline, we shall summon the Policyholder in writing to pay the Premium Due, specifying a new, 14-day deadline for payment, with the provision that the failure to pay the Premium Due by the deadline indicated shall result in the expiry of our liability and in Insurance Contract termination.
4. If the Premium Due is not paid by the new deadline referred to in Section 3 hereinbefore, the Insurance Contract shall be deemed terminated by the Policyholder, with the termination date set on the date of expiry of the new deadline, unless otherwise agreed by us with the Policyholder with regard to the continuation of the Insurance Contract.
5. The Policyholder shall pay the Premium Due for the period in which our insurance coverage was in force.

§ 11. ENROLLMENT IN INSURANCE CONTRACT, EFFECTIVE DATE AND TERM OF COVERAGE, RESIGNATION FROM INSURANCE CONTRACT

1. To be entitled to insurance coverage under the Insurance Contract, an individual must meet the following conditions, jointly:
 - a) they are older than 16 and younger than 69 years of age;
 - b) they are an Employee or a Family Member, with the provision that where a Family Member who is eligible for coverage is also eligible for coverage as an Employee, each of these persons may be covered only once under the Insurance Contract: either as an Employee, or as an Employee's Spouse, or as an Employee's Partner, or as an Adult Child. It is precluded in the Insurance Contract that one and the same person be insured simultaneously as an Employee and as an Employee's Spouse, Employee's Partner or Adult Child;
 - c) on the date the Enrollment Form is signed, or on the date it is submitted (where the Enrollment Form can be submitted in electronic format), and also on the date we have approved the coverage, they are not on sick leave longer than 14 days (this does not apply to a leave related to pregnancy,

- childbirth, fractures, sprains, dislocations, or care for a family member), in hospice, hospital or other nursing and care facility, have not been certified as disabled and do not apply for such certification, do not receive rehabilitation benefit and do not apply for such benefit;
- d) they have satisfied the additional eligibility criteria for cover as indicated by the Policyholder, approved by us and acknowledged in the Policy;
 - e) they have presented evidence of insurability, specified in the Policy, referred to in Section 6 hereunder, subject to Section 2 hereunder, unless otherwise stated in the Quotation and the Policy.
2. Insurance coverage, subject to our approval, shall be provided to a person who has satisfied the criteria referred to in Section 1 hereinbefore who:
 - a) prior to the effective date of coverage, agreed to be covered on the terms and conditions specified in the Insurance Contract, including the Sums Insured;
 - b) signed or filed the Enrollment Form (when it is allowed by us that the Enrollment Forms be filed in the electronic format);
 - c) was listed by the Policyholder in enrollment census; and the Premium Due for that Life Insured was paid by the payment deadline, subject to Sections 6 and 7 hereunder.
 3. One can be enrolled in the Insurance Contract on the basis of an Enrollment Form and other documents such as we may require, signed or filed (where we allow that the Enrollment Form and other documents be provided in electronic format) by the person applying for cover no earlier than 60 days before the requested date of cover.
 4. If the Sum Insured under the Basic Contract and the Riders applicable to the individual applying for coverage under the Insurance Contract exceeds the Free Cover Limit, we shall cover such person to the amount of the Free Cover Limit. The coverage in the full requested amount of the Sum Insured may be provided subject to evidence of insurability, as per § 4 Section 6. The coverage in the full requested amount of the Sum Insured shall come into effect as of the first day of the Policy Month directly following the month in which we took a positive underwriting decision, subject to Section 5 hereunder.
 5. In the circumstances referred to in Section 4 hereinbefore, we shall inform the Policyholder and the Life Insured each and every time in writing that the Life Insured has been covered, specifying the amount of the Sum Insured and the effective date of such coverage.
 6. Before we agree to accept the coverage, we may request that the individual applying for coverage should provide additional evidence of insurability, as specified in the Policy, and we may refer the individual applying for coverage for medical examinations, the scope of which we will specify in the referral, genetic tests excepted. Medical examinations shall be carried out in medical facilities or surgeries indicated by us. We shall cover the cost of such medical examinations.
 7. We reserve the right to refuse to offer insurance coverage or to offer it on different terms and conditions, in connection with the evidence or test results referred to in Section 6 hereinbefore. A person applying for coverage may be covered on different terms and conditions provided that they have given their approval for such changes.
 8. An individual who fails to meet the criteria referred to in Section 1 hereinbefore shall not be covered, subject to Section 9 hereunder.
 9. The individuals who do not meet the criterion referred to in Section 1 Clause c) hereinbefore shall become eligible for insurance coverage as of the first day of the Policy Month following the expiry of, respectively: their sick leave longer than 14 days, their hospitalization, their stay in a hospice or other nursing and care facility, their rehabilitation benefit, their disability benefit.
 10. Employee eligibility effective date shall be the later of: the date of Insurance Contract conclusion or the first day of the Policy Month directly following Employee Hiring Date, subject to Section 9 hereinbefore.
 11. Family Member eligibility effective date shall be the later of:
 - a) the Employee eligibility effective date, or
 - b) the effective date of the Family Member package, or
 - c) the first day of the Policy Month directly following the month in which:
 - i. marriage was concluded – applicable to Employee's Spouse,
 - ii. the person came of age – applicable to an Adult Child.
 12. If the Hiring Date, the marriage date (applicable to Employee's Spouse) or the coming-of-age date (applicable to an Adult Child) falls on the first day of the Policy Month, this day shall be considered to be the eligibility effective date.
 13. The Employee's Partner may be nominated and enrolled as a Life Insured on the Employee's enrolment date or after that date, with effect from the first day of the Policy Month immediately following the date on which they were nominated, subject to Section 15 hereunder.
 14. The Partner may be nominated by the Life Insured in the Enrollment Form or in any other written document compliant with our requirements (or in any other format acceptable to us, including electronic communications) on the Employee's enrolment date or after that date, with effect from the date on which we are notified of the nomination of the Partner, subject to Section 15 hereunder.
 15. The change of the Employee's Partner as the Life Insured or the change of the designation of the Partner is possible only once during the Insurance Year, on the Policy anniversary corresponding to each consecutive date of conclusion of the Insurance Contract.
 16. A Family Member shall not be covered if the relevant Employee is not covered.
 17. An individual who does not meet the conditions indicated in this paragraph shall not be covered.
 18. A person for whom the Premium Due has not been paid shall not be covered.
 19. The Life Insured may resign from the Insurance Contract at any time, with effect as of the end of the Policy Month in which we received their resignation notice.
- ## § 12. EFFECTIVENESS AND EXPIRY OF OUR LIABILITY FOR THE LIFE INSURED
1. Our liability for the Life Insured comes into effect on the date specified in the Policy Certificate, subject to the provisions of § 11.
 2. Our liability for the Life Insured who is an Employee shall expire:
 - a) on the last day of the Policy Month in which any of the following events occurred:
 - i. the Life Insured turned 70 years of age;
 - ii. employment contract between the Life Insured and the Policyholder, or civil law contract governing employment of the Life Insured with the Policyholder, has been terminated, subject to Clause b) hereunder;
 - iii. the Life Insured took an unpaid leave lasting longer than one calendar month;
 - iv. the Life Insured took a child-care leave, with the provision that our liability for the Life Insured shall not cease if, during the period of the child-care leave, premium is paid for that Life Insured as per these GTCs and the Policy;
 - v. the Life Insured is no longer eligible for insurance coverage due to non-compliance with the eligibility criterion referred to in § 11 Section 1 Clause d);
 - b) upon expiry of the last day of the Policy Month directly following the month in which the employment relationship between the Life Insured and the Policyholder ceased or the civil law contract on the basis of which the Insured was employed by the Policyholder was terminated. At the Policyholder's request that we subsequently agreed to accept, our liability towards the Life Insured may be extended by one Policy Month - but not later than until the end of the period for which the Premium was paid;
 - c) on the date of Insurance Contract termination;
 - d) on the final day of the extended deadline referred to in § 10 Section 3 – when the Premium Due is not paid;
 - e) upon death of the Life Insured;
 - f) as of the end of the Policy Month in which we received the resignation notice from the Life Insured;
 - g) upon expiry of Insurance Contract term, if the Insurance Contract is not extended;

- h) on the date of Insurance Contract cancellation by the Policyholder.
- 3. Our liability for a Life Insured who is a Family Member shall expire:
 - a) on the last day on which our liability in respect of the Insured Employee ends, provided that in the event of death of the Insured Employee the cover in respect of the Family Member ends on the last day of the Policy Month in which the death of the Insured Employee occurred;
 - b) on the last day of the Policy Month in which any of the following events occurred:
 - i. the Life Insured who is Employee's Spouse, Employee's Partner or Adult Child turned 70 years of age;
 - ii. the marriage of the Insured Employee and their Insured Spouse was terminated;
 - iii. the Insured Employee nominated another person as their Partner, as per § 11 Section 15;
 - c) on the date of death of the Life Insured who is a Family Member;
 - d) upon expiry of the last day of the Policy Month in which we received the Family Member's resignation notice.
- 4. Our liability under a Rider shall expire on the date of termination of:
 - a) the Basic Contract, or
 - b) the Rider, subject to Sections 2 and 3 hereinbefore.
- 5. Upon termination of an unpaid leave, insurance cover under the Insurance Contract shall come into effect once the person applying for the cover has satisfied the requirements referred to in § 11, with the provision that if the Enrollment Form is re-submitted by the Life Insured before the beginning of the Policy Month directly following the month in which they returned to work upon expiry of their unpaid leave lasting no longer than 6 months, then, for the purpose of determination of the periods of liability limitations specified in the Rider Conditions and the application of the limitation of liability related to suicide as per § 15, the period of insurance cover provided to the Life Insured immediately before the effective date of their unpaid leave shall be included.

§ 13. CHANGES IN COVERAGE

1. Coverage parameters set out in the Insurance Contract for the specified categories of Insureds may vary in terms of the scope of coverage, the Premium amounts and the Sums Insured offered (hereinafter referred to as the 'Packages').
2. There are identical coverage parameters set out for a given Package for all the Insureds covered under that Package.
3. The scope of insurance coverage, the amounts of the Individual Premiums and the amounts of the Sums Insured may vary between different Packages offered under one and the same Insurance Contract. Package characteristics, including the coverage parameters and the eligibility criteria applicable to each Package, are set out in the Policy.
4. There may be one or more Basic Packages and one or more Additional Packages under one Insurance Contract. The number of Basic Packages and the number of Additional Packages is specified in the Policy.
5. At one time, a Life Insured can be covered under one Basic Package only.
6. A Life Insured may modify the Basic Package or may be covered under an Additional Package or may resign from the Additional Package, if such an option has been provided for in the Policy.
7. A Life Insured may modify the Basic Package or may be covered under an Additional Package, provided that the Life Insured has satisfied eligibility requirements applicable to the requested Package, and subject to our approval.
8. For the Life Insured to modify the Basic Package or be covered under an Additional Package or to resign from the Additional Package, the Life Insured must file a change form in writing (or in another format acceptable to us, electronic format included).
9. When the requirements referred to in Section 7 hereinbefore are met, the Package is modified or the coverage under the Additional Package is provided effective as of the first day of the subsequent Policy Month, provided that the change form has been filed with us and approved by us before the start of such subsequent Policy Month, subject to Sections 10 and 11 hereinunder, unless the Policy states otherwise. Resignation from the

Additional Package is possible once during the Insurance Year, on the Policy anniversary corresponding to each subsequent date of conclusion of the Insurance Contract, unless the Policy states otherwise.

10. A Basic Package can be modified or coverage under an Additional Package can be provided only with regard to those Insureds who, on the date on which the change form has been signed or filed (when we allow that forms be filed in another format than in writing, including in electronic format) are not on a sick leave longer than 14 days (this does not apply to a leave related to pregnancy, childbirth, fractures, sprains, dislocations, or care for a family member), in hospice, hospital or other nursing and care facility, have not been certified as disabled and do not apply for such certification, do not receive rehabilitation benefit and do not apply for such benefit.
11. Prior to taking a positive decision on:
 - a) basic Package modification resulting in upgraded scope of coverage or Sum Insured,
 - b) provision of coverage under an Additional Package,
 - c) upgrade of the Sum Insured under a given Basic Package or Additional Package,
 we may require that the Life Insured provides additional evidence of insurability, and we may also refer the Life Insured for medical examinations, the scope of which will be specified by us in the referral, genetic tests excepted. Medical examinations shall be carried out in medical facilities or surgeries indicated by us. We shall cover the cost of such medical examinations.
12. If, on the date on which the change form has been signed or filed (when we allow that forms be filed in another format than in writing, including in electronic format), the Life Insured has not satisfied the requirements referred to in Sections 10 and 11 hereinbefore, Package modification resulting in an upgraded Sum Insured or provision of coverage under an additional Package or Sum Insured upgrade under the given Package can be effected as of the first day of the Policy Month after the requirements have been met, subject to Section 13 hereinafter, unless the Policy states otherwise.
13. In the circumstances referred to in Section 11 hereinbefore, the Life Insured shall provide the evidence of insurability for coverage under the requested Package.

§ 14. PERSONS ENTITLED TO RECEIVE THE BENEFIT

1. The Benefit under the Basic Contract and the Riders involving death of the Life Insured as the Insurable Event is payable to the Beneficiary.
2. At all times, one or more Primary or Secondary Beneficiaries can be designated by the Life Insured, including the designation of their percentage share in the amount of the Benefit.
3. At all times, the Primary or Secondary Beneficiaries can be replaced or revoked by the Life Insured.
4. The decision to designate, replace or revoke a Primary or Secondary Beneficiary shall come into effect on the date on which we receive the written statement of the Life Insured or such a statement is executed by the Life Insured (where we allow that a Beneficiary be designated, replaced or revoked in a format other than in writing, including via electronic means of communication).
5. If more than one Primary Beneficiary were designated by the Life Insured, but their respective shares in the amount of the Benefit were not defined, their respective shares shall be equal.
6. Secondary Beneficiaries shall be entitled to receive the Benefit when, and only when, all the Primary Beneficiaries were designated ineffectively.
7. If more than one Secondary Beneficiary were designated by the Life Insured, but their respective shares in the amount of the Benefit were not defined, their respective shares shall be equal.
8. When the grand total of the respective shares in the amount of the Benefit specified by the Life Insured does not add up to a 100%, it shall be understood that the respective shares in the amount of the Benefit should be determined in proportion to the decision made by the Life Insured.
9. A Beneficiary is designated ineffectively when the Beneficiary deliberately contributed to the death of the Life Insured, or died earlier than the Life Insured or concurrently with the Life Insured. Under such circumstances, the share of that Beneficiary in the amount of the Benefit shall be distributed between the

remaining Beneficiaries in proportion to their share in the Sum Insured, subject to Section 6 hereinbefore.

10. If the Life Insured has not designated any Beneficiaries, has revoked the Beneficiaries, or the designation of all Beneficiaries has been ineffective (Section 9 hereinbefore), the Benefit shall be payable to the immediate family members of the Life Insured, in the sequence as follows:
 - 1) Spouse;
 - 2) Children;
 - 3) Parents;
 - 4) Siblings.
11. Upon receipt of the Benefit by persons listed in a top category in Section 10 hereinbefore, it is precluded that the Benefit is received by the persons from the next category. The persons grouped in one category shall receive the Benefit in equal parts.

§ 15. LIMITATIONS AND EXCLUSIONS OF OUR LIABILITY

1. Liability limitations and exclusions referred to in Section 2 hereunder shall apply to the Basic Contract.
2. The Benefit shall not be payable if Death of the Life Insured resulted from:
 - a) war operations, active participation of the Life Insured in the acts of terror or riots;
 - b) suicide committed by the Life Insured - irrespective of their state of mind - within 2 years following the effective date of insurance coverage under the Basic Contract.

§ 16. BENEFIT PAYMENT

HOW CAN I MAKE A CLAIM?



ONLINE FORM

Using the application available at
www.unum.pl



IN PERSON

Presenting the claim form to the broker, employer,
relevant Unum agency or registered office



BY MAIL

Sending the documents to Unum Claim
Department

1. Upon death of the Life Insured that is included in the scope of coverage, under the Basic Contract, we shall pay to the Beneficiary or another entitled person the Benefit in the amount of the Sum Insured in effect as of the date of death of the Life Insured, provided that death of the Life Insured occurred during the effective term of coverage, subject to § 15 Section 2.
2. The Insurable Event covered under the Insurance Contract should be reported promptly, in writing or in another format acceptable to us.
3. Within 7 days from the date on which the Insurable Event covered under the Insurance Contract was reported to us, we shall inform the Policyholder or the Life Insured, if they are not the ones making the report, and we shall initiate procedure in order to determine the circumstances of the event, the legitimacy of the claim and the amount of the Benefit, and we shall inform the claimant in writing or in another format pre-approved by that person about the documents that are needed to determine our liability or the amount of the Benefit, if this should be necessary in connection with the procedure.
4. The event can also be reported by the Life Insured or the heirs of the Life Insured. Under such circumstances, the heir has the same status as the person entitled under Insurance Contract.
5. With the purpose to determine legitimacy of the claim under the Rider and the amount of the Benefit, we may refer the Life Insured for medical examinations, the scope of which will be specified by us in the referral, genetic tests excepted. Medical examinations shall be carried out in the medical facilities or

surgeries indicated by us. We shall cover the cost of such medical examinations. Should the Life Insured refuse to undergo the examination, we may reject the claim under the Rider.

6. Under the circumstances referred to in Section 5 hereinbefore, the legitimacy of the claim will be determined by a medical practitioner appointed by us, and the opinion of the medical practitioner will be issued on the basis of:
 - a) a complete set of documents required to determine our liability, as indicated in the GTCs,
 - b) results of examinations of the Life Insured, referred to in Section 5 hereinbefore.
7. With the purpose to investigate into the circumstances of the Insurable Event and determine the legitimacy of the claim, we reserve the right to apply to the court, the prosecutor's office, the police and other public bodies and institutions for additional information and evidence on the circumstances of the Insurable Event.
8. The Policyholder and the Life Insured shall inform us about all the circumstances that they know of, investigated by us in the Enrollment Form and in other additional documents required in connection with the underwriting process. In the event of non-compliance with the hereinbefore-said obligation by the Policyholder or the Life Insured, we shall not be liable for the consequences of the circumstances that were not disclosed to us. If the hereinbefore-said obligation was not met due to willful misconduct of the Policyholder or the Life Insured, when in doubt it shall be understood that the Insurable Event and its consequences resulted from the circumstances undisclosed to us.
9. If the Insurable Event occurred after three years from the effective date of coverage for the Life Insured, we cannot claim misrepresentation at enrolment, in particular, we cannot claim the non-disclosure of a health condition of the Life Insured.
10. We pay the Benefit within 30 days, at the latest, counting from the date on which we were informed about the Insurable Event covered by our insurance liability.
11. If it is impossible to determine the circumstances required to establish our liability or the Benefit amount by the deadline set forth hereinbefore, the Benefit shall be paid within 14 days from the date on which such determination was possible, with due diligence applied. However, the incontestable part of the Benefit shall be paid by the deadline set forth in Section 10 hereinbefore.
12. If the Benefit is not payable or is payable in an amount different from the claim, we will communicate that to the claimant or the Life Insured, if not identical with the claimant, clarifying the reasons and the legal basis for the total or partial rejection of the claim. We will include information about the possibility of judicial redress.
13. In order to determine the legitimacy of the claim under the Basic Contract, we must receive the following documents:
 - a) properly completed Claim Form;
 - b) original copy of a short form Death Certificate for the Life Insured;
 - c) death Statistical Chart or, if unavailable, other medical documentation certifying to the cause of death;
 - d) duplicate copies of ID documents of the Beneficiaries or other persons entitled to receive the Benefit;
 - e) other records required to determine the legitimacy of the claim – at our request.
14. Our liability under the Basic Contract and the Riders shall be determined based on a complete set of documents required to establish claim legitimacy and amount, indicated by us in the Basic Contract and respective Riders, as appropriate. If the documentation is missing, we may reject the claim.
15. If we reject the claim under the Insurance Contract, in full or in part, the Life Insured, the Beneficiary, or another person entitled to receive the Benefit may file an appeal against our decision, and we shall process the claim in line with our complaints policy specified in § 18.
16. As regards the duplicate copies of documents required to determine our liability in connection with the claim, indicated in the Basic Contract or relevant Riders, those duplicate copies should be certified as true copies by a notary public or an issuing authority, or by the persons authorized by us.
17. If the Insurable Event occurred outside the territory of the Republic of Poland, the person entitled to receive the Benefit shall

provide us with documentation required to determine legitimacy of the claim, translated into Polish by a sworn translator. We do not cover translation cost.

§ 17. INDIVIDUAL CONTINUATION OF COVERAGE

1. An Insured Employee whose coverage under the Insurance Contract was terminated due to the reasons referred to in § 12 Section 2 Clause a) indents ii, iii, iv or vi and in § 12 Section 2 Clause b), and then also the Family Member (provided that they were covered under the Insurance Contract), may conclude an Individual Continuation of Coverage Life Insurance Contract (an ICC Contract) with us, subject to Section 2 hereunder. The Life Insured referred to in § 12 Section 2 Clause a) indent iv may conclude an ICC Contract on condition that they are not covered under the Insurance Contract.
2. Individual Continuation of Coverage Life Insurance Contract can be concluded provided that the following requirements are met, jointly:
 - a) insurance coverage we provided under the Insurance Contract to the person referred to in Section 1 hereinbefore who is applying for the ICC Contract continued uninterrupted for at least 6 months; and - provided that continuity was maintained - the period of insurance cover for the Life Insured under the Previous Group Insurance Contract is included;
 - b) a written application for an ICC Contract was submitted within 60 days from the date of expiry of coverage we provided under the Insurance Contract to the person referred to in Section 1 hereinbefore, who is applying for the ICC Contract;
 - c) payment of the first Premium under the ICC Contract is made within 60 days from the date of expiry of coverage we provided under the Insurance Contract to the person referred to in Section 1 hereinbefore, who is applying for the ICC Contract, with the provision that the Premium shall be deemed paid on the date of our bank account.
3. An ICC Contract is concluded on our terms and conditions.
4. Conclusion of an ICC Contract is acknowledged with a policy document.
5. A maximum Sum Insured in respect of death of the Life Insured set out in the ICC Contract shall not be higher than the Sum Insured in the Basic Contract under the Insurance Contract restricted for the person applying for an ICC Contract, unless decided otherwise by us and by the applicant.
6. Following the conclusion of an ICC Contract, any re-enrollment under the Insurance Contract can take place no sooner than as of the first day of the Policy Month directly following the month in which the ICC Contract was terminated; provided that the applicant has satisfied the evidence of insurability requirements referred to in § 11.
7. Any re-enrollment in the Insurance Contract without termination of the ICC Life Insurance Contract or without the evidence of insurability shall be ineffective. Under such circumstances, we shall reimburse the Premiums paid.

§ 18. COMPLAINTS

1. Complaints against our services can be lodged as follows:
 - a) in writing:
 - i. by mail, to the address of our registered office or agency;
 - ii. in person, in our registered office or agency;
 - b) directly: by calling 800 33 55 33 or in person, in our registered office or agency;
 - c) electronically, using the means of electronic communication, to the following e-mail address: kontakt@unum.pl.
2. Our authorized representative shall process the complaint and provide a written response to the complaint without undue delay but, in any case, not later than within 30 days from the date of complaint receipt. In exceptionally complicated cases, when the complaint cannot be addressed and resolved within the deadline referred to hereinbefore, we shall:
 - a) notify the complainant about the reasons for extending the deadline,

- b) explain the circumstances to be investigated in connection with the complaint,
 - c) name a new deadline for complaint resolution; in any case not longer than 60 days from the date of receipt of the complaint.
3. Should complaint resolution be unsatisfactory, the case may be reported to the Financial Ombudsman or to the Polish Financial Supervision Authority, who is our oversight body. In addition, the consumer has the right to request assistance from municipal or county-level Ombudsmen for Consumer Rights.
 4. In the event of a dispute, the case may be referred to an out-of-court proceeding facilitated by the Financial Ombudsman (website address: www.rf.gov.pl), or it may be taken to court.

§ 19. FINAL PROVISIONS

1. Any notifications, representations and requests made in connection with the Insurance Contracts by the Policyholder, the Life Insured, the Beneficiary or another person entitled to receive the Benefit under the Insurance Contract should be made in writing to the address of our registered office or agency, unless the parties have jointly agreed otherwise.
2. Each and every change of the mailing address and other personal details for correspondence purposes in connection with the Insurance Contract shall be reported by the Policyholder, the Life Insured and by us.
3. Letters for the Policyholder, the Life Insured, the Beneficiary or other person entitled under the Insurance Contract shall be sent to their most recent mailing address known to us; and where those individuals gave their no-objection, to the most recent email address provided by those individuals or in another format, as agreed.
4. The persons entitled under the Insurance Contract shall not assign their rights towards us to a third party without our prior written approval.
5. If there is a change in the law affecting the scope or content of the Insurance Contract, we may amend the GTCs in order to adapt it to the revised law, as long as this does not contradict the applicable laws. Under such circumstances, we shall communicate the changes to the Policyholder, and to the Life Insured at their own request, and inform them of the impact of these changes on the amount of the Benefits payable under the Insurance Contract. In this case, unless otherwise agreed by the parties, a GTC change shall come into effect one month from the day of delivery of the revised GTCs to the Policyholder, unless Insurance Contract is terminated earlier by the Policyholder.
6. For natural persons, taxation of insurance Benefits is governed by the relevant provisions of the Personal Income Tax Act of 26 July 1991. For legal persons or other corporate taxpayers, taxation of insurance Benefits is governed by the relevant provisions of the Corporate Income Tax Act of 15 February 1992. The Benefits we pay out are tax-free, as per the Act on Inheritance and Donations of 28 July 1983.
7. Action for claims arising from the Insurance Contract may be brought under the general jurisdiction provisions or before the court competent for the jurisdiction of the place of residence or the registered office of the Policyholder, the Life Insured, the person entitled under the Insurance Contract, as well as an heir of the Life Insured or an heir of the person entitled under the Insurance Contract.
8. Our solvency and financial disclosures are available at www.unum.pl.
9. In the matters not specified in these GTCs, the Rider Conditions or the Insurance Contract, generally applicable provisions of the Polish law, which is the law governing the Insurance Contract, shall apply.
10. These General Terms and Conditions of Group Life Insurance were approved by the Unum Management Board by way of a Resolution No. 3/08/2022 of August 9, 2022 and comes into effect as of September 15, 2022.

Background information for Group Life Insurance Rider Terms and Conditions in respect of Accidental Death of the Life Insured, extending the scope of coverage provided under the Group Life Insurance General Terms and Conditions

Type of information	Provision
1. Statutory requirements for the payment of insurance claim and other benefits or the cash value.	§ 1 Clause 2; § 3 in connection with § 2; § 4 in connection with § 2; § 6 in connection with § 2.
2. Liability limitations and exclusions authorizing the Insurer not to pay the claims and other benefits or to reduce their value.	§ 1 Clause 2; § 5 in connection with § 2.

GROUP INSURANCE RIDER TERMS AND CONDITIONS IN RESPECT OF ACCIDENTAL DEATH OF THE LIFE INSURED

§ 1. GENERAL PROVISIONS

- The provisions of these Group Insurance Rider Terms and Conditions in respect of Accidental Death of the Life Insured, approved by way of Unum Management Board Resolution No. 3/08/2022 of August 9, 2022 and comes into effect as of September 15, 2022, (hereinafter referred to as the 'AD Rider Conditions'), apply to the Rider extending the scope of insurance coverage provided pursuant to Group Life Insurance General Terms and Conditions (hereinafter referred to as the 'GTCs').
- In the matters not provided for under these AD Rider Conditions, the provisions of the GTCs, the Policy and generally applicable laws and regulations shall apply.

§ 2. DEFINITIONS

- The terms used in these AD Rider Conditions shall be defined as per the GTCs, subject to Clause 2 hereunder.
- For the purpose of the Rider executed on the basis of AD Rider Conditions, the following definition is introduced:
 - Accident** – sudden event resulting solely from an external cause, not related to the volition or health status of the Life Insured, which is the only cause of death of the Life Insured and does not arise from any physical or mental impairment of the Life Insured. Heart attack, stroke, cerebral hemorrhage, poisoning, or any other disease or infection (including acute ones) shall not be defined as an Accident.

§ 3. INSURABLE EVENT

- Insurable Event covered under the Rider executed on the basis of AD Rider Conditions is defined as Death of the Life Insured, provided that the following conditions are met, jointly:
 - The only and direct cause of death was the bodily injury resulting from the Accident;
 - Death of the Life Insured occurred within one year from the date of the Accident;
 - Accident and death of the Life Insured occurred during the term of our liability under the Rider executed on the basis of AD Rider Conditions.

§ 4. EFFECTIVE TERM OF OUR LIABILITY

- Our liability for the Life Insured comes into force on the day on which the coverage for such Life Insured under the Rider executed on the basis of AD Rider Conditions comes into effect. The rules governing commencement and termination of our liability are set forth in the GTCs, unless stated otherwise in the Policy.

§ 5. LIMITATIONS AND EXCLUSIONS OF OUR LIABILITY

- The Benefit under the Rider executed on the basis of AD Rider Conditions shall not be payable if Accidental Death of the Life Insured resulted from:
 - hostilities, active participation of the Life Insured in the acts of terror or riots;
 - suicide committed by the Life Insured - irrespective of their state of mind - within 2 years following the effective date of insurance coverage for the Life Insured under this Rider;
 - traffic Accident caused by the Life Insured in a state after alcohol consumption or in the state of alcohol intoxication, after the use of under the influence of drugs, intoxicating substances, psychotropic substances, alternative measures or new psychoactive substances within the meaning of the Polish Law against Substance Abuse (except for the substances taken under the direction of a qualified medical practitioner), which contributed to the Traffic Accident.

§ 6. BENEFIT PAYMENT

- Benefit payment rules and criteria are regulated in § 16 of the GTCs, subject to the provisions of this paragraph.
- Upon the Insurable Event referred to in § 3, we will pay to the Beneficiary or other entitled person the Benefit under the Rider executed on the basis of AD Rider Conditions equivalent to the Sum Insured in force as of the date of Accidental death of the Life Insured, set forth in the Policy.
- The Benefit will be paid out once we receive and approve the complete set of documents required for the determination of our liability pursuant to AD Rider Conditions.
- We will determine the right to the Benefit under the Rider executed on the basis of AD Rider Conditions based on:
 - Properly completed Claim Form;

- b) Original copy of a short form Death Certificate for the Life Insured;
- c) Death Statistical Chart or, if unavailable, other medical documentation certifying to the cause of death;
- d) Duplicate copies of ID documents of the Beneficiaries or other persons entitled to receive the Benefit;
- e) Documents with a description of the circumstances of the accident issued by the institution that conducts the proceedings (e.g., the police, prosecutor's office);
- f) Other records required to determine legitimacy of the claim – upon our request.

Background information for Group Life Insurance Rider Terms and Conditions in respect of Accidental Death of the Life Insured due to Traffic Accident, extending the scope of coverage provided under the Group Life Insurance General Terms and Conditions

Type of information	Provision
1. Statutory requirements for the payment of insurance claim and other benefits or the cash value.	§ 1 Clause 2; § 3 in connection with § 2; § 4 in connection with § 2; § 6 in connection with § 2.
2. Liability limitations and exclusions authorizing the Insurer not to pay the claims and other benefits or to reduce their value.	§ 1 Clause 2; § 5 in connection with § 2.

GROUP INSURANCE RIDER TERMS AND CONDITIONS IN RESPECT OF DEATH OF THE LIFE INSURED DUE TO TRAFFIC ACCIDENT

§ 1. GENERAL PROVISIONS

- The provisions of these Group Insurance Rider Terms and Conditions in respect of Death of the Life Insured due to Traffic Accident, approved by way of Unum Management Board Resolution No. 3/08/2022 of August 9, 2022 and comes into effect as of September 15, 2022, (hereinafter referred to as the **TAD Rider Conditions**), apply to the Rider extending the scope of insurance coverage provided pursuant to Group Life Insurance General Terms and Conditions (hereinafter referred to as the **GTCs**).
- In the matters not provided for under these TAD Rider Conditions, the provisions of the GTCs, the Policy and generally applicable laws and regulations shall apply.

§ 2. DEFINITIONS

- The terms used in these TAD Rider Conditions shall be defined as per the GTCs, subject to Clause 2 hereunder.
- For the purpose of the Rider executed on the basis of TAD Rider Conditions, the following definitions are introduced:
 - Vehicle** – means of transport authorized and intended for:
 - Road traffic - within the meaning of the Polish Road Traffic Law, with the exception of quads, bicycles, bicycle trailers, electric scooters, personal transport devices;
 - Rail traffic to carry persons or goods;
 - Inland waterway traffic - within the meaning of Polish Inland Waterways Act, and maritime traffic within the meaning of Polish Maritime Code;
 - Air traffic as a passenger aircraft of a licensed airline operator;
 - Traffic Accident** – sudden event, triggered exclusively by an external cause and not related to the volition or health status of the Life Insured, which involves a moving Vehicle and is the only cause of death of the Life Insured and which does not arise from any physical or mental impairment of the Life Insured. Traffic Accident definition includes an accident occurring when the Life Insured was not moving in a Vehicle but was hit by a Vehicle.

§ 3. INSURABLE EVENT

- Insurable Event covered under the Rider executed on the basis of TAD Rider Conditions is defined as Death of the Life Insured

due to Traffic Accident, provided that the following conditions are met, jointly:

- The only and direct cause of death was the bodily injury resulting from the Traffic Accident;
- Death of the Life Insured occurred within one year from the date of the Traffic Accident;
- Traffic Accident and death of the Life Insured occurred during the term of our liability under the Rider executed on the basis of TAD Rider Conditions.

§ 4. EFFECTIVE TERM OF OUR LIABILITY

- Our liability for the Life Insured comes into force on the day on which the coverage for such Life Insured under the Rider executed on the basis of TAD Rider Conditions comes into effect. The rules governing commencement and termination of our liability are set forth in the GTCs, unless stated otherwise in the Policy.

§ 5. LIMITATIONS AND EXCLUSIONS OF OUR LIABILITY

- The Benefit under the Rider executed on the basis of TAD Rider Conditions shall not be payable if Death of the Life Insured due to Traffic Accident resulted from:
 - Hostilities, active participation of the Life Insured in the acts of terror or riots;
 - Suicide committed by the Life Insured - irrespective of their state of mind - within 2 years following the effective date of insurance coverage for the Life Insured under this Rider;
 - Life Insured driving a Vehicle without proper licenses, or Life Insured driving a vehicle not authorized for road, water or air traffic under applicable regulations;
 - An illegal act with statutory characteristics of intentional crime committed by the Life Insured, which has been established by a final court decision;
 - The Life Insured being in a state after alcohol consumption or in the state of alcohol intoxication, after the use of under the influence of drugs, intoxicating substances, psychotropic substances, alternative measures or new psychoactive substances within the meaning of the Polish Law against Substance Abuse (except for the substances taken under the direction of a qualified medical practitioner), which contributed to the Traffic Accident.

§ 6. BENEFIT PAYMENT

1. Benefit payment rules and criteria are regulated in § 16 of the GTCs, subject to the provisions of this paragraph.
2. Upon the Insurable Event referred to in § 3, we will pay to the Beneficiary or other entitled person the Benefit under the Rider executed on the basis of TAD Rider Conditions equivalent to the Sum Insured in force as of the date of death of the Life Insured due to Traffic Accident, set forth in the Policy.
3. The Benefit will be paid out once we receive and approve the complete set of documents required for the determination of our liability pursuant to TAD Rider Conditions.
4. We will determine the right to the Benefit under the Rider executed on the basis of TAD Rider Conditions based on:
 - a) Properly completed Claim Form;
 - b) Original copy of a short form Death Certificate for the Life Insured;
 - c) Death Statistical Chart or, if unavailable, other medical documentation certifying to the cause of death;
 - d) Duplicate copies of ID documents of the Beneficiaries or other persons entitled to receive the Benefit;
 - e) Documents with a description of the circumstances of the accident issued by the institution that conducts the proceedings (e.g., the police, prosecutor's office);
 - f) Other records required to determine legitimacy of the claim – upon our request.

Background information for Group Life Insurance Rider Terms and Conditions in respect of Death of the Life Insured due to Accident at Work, extending the scope of coverage provided under the Group Life Insurance General Terms and Conditions

Type of information	Provision
1. Statutory requirements for the payment of insurance claim and other benefits or the cash value.	§ 1 Clause 2; § 3 in connection with § 2; § 4 in connection with § 2; § 6 in connection with § 2.
2. Liability limitations and exclusions authorizing the Insurer not to pay the claims and other benefits or to reduce their value.	§ 1 Clause 2; § 5 in connection with § 2.

GROUP INSURANCE RIDER TERMS AND CONDITIONS IN RESPECT OF DEATH OF THE LIFE INSURED DUE TO ACCIDENT AT WORK

§ 1. GENERAL PROVISIONS

- The provisions of these Group Insurance Rider Terms and Conditions in respect of Death of the Life Insured due to Accident at Work, approved by way of Unum Management Board Resolution No. 3/08/2022 of August 9, 2022 and comes into effect as of September 15, 2022, (hereinafter referred to as the '**AWD Rider Conditions**'), apply to the Rider extending the scope of insurance coverage provided pursuant to Group Life Insurance General Terms and Conditions (hereinafter referred to as the '**GTCs**').
- In the matters not provided for under these ADW Rider Conditions, the provisions of the GTCs, the Policy and generally applicable laws and regulations shall apply.

§ 2. DEFINITIONS

- The terms used in these AWD Rider Conditions shall be defined as per the GTCs, subject to Clause 2 hereunder.
- For the purpose of the Rider executed on the basis of ADW Rider Conditions, the following definitions are introduced:
 - Accident** – sudden event resulting solely from an external cause, not related to the volition or health status of the Life Insured, which is the only cause of death of the Life Insured and does not arise from any physical or mental impairment of the Life Insured. Heart attack, stroke, cerebral hemorrhage, poisoning, or any other disease or infection (including acute ones) shall not be defined as an Accident;
 - Accident at Work** – an Accident resulting in death of the Life Insured, in which the Life Insured was involved and which originated:
 - In course of or in connection with the ordinary duties included in the job description of the Life Insured and aligned with the nature of the job or resulting from the supervisors' orders, performed by the Life Insured for the Employer under an employment contract or a civil law contract;
 - In course of or in connection with the hereinbefore-said duties performed by the Life Insured for the Employer even without any order;
 - During the time when the Life Insured was on duty traveling between Employer's registered office and the location where the Life Insured performed their professional duties under employment contract or civil law contract;
 - During a business trip in the circumstances other than

those referred to in indents i., ii., iii. hereinbefore, unless the accident was caused by the conduct of the Life Insured which was unrelated to their duties.

Accident at Work shall be acknowledged with the official Occupational Safety and Health report, drawn up in conformity with applicable legal provisions governing benefits in respect of accidents at work. An event occurring when traveling to or from work shall not be regarded as an Accident at Work.

§ 3. INSURABLE EVENT

- Insurable Event covered under the Rider executed on the basis of AWD Rider Conditions is defined as Death of the Life Insured due to Accident at Work, provided that the following conditions are met, jointly:
 - The only and direct cause of death was the bodily injury resulting from the Accident at Work;
 - Death of the Life Insured occurred within one year from the date of the Accident at Work;
 - Accident at Work and death of the Life Insured occurred during the term of our liability under the Rider executed on the basis of AWD Rider Conditions.

§ 4. EFFECTIVE TERM OF OUR LIABILITY

- Our liability for the Life Insured comes into force on the day on which the coverage for such Life Insured under the Rider executed on the basis of AWD Rider Conditions comes into effect. The rules governing commencement and termination of our liability are set forth in the GTCs, unless stated otherwise in the Policy.

§ 5. LIMITATIONS AND EXCLUSIONS OF OUR LIABILITY

- The Benefit under the Rider executed on the basis of AWD Rider Conditions shall not be payable if Death of the Life Insured due to Accident at Work resulted from:
 - Hostilities, active participation of the Life Insured in the acts of terror or riots;
 - Suicide committed by the Life Insured - irrespective of their state of mind - within 2 years following the effective date of insurance coverage for the Life Insured under this Rider;
 - The Life Insured being in a state after alcohol consumption or in the state of alcohol intoxication, after the use of under the influence of drugs, intoxicating substances, psychotropic substances, alternative measures or new psychoactive

substances within the meaning of the Polish Law against Substance Abuse (except for the substances taken under the direction of a qualified medical practitioner), which contributed to Accident at Work;

- d) Life Insured driving a Vehicle without proper licenses, or Life Insured driving a vehicle not authorized for road, water or air traffic under applicable regulations;
- e) The Life Insured being in a state after alcohol consumption or in the state of alcohol intoxication, after the use of under the influence of drugs, intoxicating substances, psychotropic substances, alternative measures or new psychoactive substances within the meaning of the Polish Law against Substance Abuse (except for the substances taken under the direction of a qualified medical practitioner), which contributed to Accident at Work;
- f) Life Insured working without qualifications or permits required under applicable laws and regulations;
- g) Life Insured non-compliance with occupational safety and health regulations, fire regulations, work regulations.

§ 6. BENEFIT PAYMENT

1. Benefit payment rules and criteria are regulated in § 16 of the GTCs, subject to the provisions of this paragraph.
2. Upon the Insurable Event referred to in § 3, we will pay to the Beneficiary or other entitled person the Benefit under the Rider executed on the basis of AWD Rider Conditions equivalent to the Sum Insured in force as of the date of the death of the Insured due to Accident at Work, set forth in the Policy.
3. The Benefit will be paid out once we receive and approve the complete set of documents required for the determination of our liability pursuant to AWD Rider Conditions.
4. We will determine the right to the Benefit under the Rider executed on the basis of AWD Rider Conditions based on:
 - a) Properly completed Claim Form;
 - b) Original copy of a short form Death Certificate for the Life Insured;
 - c) Death Statistical Chart or, if unavailable, other medical documentation certifying to the cause of death;
 - d) Duplicate copies of ID documents of the Beneficiaries or other persons entitled to receive the Benefit;
 - e) Documents with a description of the circumstances of the accident issued by the institution that conducts the proceedings (e.g., the police, prosecutor's office, Occupational Safety and Health reports);
 - f) Other records required to determine legitimacy of the claim – upon our request.

Background information for Group Life Insurance Rider Terms and Conditions in respect of Death of the Life Insured due to Heart Attack or Stroke, extending the scope of coverage provided under the Group Life Insurance General Terms and Conditions

Type of information	Provision
1. Statutory requirements for the payment of insurance claim and other benefits or the cash value.	§ 1 Clause 2; § 3 in connection with § 2; § 4 in connection with § 2; § 6 in connection with § 2.
2. Liability limitations and exclusions authorizing the Insurer not to pay the claims and other benefits or to reduce their value.	§ 1 Clause 2; § 5 in connection with § 2.

GROUP INSURANCE RIDER TERMS AND CONDITIONS IN RESPECT OF DEATH OF THE LIFE INSURED DUE TO HEART ATTACK OR STROKE

§ 1. GENERAL PROVISIONS

- The provisions of these Group Insurance Rider Terms and Conditions in respect of Death of the Life Insured due to Heart Attack or Stroke, approved by way of Unum Management Board Resolution No. 3/08/2022 of August 9, 2022 and comes into effect as of September 15, 2022, (hereinafter referred to as the 'HASD Rider Conditions'), apply to the Rider extending the scope of insurance coverage provided pursuant to Group Life Insurance General Terms and Conditions (hereinafter referred to as the 'GTCs').
- In the matters not provided for under these HASD Rider Conditions, the provisions of the GTCs, the Policy and generally applicable laws and regulations shall apply.

§ 2. DEFINITIONS

- The terms used in these HASD Rider Conditions shall be defined as per the GTCs, subject to Clause 2 hereunder.
- For the purpose of the Rider executed on the basis of HASD Rider Conditions, the following definitions are introduced:
 - Death due to a Stroke** – death of the Life Insured resulting from a stroke put in the Death Certificate or autopsy report or other medical records as the primary cause of death of the Life Insured. Stroke must be confirmed in medical records;
 - Death due to a Heart Attack** – death of the Life Insured resulting from a heart attack put in the Death Certificate or autopsy report or other medical records as the primary cause of death of the Life Insured. Heart attack must be confirmed in medical records.

§ 3. INSURABLE EVENT

- Insurable Event covered under the Rider executed on the basis of HASD Rider Conditions is defined as Death of the Life Insured due to a Heart Attack or Death of the Life Insured due to a Stroke, provided that the following conditions are met, jointly:
 - Death due to a Heart Attack or Death due to a Stroke resulted directly and exclusively from a heart attack or a stroke, respectively;
 - The heart attack or the stroke as well as the death of the Life Insured occurred during the term of our liability under the Rider executed on the basis of HASD Rider Conditions.

§ 4. EFFECTIVE TERM OF OUR LIABILITY

- Our liability for the Life Insured comes into force on the day on which the coverage for such Life Insured under the Rider executed on the basis of HASD Rider Conditions comes into effect. The rules governing commencement and termination of our liability are set forth in the GTCs, unless stated otherwise in the Policy.

§ 5. LIMITATIONS AND EXCLUSIONS OF OUR LIABILITY

- The Benefit under the Rider executed on the basis of HASD Rider Conditions shall not be payable if Death of the Life Insured due to a Heart Attack or Death of the Life Insured due to a Stroke resulted from:
 - Hostilities, active participation of the Life Insured in the acts of terror or riots;
 - Suicide committed by the Life Insured - irrespective of their state of mind - within 2 years following the effective date of insurance coverage for the Life Insured under this Rider.
- The Benefit under the Rider executed on the basis of HASD Rider Conditions shall not be payable if Death of the Life Insured due to a Heart Attack or Death of the Life Insured due to a Stroke resulted from a heart attack or a stroke, respectively, associated by cause-and-effect to a health condition diagnosed with the Life Insured or in connection with which diagnostics or treatment continued or was initiated with the Life Insured during the period of two years prior to the effective date of coverage provided by us to the Life Insured under the Rider executed on the basis of HASD Rider Conditions, subject to Sections 2 and 3 hereinafter.
- If the Insurable Event occurs after three years from the effective date of coverage provided by us to the Life Insured under the Rider executed on the basis of HASD Rider Conditions, the provisions of Section 1 Clause b) hereinbefore shall not apply.
- Provided that the following conditions are met, jointly:
 - Directly prior to enrollment in the Rider executed on the basis of HASD Rider Conditions, the Life Insured was covered under the Previous Group Insurance Contract, and death of the Life Insured due to heart attack or stroke was included in their scope of coverage;
 - The coverage provided to the Life Insured under the Previous Group Insurance Contract had been terminated on the eve of enrollment in this Rider;
 - The Policyholder has provided us with information about the scope of coverage provided to the Life Insured together with

the sums insured and confirmation of termination of the Previous Group Insurance Contract, the provisions of Section 2 hereinbefore shall not apply.

§ 6. BENEFIT PAYMENT

1. Benefit payment rules and criteria are regulated in § 16 of the GTCs, subject to the provisions of this paragraph.
2. Upon the Insurable Event referred to in § 3, we will pay to the Beneficiary or other entitled person the Benefit under the Rider executed on the basis of HASD Rider Conditions equivalent to the Sum Insured in force as of the date of the death of the Insured due to Heart Attack or Stroke, set forth in the Policy.
3. The Benefit will be paid out once we receive and approve the complete set of documents required for the determination of our liability pursuant to HASD Rider Conditions.
4. We will determine the right to the Benefit under the Rider executed on the basis of HASD Rider Conditions based on:
 - a) Properly completed Claim Form;
 - b) Original copy of a short form Death Certificate for the Life Insured;
 - c) Death Statistical Chart or, if unavailable, other medical documentation certifying to the cause of death (e.g., autopsy report, ambulance team report);
 - d) Duplicate copies of ID documents of the Beneficiaries or other persons entitled to receive the Benefit;
 - e) Other records required to determine legitimacy of the claim – upon our request.

Background information for Group Insurance Rider Terms and Conditions in respect of Accidental Detriment to Health of the Life Insured, extending the scope of coverage provided under the Group Life Insurance General Terms and Conditions

Type of information	Provision
1. Statutory requirements for the payment of insurance claim and other benefits or the cash value.	§ 1 Clause 2; § 3 in connection with § 2; § 4 in connection with § 2; § 6 Clause 1–3 and 9–12 in connection with § 2.
2. Liability limitations and exclusions authorizing the Insurer not to pay the claims and other benefits or to reduce their value.	§ 1 Clause 2; § 5 in connection with § 2; § 6 Clause 4–8 in connection with § 2. The provisions laid down in the Table of Standards for the Percentage Appraisal of Permanent Detriment to the Health (Table of Standards), starting from the words IMPORTANT NOTE, included: – In the Introduction to the Table of Standards, – After Clauses 82 and 112 in the Table of Standards.

GROUP INSURANCE RIDER TERMS AND CONDITIONS IN RESPECT OF ACCIDENTAL DETRIMENT TO HEALTH OF THE LIFE INSURED

§ 1. GENERAL PROVISIONS

- The provisions of these Group Insurance Rider Terms and Conditions in respect of Accidental Detriment to Health of the Life Insured, approved by way of Unum Management Board Resolution No. 3/08/2022 of August 9, 2022 and comes into effect as of September 15, 2022, (hereinafter referred to as the '**ADH Rider Conditions**'), apply to the Rider extending the scope of insurance coverage provided pursuant to Group Life Insurance General Terms and Conditions (hereinafter referred to as the '**GTCs**').
- In the matters not provided for under these ADH Rider Conditions, the provisions of the GTCs, the Policy and generally applicable laws and regulations shall apply.

§ 2. DEFINITIONS

- The terms used in these ADH Rider Conditions shall be defined as per the GTCs, subject to Section 2 hereunder.
- For the purpose of the Rider executed on the basis of ADH Rider Conditions, the following definitions are introduced:
 - Accident** – sudden event resulting solely from an external cause, not related to the volition or health status of the Life Insured, which is the only cause of Detriment to Health of the Life Insured and does not arise from any physical or mental impairment of the Life Insured. Heart attack, stroke, cerebral hemorrhage, poisoning, or any other disease or infection (including acute ones) shall not be defined as an Accident;
 - Table of Standards** – Table of Standards for the Percentage Appraisal of Detriment to the Health, which represents an integral part of ADH Rider Conditions;

- Detriment to Health** – a physical loss of or permanent damage to an organ, system or limb function, as well as a Fracture. Only the cases referred to in the Table of Standards are covered;
- Fracture** – broken continuity of the bone resulting from a trauma that exceeds the elasticity of bone tissue, verified with medical diagnosis, not resulting in a permanent loss of organ, system or limb function.

§ 3. INSURABLE EVENT

- The Insurable Event covered under the Rider executed on the basis of ADH Rider Conditions is defined as Accidental Detriment to Health of the Life Insured, provided that the following conditions are met, jointly:
 - The only and direct cause of Detriment to Health of the Life Insured was the Accident;
 - Detriment to Health of the Life Insured originated within one year from the date of the Accident;
 - The Accident resulting in the Detriment to Health of the Life Insured occurred during the term of our liability under the Rider executed on the basis of ADH Rider Conditions.

§ 4. EFFECTIVE TERM OF OUR LIABILITY

- Our liability for the Life Insured comes into force on the day on which the coverage for such Life Insured under the Rider executed on the basis of ADH Rider Conditions comes into effect. The rules governing commencement and termination of our liability are set forth in the GTCs, unless stated otherwise in the Policy.

§ 5. LIMITATIONS AND EXCLUSIONS OF OUR LIABILITY

1. The Benefit under the Rider executed on the basis of ADH Rider Conditions is not payable if the Accident resulting in the Detriment to Health of the Life Insured resulted from:
 - a) Hostilities, active participation of the Life Insured in the acts of terror or riots;
 - b) Suicide attempted by the Life Insured, self-mutilation or mutilation at one's own request by the Life Insured, irrespective of their state of mind;
 - c) An illegal act with statutory characteristics of intentional crime committed by the Life Insured, which has been established by a final court decision;
 - d) Traffic Accident caused by the Life Insured in a state after alcohol consumption or in the state of alcohol intoxication, after the use of under the influence of drugs, intoxicating substances, psychotropic substances, alternative measures or new psychoactive substances within the meaning of the Polish Law against Substance Abuse (except for the substances taken under the direction of a qualified medical practitioner), which contributed to the Traffic Accident.
11. The Benefit will be paid out once we receive and approve the complete set of documents required for the determination of our liability pursuant to ADH Rider Conditions.
12. We will determine the right to the Benefit under the Rider executed on the basis of ADH Rider Conditions based on:
 - a) Properly completed Claim Form;
 - b) Duplicate copy of ID document of the Life Insured;
 - c) Duplicate copy of medical records testifying to the first aid, therapy and rehabilitation;
 - d) Duplicate copy of documents with a description of the circumstances of the accident issued by the institution that conducts the proceedings (e.g., the police, prosecutor's office);
 - e) Other records required to determine legitimacy of the claim – upon our request.

§ 6. BENEFIT PAYMENT

1. Benefit payment rules and criteria are regulated in § 16 of the GTCs, subject to the provisions of this paragraph.
2. Upon the Insurable Event referred to in § 3, we will pay to the Life Insured the Benefit under the Rider executed on the basis of ADH Rider Conditions, equivalent to the product of the percentage of Detriment to Health specified in the Table of Standards and the Sum Insured in force as of the date of the Accident, set out in the Policy, subject to Section 9 hereunder.
3. The type and degree of the Detriment to Health of the Life Insured will be determined in line with the Table of Standards upon completion of the therapeutic process and the rehabilitation period – if it is required that they be completed so that the type and degree of the Detriment to Health can be determined - but, in any case, not later than within 2 years from the date of the Accident.
4. In the event of the Detriment to Health resulting from one Accident and involving several organs, systems or limbs, we will pay to the Life Insured the Benefit not greater than 100% of the Detriment to Health.
5. In the event of a multifocal limb injury, we will pay to the Life Insured the Benefit not greater than the amount of the Benefit which would be payable in respect of the Detriment to Health of the Life Insured representing, respectively, the loss of a part of a limb or the entire limb.
6. In the event of Accidental Detriment to Health of the Life Insured involving an organ, system or limb the function of which had been impaired prior to such Accident, and this fact which affected the determination of the degree of Detriment to Health after the Accident, the type and degree of Detriment to Health shall be determined by way of analysis as a difference between the impairment of such an organ, system or limb before the Accident and after the Accident.
7. In the event of the Detriment to Health resulting from an overload (making an abrupt movement or lifting a load), causing the effect where the Detriment to Health is superimposed on pre-existing degenerative changes with the Life Insured, the type and degree of Detriment to Health shall be determined by way of analysis of the health status before the trauma as well as the causative agent and traumatic mechanism. Under such circumstances, the degree of Detriment to Health shall be determined taking into account the impact of the degenerative changes on the degree of the Detriment to Health.
8. The Benefit in respect of the Detriment to Health shall be reduced in proportion to any amounts payable or paid already in respect of the Detriment to Health resulting from that same Accident on a prior basis, as per the terms of the Rider executed on the basis of ADH Rider Conditions.
9. In the event of Detriment to Health of the Life Insured, we will pay the Benefit equivalent to 1% of the Sum Insured for 1% Detriment to Health of the Life Insured.
10. In the event of anatomical loss of a limb, we will determine the legitimacy of the claim as regards the incontestable portion of the Benefit without waiting for the completion of the therapeutic

process and rehabilitation period.

Background information for Group Insurance Rider Terms and Conditions in respect of Accidental Detriment to Health of the Life Insured with Progressive Payment, extending the scope of coverage provided under the Group Life Insurance General Terms and Conditions

Type of information	Provision
1. Statutory requirements for the payment of insurance claim and other benefits or the cash value.	§ 1 Clause 2; § 3 in connection with § 2; § 4 in connection with § 2; § 6 Clause 1–3 and 9–11 in connection with § 2.
2. Liability limitations and exclusions authorizing the Insurer not to pay the claims and other benefits or to reduce their value.	§ 1 Clause 2; § 5 in connection with § 2; § 6 Clause 4–8 in connection with § 2. The provisions laid down in the Table of Standards for the Percentage Appraisal of Permanent Detriment to the Health (Table of Standards), starting from the words IMPORTANT NOTE, included: – In the Introduction to the Table of Standards, – After Clauses 82 and 112 in the Table of Standards.

GROUP INSURANCE RIDER TERMS AND CONDITIONS IN RESPECT OF ACCIDENTAL DETRIMENT TO HEALTH OF THE LIFE INSURED WITH PROGRESSIVE PAYMENT

§ 1. GENERAL PROVISIONS

- The provisions of these Group Insurance Rider Terms and Conditions in respect of Accidental Detriment to Health of the Life Insured with Progressive Payment, approved by way of Unum Management Board Resolution No. 3/08/2022 of August 9, 2022 and comes into effect as of September 15, 2022, (hereinafter referred to as the 'ADHPP Rider Conditions'), apply to the Rider extending the scope of insurance coverage provided pursuant to Group Life Insurance General Terms and Conditions (hereinafter referred to as the 'GTCs').
- In the matters not provided for under these ADHPP Rider Conditions, the provisions of the GTCs, the Policy and generally applicable laws and regulations shall apply.

§ 2. DEFINITIONS

- The terms used in these ADHPP Rider Conditions shall be defined as per the GTCs, subject to Section 2 hereunder.
- For the purpose of the Rider executed on the basis of ADHPP Rider Conditions, the following definitions are introduced:
 - Accident** – sudden event resulting solely from an external cause, not related to the volition or health status of the Life Insured, which is the only cause of Detriment to Health of the Life Insured and does not arise from any physical or mental impairment of the Life Insured. Heart attack, stroke,

cerebral hemorrhage, poisoning, or any other disease or infection (including acute ones) shall not be defined as an Accident;

- Detriment to Health** – physical loss of or permanent damage to an organ, system or limb function, as well as a Fracture. Only the cases referred to in the Table of Standards are covered;
- Table of Standards** – Table of Standards for the Percentage Appraisal of Detriment to the Health, which represents an integral part of ADHPP Rider Conditions;
- Fracture** – broken continuity of the bone resulting from a trauma that exceeds the elasticity of bone tissue, verified with medical diagnosis, not resulting in a permanent loss of organ, system or limb function.

§ 3. INSURABLE EVENT

- The Insurable Event covered under the Rider executed on the basis of ADHPP Rider Conditions is defined as Accidental Detriment to Health of the Life Insured, provided that the following conditions are met, jointly:
 - The only and direct cause of Detriment to Health of the Life Insured was the Accident;
 - Detriment to Health of the Life Insured originated within one year from the date of the Accident;

- c) The Accident resulting in the Detriment to Health of the Life Insured occurred during the term of our liability under the Rider executed on the basis of ADHPP Rider Conditions.

§ 4. EFFECTIVE TERM OF OUR LIABILITY

1. Our liability for the Life Insured comes into force on the day on which the coverage for such Life Insured under the Rider executed on the basis of ADHPP Rider Conditions comes into effect. The rules governing commencement and termination of our liability are set forth in the GTCs, unless stated otherwise in the Policy.

§ 5. LIMITATIONS AND EXCLUSIONS OF OUR LIABILITY

1. The Benefit under the Rider executed on the basis of ADHPP Rider Conditions is not payable if the Accident resulting in the Detriment to Health of the Life Insured resulted from:
 - a) Hostilities, active participation of the Life Insured in the acts of terror or riots;
 - b) Suicide attempted by the Life Insured, self-mutilation or mutilation at one's own request by the Life Insured, irrespective of their state of mind;
 - c) An illegal act with statutory characteristics of intentional crime committed by the Life Insured, which has been established by a final court decision;
 - d) Traffic Accident caused by the Life Insured in a state after alcohol consumption or in the state of alcohol intoxication, after the use of under the influence of drugs, intoxicating substances, psychotropic substances, alternative measures or new psychoactive substances within the meaning of the Polish Law against Substance Abuse (except for the substances taken under the direction of a qualified medical practitioner), which contributed to the Traffic Accident.

§ 6. BENEFIT PAYMENT

1. Benefit payment rules and criteria are regulated in § 16 of the GTCs, subject to the provisions of this paragraph.
2. Upon the Insurable Event referred to in § 3, we will pay to the Beneficiary the Benefit under the Rider executed on the basis of ADHPP Rider Conditions, calculated on the basis of the percentage of Detriment to Health specified in the Table of Standards and the Sum Insured in force as of the date of the Accident, set out in the Policy, in accordance with the formula hereunder.
If, as a result of one Accident, the Life Insured suffers Detriment to Health scored:
 - a) Between 0.5% and 20% - we will pay a Benefit of 1% of the Sum Insured for each 1% of Detriment to Health,
 - b) Between 20.5% and 50% - we will pay a Benefit of 2% of the Sum Insured for each 1% of Detriment to Health,
 - c) Between 50.5% and 80% - we will pay a Benefit of 3% of the Sum Insured for each 1% of Detriment to Health,
 - d) Between 80.5% and 100% - we will pay a Benefit of 4% of the Sum Insured for each 1% of Detriment to Health.
3. The type and degree of the Detriment to Health of the Life Insured will be determined in line with the Table of Standards upon completion of the therapeutic process and the rehabilitation period – if it is required that they be completed so that the type and degree of the Detriment to Health can be determined – but, in any case, not later than within 2 years from the date of the Accident.
4. In the event of Detriment to Health resulting from one Accident and involving several organs, systems or limbs, we will pay to the Life Insured the Benefit not greater than 100% of the Detriment to Health.
5. In the event of a multifocal limb injury, we will pay to the Life Insured the Benefit not greater than the amount of the Benefit which would be payable in respect of the Detriment to Health of the Life Insured representing, respectively, the loss of a part of a limb or the entire limb.
6. In the event of Accidental Detriment to Health of the Life Insured involving an organ, system or limb the function of which had been impaired prior to such Accident, and that fact affected the determination of the degree of Detriment to Health after the Accident, the type and degree of Detriment to Health shall be determined by way of analysis as a difference between

the impairment of such an organ, system or limb before the Accident and after the Accident.

7. In the event of the Detriment to Health resulting from an overload (making an abrupt movement or lifting a load), causing the effect where the Detriment to Health is superimposed on pre-existing degenerative changes with the Life Insured, the type and degree of Detriment to Health shall be determined by way of analysis of the health status before the trauma as well as the causative agent and traumatic mechanism. Under such circumstances, the degree of Detriment to Health shall be determined taking into account the impact of the degenerative changes on the degree of the Detriment to Health.
8. The Benefit in respect of the Detriment to Health shall be reduced in proportion to any amounts payable or paid already in respect of the Detriment to Health resulting from that same Accident on a prior basis, as per the terms of the Rider executed on the basis of ADHPP Rider Conditions.
9. In the event of anatomical loss of a limb, we will determine the legitimacy of the claim as regards the incontestable portion of the Benefit without waiting for the completion of the therapeutic process and the rehabilitation period.
10. The Benefit will be paid out once we receive and approve the complete set of documents required for the determination of our liability pursuant to ADHPP Rider Conditions.
11. We will determine the right to the Benefit under the Rider executed on the basis of ADHPP Rider Conditions based on:
 - a) Properly completed Claim Form;
 - b) Duplicate copy of ID document of the Life Insured;
 - c) Duplicate copy of medical records testifying to the first aid, therapy and rehabilitation;
 - d) Duplicate copy of documents with a description of the circumstances of the accident issued by the institution that conducts the proceedings (e.g., the police, prosecutor's office);
 - e) Other records required to determine legitimacy of the claim – upon our request.

Background information for Group Insurance Rider Terms and Conditions in respect of Detriment to Health of the Life Insured due to Heart Attack or Stroke, extending the scope of coverage provided under the Group Life Insurance General Terms and Conditions

Type of information	Provision
1. Statutory requirements for the payment of insurance claim and other benefits or the cash value.	§ 1 Clause 2; § 3 in connection with § 2; § 4 in connection with § 2; § 6 Clause 1–3, Clause 5 and Clause 7–8 in connection with § 2.
2. Liability limitations and exclusions authorizing the Insurer not to pay the claims and other benefits or to reduce their value.	§ 1 Clause 2; § 5 in connection with § 2; § 6 Clause 4 and Clause 6 in connection with § 2. The provisions laid down in the Table of Standards for the Percentage Appraisal of Detriment to the Health due to Heart Attack or Stroke, starting from the words IMPORTANT NOTE, included after Clauses 1, 4, 5, 9, 12 and 13 of the said Table.

GROUP INSURANCE RIDER TERMS AND CONDITIONS IN RESPECT OF DETRIMENT TO HEALTH OF THE LIFE INSURED DUE TO HEART ATTACK OR STROKE

§ 1. GENERAL PROVISIONS

- The provisions of these Group Insurance Rider Terms and Conditions in respect of Detriment to Health of the Life Insured due to Heart Attack or Stroke, approved by way of Unum Management Board Resolution No. 3/08/2022 of August 9, 2022 and comes into effect as of September 15, 2022, (hereinafter referred to as the '**HASDH Rider Conditions**'), apply to the Rider extending the scope of insurance coverage provided pursuant to Group Life Insurance General Terms and Conditions (hereinafter referred to as the '**GTCs**').
- In the matters not provided for under these HASDH Rider Conditions, the provisions of the GTCs, the Policy and generally applicable laws and regulations shall apply.

§ 2. DEFINITIONS

- The terms used in these HASDH Rider Conditions shall be defined as per the GTCs, subject to Section 2 hereunder.
- For the purpose of the Rider executed on the basis of HASDH Rider Conditions, the following definitions are introduced:
 - HAS Table of Standards** – Table of Standards for the Percentage Appraisal of Detriment to Health due to Heart Attack or Stroke, which represents an integral part of HASDH Rider Conditions;
 - Stroke** – cerebrovascular event which results in neurological implications lasting more than 24 hours, including thrombosis, bleeding or embolism with material of extracranial origin, resulting in a permanent neurological deficit. Stroke diagnosis must be confirmed with evidence from the results of the following imaging techniques: Computed Tomography (CT), Magnetic Resonance Imaging (MRI) or Positron Emission Tomography (PET). Permanent neurological deficit is defined

as, exclusively:

- Limb paralysis and paresis;
- Extrapyramidal and cerebellar syndromes;
- Stroke-induced epilepsy;
- Central cranial nerve damage;
- Speech disorders;
- Encephalopathy (neurological and mental disorders caused by organic brain damage). Encephalopathy diagnosis must be confirmed with the presence of a neurological and mental deficit and evidenced by a psychiatric or neuropsychological examination (with the score hereunder 16 points on the Mini-Mental Status Examination Scale) and a neurological examination as well as the changes in Computed Tomography or Magnetic Resonance images.

The presence of a permanent neurological deficit must be confirmed by a physician specializing in neurology or neurosurgery six weeks after the event, at the earliest.

Cerebral symptoms due to migraine, cerebral damage resulting from trauma or hypoxia, and vascular diseases affecting the eye or the optic nerve, as well as ischemic diseases of the vestibular system, shall be excluded from the scope of coverage.

With regard to the Stroke, the date of diagnosis shall be defined as the day on which preliminary diagnosis was made by a physician specializing in neurology;

- Detriment to Health** – a physical loss of or permanent damage to an organ, system or limb function resulting from a Heart Attack or Stroke. Only the cases referred to in HAS Table of Standards are covered;
- Heart Attack** – partial myocardial necrosis arising from

inadequate blood supply. The Life Insured shall be entitled to the Benefit subject to the presence of elevated myocardial damage biomarkers (hereinbefore the upper limit of the normal range) and at least two of the three symptoms listed hereunder:

- i. Distinctive clinical symptoms of ischemia (chest pain, inter alia),
- ii. New ECG changes indicative of myocardial infarction;
- iii. New abnormalities in segmental myocardial contractility in imaging test results (e.g., echocardiogram).

A diagnosed stable or unstable coronary artery disease without features of a definitive heart attack is excluded from the scope of coverage. With regard to the Heart Attack, the date of the diagnosis is defined as the day on which the diagnosis was made by a physician specializing in cardiology.

§ 3. INSURABLE EVENT

1. The Insurable Event covered under the Rider executed on the basis of HASDH Rider Conditions is defined as Detriment to Health of the Life Insured due to Heart Attack or Stroke, provided that the following conditions are met, jointly:
 - a) Detriment to Health of the Life Insured resulted directly and exclusively from Heart Attack or Stroke;
 - b) Detriment to Health resulting from the Heart Attack or Stroke originated within one year from the date on which the Heart Attack or Stroke was diagnosed;
 - c) Heart Attack or Stroke resulting in the Detriment to Health of the Life Insured was diagnosed during the effective term of coverage provided to the Life Insured under the Rider executed on the basis of HASDH Rider Conditions.

§ 4. EFFECTIVE TERM OF OUR LIABILITY

1. Our liability for the Life Insured comes into force on the day on which the coverage for such Life Insured under the Rider executed on the basis of HASDH Rider Conditions comes into effect. The rules governing commencement and termination of our liability are set forth in the GTCs, unless stated otherwise in the Policy.

§ 5. LIMITATIONS AND EXCLUSIONS OF OUR LIABILITY

1. The Benefit under the Rider executed on the basis of HASDH Rider Conditions is not payable if the Heart Attack or Stroke resulting in the Detriment to Health of the Life Insured resulted from:
 - a) Hostilities, active participation of the Life Insured in the acts of terror or riots;
 - b) Suicide attempted by the Life Insured, self-mutilation or mutilation at one's own request by the Life Insured, irrespective of their state of mind;
 - c) An illegal act with statutory characteristics of intentional crime committed by the Life Insured, which has been established by a final court decision.

§ 6. BENEFIT PAYMENT

1. Benefit payment rules and criteria are regulated in § 16 of the GTCs, subject to the provisions of this paragraph.
2. Upon the Insurable Event referred to in § 3, we will pay to the Life Insured the Benefit under the Rider executed on the basis of HASDH Rider Conditions, equivalent to the percentage of the Sum Insured specified in HAS Table of Standards for a relevant Detriment to Health, in force as of the date of Heart Attack or Stroke diagnosis, set out in the Policy, subject to Section 5 hereunder.
3. The type and degree of the Detriment to Health of the Life Insured due to Heart Attack or Stroke will be determined in line with HAS Table of Standards upon completion of the therapeutic process and the rehabilitation period – if it is required that they be completed so that the type and degree of the Detriment to Health can be determined.
4. In respect of Detriment to Health of the Life Insured resulting from one case of a Heart Attack or one case of a Stroke, we will pay the Benefit for 100% of the Detriment to Health due to Heart Attack or Stroke, at the maximum.
5. In the event of Detriment to Health of the Life Insured resulting

from Heart Attack or Stroke, we will pay the Benefit equivalent to 1% of the Sum Insured for 1% of Detriment to Health.

6. In the event of Detriment to Health of the Life Insured resulting from Heart Attack or Stroke involving an organ, system or limb the function of which had been impaired prior to such Heart Attack or Stroke, and that fact affected the determination of the current degree of Detriment to Health of the Life Insured due to Heart Attack or Stroke, the type and degree of Detriment to Health shall be determined as a difference between the impairment of such organ, system or limb before and after the Heart Attack or Stroke.
7. The Benefit will be paid out once we receive and approve the complete set of documents required for the determination of our liability pursuant to HASDH Rider Conditions.
8. We will determine the right to the Benefit under the Rider executed on the basis of HASDH Rider Conditions based on:
 - a) Properly completed Claim Form;
 - b) Duplicate copy of ID document of the Life Insured;
 - c) Duplicate copy of medical records testifying to the first aid, therapy and rehabilitation;
 - d) Other records required to determine legitimacy of the claim – upon our request.

Background information for Group Insurance Rider Terms and Conditions in respect of Permanent Accidental Disability of the Life Insured, extending the scope of coverage provided under the Group Life Insurance General Terms and Conditions

Type of information	Provision
1. Statutory requirements for the payment of insurance claim and other benefits or the cash value.	§ 1 Clause 2; § 3 in connection with § 2; § 4 in connection with § 2; § 6 Clause 1–3 and 7–9 in connection with § 2.
2. Liability limitations and exclusions authorizing the Insurer not to pay the claims and other benefits or to reduce their value.	§ 1 Clause 2; § 5 in connection with § 2; § 6 Clause 4–6 in connection with § 2.

GROUP INSURANCE RIDER TERMS AND CONDITIONS IN RESPECT OF PERMANENT ACCIDENTAL DISABILITY OF THE LIFE INSURED

§ 1. GENERAL PROVISIONS

- The provisions of these Group Insurance Rider Terms and Conditions in respect of Permanent Accidental Disability of the Life Insured, approved by way of Unum Management Board Resolution No. 3/08/2022 of August 9, 2022 and comes into effect as of September 15, 2022, (hereinafter referred to as the '**PAD Rider Conditions**'), apply to the Rider extending the scope of insurance coverage provided pursuant to Group Life Insurance General Terms and Conditions (hereinafter referred to as the '**GTCs**')
- In the matters not provided for under these PAD Rider Conditions, the provisions of the GTCs, the Policy and generally applicable laws and regulations shall apply.

§ 2. DEFINITIONS

- The terms used in these PAD Rider Conditions shall be defined as per the GTCs, subject to Section 2 hereunder.
- For the purpose of the Rider executed on the basis of PAD Rider Conditions, the following definitions are introduced:
 - Permanent Disability** – a physical loss of or permanent damage to an organ, system or limb function resulting from an Accident. We shall be liable only and exclusively for the cases referred to § 6 Section 3 hereunder;
 - Accident** – a sudden event resulting solely from an external cause, not related to the volition or health status of the Life Insured, which is the only cause of Permanent Disability of the Life Insured and does not arise from any physical or mental impairment of the Life Insured. Heart attack, stroke, cerebral hemorrhage, poisoning, or any other disease or infection (including acute ones) shall not be defined as an Accident.

§ 3. INSURABLE EVENT

- The Insurable Event covered under the Rider executed on the basis of PAD Rider Conditions is defined as Permanent Accidental Disability of the Life Insured, provided that the following conditions are met, jointly:
 - The only and direct cause of Permanent Disability of the Life Insured was an Accident;
 - Permanent Disability originated within one year from the date of the Accident;

- The Accident resulting in Permanent Disability of the Life Insured occurred during the effective term of our liability under the Rider executed on the basis of PAD Rider Conditions.

§ 4. EFFECTIVE TERM OF OUR LIABILITY

- Our liability for the Life Insured comes into force on the day on which the coverage for such Life Insured under the Rider executed on the basis of PAD Rider Conditions comes into effect. The rules governing commencement and termination of our liability are set forth in the GTCs, unless stated otherwise in the Policy.

§ 5. LIMITATIONS AND EXCLUSIONS OF OUR LIABILITY

- The Benefit under the Rider executed on the basis of PAD Rider Conditions is not payable if the Accident resulting in Permanent Disability of the Life Insured resulted from:
 - Hostilities, active participation of the Life Insured in the acts of terror or riots;
 - Suicide attempted by the Life Insured, self-mutilation or mutilation at one's own request by the Life Insured, irrespective of their state of mind;
 - An illegal act with statutory characteristics of intentional crime committed by the Life Insured, which has been established by a final court decision;
 - Traffic Accident caused by the Life Insured in a state after alcohol consumption or in the state of alcohol intoxication, after the use of under the influence of drugs, intoxicating substances, psychotropic substances, alternative measures or new psychoactive substances within the meaning of the Polish Law against Substance Abuse (except for the substances taken under the direction of a qualified medical practitioner), which contributed to the Traffic Accident.

§ 6. BENEFIT PAYMENT

- Benefit payment rules and criteria are regulated in § 16 of the GTCs, subject to the provisions of this paragraph.
- Upon the Insurable Event referred to in § 3, we will pay to the Life Insured the Benefit under the Rider executed on the basis of PAD Rider Conditions, equivalent to the product of the percentage of Permanent Disability specified in Section 3 hereunder

and the Sum Insured in force as of the date of the Accident, set out in the Policy.

3. Depending on the type of Permanent Disability, its severity will be determined based on the Table hereunder. If it is required for the assessment of the type and severity of Permanent Disability that therapy and rehabilitation be completed, we may postpone the assessment until therapy and rehabilitation are completed but, in any case, the assessment must be done within 2 years from the date of the Accident.

Type of Permanent Disability	Percentage of Permanent Disability
a) Total and irreversible paralysis of the entire body	100%
b) Total and irreversible loss of sight in both eyes (or physical loss of the eyes)	100%
c) Total and irreversible loss of sight in one eye (or physical loss of an eye)	40%
d) Total and irreversible loss of hearing in both ears	50%
e) Total and irreversible loss of hearing in one ear	20%
f) Total loss (or total loss of function) of i. One hand at wrist level ii. One thumb iii. Any other finger	50% 15% 6%
g) Total loss of limb or total loss of function of an arm or elbow joint	65%
h) Total loss (or total loss of function) of i. One leg at knee level of hereinbefore knee level ii. One leg hereunder knee level or one iii. One big toe iv. Any other toe	75% 50% 10% 3%
i) Total loss of function of the hip or the knee or the ankle joint	20%
j) Surgical removal of the maxilla or the mandible	40%

4. In the event of Permanent Disability of the Life Insured resulting from one Accident and involving several organs, systems or limbs, we will pay to the Life Insured the Benefit not greater than 100% of Permanent Disability.
5. In the event of a multifocal limb injury, we will pay to the Life Insured the Benefit not greater than the amount of the Benefit which would be payable in respect of Permanent Disability of the Life Insured representing, respectively, the loss of a part of a limb or the entire limb.
6. The Benefit in respect Permanent Disability shall be reduced in proportion to any amounts payable or paid already in respect of the Permanent Disability resulting from that same Accident on a prior basis, as per the terms of the Rider executed on the basis of PAD Rider Conditions.
7. In the event of anatomical loss of a limb, we will determine the legitimacy of the claim as regards the incontestable portion of the Benefit without waiting for the completion of the therapeutic process and the rehabilitation period.
8. The Benefit will be paid out once we receive and approve the complete set of documents required for the determination of our liability pursuant to PAD Rider Conditions.
9. We will determine the right to the Benefit under the Rider executed on the basis of PAD Rider Conditions based on:
 - a) Properly completed Claim Form;
 - b) Duplicate copy of ID document of the Life Insured;
 - c) Duplicate copy of medical records testifying to the first aid, therapy and rehabilitation;
 - d) Duplicate copy of documents with a description of the circumstances of the accident issued by the institution that conducts the proceedings (e.g., the police, prosecutor's office);
 - e) Other records required to determine legitimacy of the claim – upon our request.

Background information for Group Insurance Rider Terms and Conditions in respect of Severe Accidental Detriment to Health of the Life Insured with Benefits paid in Installments, extending the scope of coverage provided under the Group Life Insurance General Terms and Conditions

Type of information	Provision
1. Statutory requirements for the payment of insurance claim and other benefits or the cash value.	§ 1 Clause 2; § 3 in connection with § 2; § 4 in connection with § 2; § 6 Clause 1–2, Clause 4 and Clause 6–7 in connection with § 2.
2. Liability limitations and exclusions authorizing the Insurer not to pay the claims and other benefits or to reduce their value.	§ 1 Clause 2; § 5 in connection with § 2; § 6 Clause 3 and Clause 5 in connection with § 2. The provisions laid down in the Table of Standards for the Percentage Appraisal of Detriment to the Health (Table of Standards), starting from the words IMPORTANT NOTE, included: – In the Introduction to the Table of Standards, – After Clauses 82 and 112 in the Table of Standards

GROUP INSURANCE RIDER TERMS AND CONDITIONS IN RESPECT OF SEVERE ACCIDENTAL DETRIMENT TO HEALTH OF THE LIFE INSURED, WITH BENEFITS PAID IN INSTALLMENTS

§ 1. GENERAL PROVISIONS

- The provisions of these Group Insurance Rider Terms and Conditions in respect of Severe Accidental Detriment to Health of the Life Insured with Benefits paid in Installments, approved by way of Unum Management Board Resolution No. 3/08/2022 of August 9, 2022 and comes into effect as of September 15, 2022, (hereinafter referred to as the '**SADHI Rider Conditions**'), apply to the Rider extending the scope of insurance coverage provided pursuant to Group Life Insurance General Terms and Conditions (hereinafter referred to as the '**GTCs**').
- In the matters not provided for under these SADHI Rider Conditions, the provisions of the GTCs, the Policy and generally applicable laws and regulations shall apply.

§ 2. DEFINITIONS

- The terms used in these SADHI Rider Conditions shall be defined as per the GTCs, subject to Section 2 hereunder.
- For the purpose of the Rider executed on the basis of SADHI Rider Conditions, the following definitions are introduced:
 - Accident** – a sudden event resulting solely from an external cause, not related to the volition or health status of the Life Insured, which is the only cause of Detriment to Health of the Life Insured and does not arise from any physical or mental impairment of the Life Insured. Heart attack, stroke, cerebral

hemorrhage, poisoning, or any other disease or infection (including acute ones) shall not be defined as an Accident);

- Severe Detriment to Health** – Detriment to Health equivalent to at least 50% of the Detriment to Health resulting from that same Accident;
- Table of Standards** – Table of Standards for the Percentage Appraisal of Detriment to the Health, which represents an integral part of SADHI Rider Conditions;
- Detriment to Health** – a physical loss of or permanent damage to an organ, system or limb function, as well as a Fracture. Only the cases referred to in the Table of Standards are covered.

§ 3. INSURABLE EVENT

- The Insurable Event covered under the Rider executed on the basis of SADHI Rider Conditions is defined as Severe Accidental Detriment to Health of the Life Insured, provided that the following conditions are met, jointly:
 - The only and direct cause of Severe Detriment to Health of the Life Insured was the Accident;
 - Severe Detriment to Health of the Life Insured originated within one year from the date of the Accident;
 - The Accident resulting in the Severe Detriment to Health of the Life Insured occurred during the term of our liability

under the Rider executed on the basis of SADHI Rider Conditions.

– upon our request.

§ 4. EFFECTIVE TERM OF OUR LIABILITY

1. Our liability for the Life Insured comes into force on the day on which the coverage for such Life Insured under the Rider executed on the basis of SADHI Rider Conditions comes into effect. The rules governing commencement and termination of our liability are set forth in the GTCs, unless stated otherwise in the Policy.

§ 5. LIMITATIONS AND EXCLUSIONS OF OUR LIABILITY

1. The Benefit under the Rider executed on the basis of SADHI Rider Conditions is not payable if the Accident which was the only cause of Severe Detriment to Health of the Life Insured resulted from:
 - a) Hostilities, active participation of the Life Insured in the acts of terror or riots;
 - b) Suicide attempted by the Life Insured, self-mutilation or mutilation at one's own request by the Life Insured, irrespective of their state of mind;
 - c) An illegal act with statutory characteristics of intentional crime committed by the Life Insured, which has been established by a final court decision;
 - d) Traffic Accident caused by the Life Insured in a state after alcohol consumption or in the state of alcohol intoxication, after the use of under the influence of drugs, intoxicating substances, psychotropic substances, alternative measures or new psychoactive substances within the meaning of the Polish Law against Substance Abuse (except for the substances taken under the direction of a qualified medical practitioner), which contributed to the Traffic Accident.

§ 6. BENEFIT PAYMENT

1. Benefit payment rules and criteria are regulated in § 16 of the GTCs, subject to the provisions of this paragraph.
2. Upon the Insurable Event referred to in § 3, we will pay to the Life Insured the Lump-sum Benefit and the Benefit paid in Monthly Installments under the Rider executed on the basis of SADHI Rider Conditions in the amount applicable as the date of the Accident. The amount of the Lump-sum Benefit and the amount of the Benefit paid in Monthly Installments are set out in the Policy.
3. The Benefit paid in Monthly Installments is payable during the period set out in the Policy, starting from the first day of the Policy Month falling directly after the month in which the Lump-sum Benefit was paid.
4. The type and degree of the Detriment to Health will be determined in line with the Table of Standards upon completion of the therapeutic process and the rehabilitation period – if it is required that they be completed so that the type and degree of the Detriment to Health can be completed - but, in any case, not later than within 2 years from the date of the Accident.
5. In the event of anatomical damage or dysfunction of an organ or limb which originated with the Life Insured prior to the effective date of coverage of the Life Insured under the Rider executed on the basis of SADHI Rider Conditions, in the appraisal of the degree of Severe Accidental Detriment to Health occurring during the effective term of our liability, the degree of pre-existing damage or dysfunction shall be taken into account, and the Benefit shall be payable when the percentage value of the certified Detriment to Health reduced in proportion to the degree of damage or dysfunction existing prior to the effective date of coverage of the Life Insured is determined at least at 50%.
6. The Benefit will be paid out once we receive and approve the complete set of documents required for the determination of our liability pursuant to SADHI Rider Conditions.
7. We will determine the right to the Benefit under the Rider executed on the basis of SADHI Rider Conditions based on:
 - a) Properly completed Claim Form;
 - b) Duplicate copy of ID document of the Life Insured;
 - c) Duplicate copy of medical records testifying to the first aid, therapy and rehabilitation;
 - d) Duplicate copy of documents with a description of the circumstances of the accident issued by the institution that conducts the proceedings (e.g., the police, prosecutor's office);
 - e) Other records required to determine legitimacy of the claim

Background information for Group Insurance Rider Terms and Conditions in respect of Disability of the Life Insured or Loss of Independent Existence by the Life Insured, extending the scope of coverage provided under the Group Life Insurance General Terms and Conditions

Type of information	Provision
1. Statutory requirements for the payment of insurance claim and other benefits or the cash value.	§ 1 Clause 2; § 3 in connection with § 2; § 4 in connection with § 2; § 6 in connection with § 2.
2. Liability limitations and exclusions authorizing the Insurer not to pay the claims and other benefits or to reduce their value.	§ 1 Clause 2; § 5 in connection with § 2.

GROUP INSURANCE RIDER TERMS AND CONDITIONS IN RESPECT OF DISABILITY OF THE LIFE INSURED OR LOSS OF INDEPENDENT EXISTENCE BY THE LIFE INSURED

§ 1. GENERAL PROVISIONS

- The provisions of these Group Insurance Rider Terms and Conditions in respect of Disability of the Life Insured or Loss of Independent Existence by the Life Insured, approved by way of Unum Management Board Resolution No. 3/08/2022 of August 9, 2022 and comes into effect as of September 15, 2022, (hereinafter referred to as the 'DLIE Rider Conditions'), apply to the Rider extending the scope of insurance coverage provided pursuant to Group Life Insurance General Terms and Conditions (hereinafter referred to as the 'GTCs')
- In the matters not provided for under these DLIE Rider Conditions, the provisions of the GTCs, the Policy and generally applicable laws and regulations shall apply.

§ 2. DEFINITIONS

- The terms used in these DLIE Rider Conditions shall be defined as per the GTCs, subject to Section 2 hereunder.
- For the purpose of the Rider executed on the basis of DLIE Rider Conditions, the following definitions are introduced:
 - Disease** – a condition or abnormality that causes disturbances in the functioning of bodily organs regardless of anyone's volition and for which a diagnosis can be made by a qualified medical practitioner;
 - Accident** – a sudden event resulting solely from an external cause, not related to the volition or health status of the Life Insured, which is the only cause of Detriment to Health of the Life Insured and does not arise from any physical or mental impairment of the Life Insured. Heart attack, stroke, cerebral hemorrhage, poisoning, or any other disease or infection (including acute ones) shall not be defined as an Accident;
 - Disability** – total and, according to contemporary medical knowledge, permanent, i.e., without prospects for improvement, incapacity of the Life Insured to engage in any gainful employment or any activity generating compensation or profit. Disability must continue for at least one year, without interruption.
 - Loss of Independent Existence** – a condition whereby the Life Insured is totally unable to perform (whether aided or unaided) at least three of the following six Activities of Daily Living:

- The ability to wash in the bath or shower, unaided (including getting into and out of the bath or shower) or wash satisfactorily by other means;
- The ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
- The ability to move from a bed to an upright chair or wheelchair and vice versa;
- The ability to move indoors from room to room on level surfaces;
- The ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
- The ability to feed oneself once the meal has been prepared and served.

The condition referred to hereinbefore must be confirmed by a physician as permanent.

e) **Date of the Event** – the date on which:

- A Disease was diagnosed with the Life Insured – in the event of Disability or Loss of Independent Existence due to a Disease;
- An Accident occurred – in the event of Disability or Loss of Independent Existence due to an Accident.

§ 3. INSURABLE EVENT

The Insurable Event covered under the Rider executed on the basis of DLIE Rider Conditions is defined as:

- Disability of the Life Insured or Loss of Independent Existence by the Life Insured due to an Accident provided that the following conditions are met, jointly:
 - The only and direct cause of Disability of the Life Insured or Loss of Independent Existence by the Life Insured was an Accident that occurred during the effective term of our liability under the Rider executed on the basis of DLIE Rider Conditions;
 - Disability of the Life Insured or Loss of Independent Existence by the Life Insured was diagnosed within 180 days from the date of the Accident;
 - Disability of the Life Insured continued uninterrupted for 1 year, starting from the date of the Accident, and at the end of

that one-year period it remained total and permanent and, according to contemporary medical knowledge, there are no improvement prospects for the Life Insured to be able to engage in any gainful employment in the future or Loss of Independent Existence by the Life Insured continued uninterrupted for 1 year, starting from the date of the Accident, and at the end of that one-year period there were improvement prospects, according to contemporary medical knowledge.

2. Disability of the Life Insured or Loss of Independent Existence by the Life Insured due to a Disease provided that the following conditions are met, jointly:
 - a) The only and direct cause of Disability of the Life Insured or Loss of Independent Existence by the Life Insured was a Disease that occurred during the effective term of our liability under the Rider executed on the basis of DLIE Rider Conditions;
 - b) Disability of the Life Insured continued uninterrupted for 1 year, starting from the date of Disease diagnosis and at the end of that one-year period it remained total and permanent and, according to contemporary medical knowledge, there are no improvement prospects for the Life Insured to be able to engage in any gainful employment in the future, or Loss of Independent Existence by the Life Insured continued uninterrupted for 1 year, starting from the date of Disease diagnosis, and at the end of that one-year period there were improvement prospects, according to contemporary medical knowledge.

§ 4. EFFECTIVE TERM OF OUR LIABILITY

1. Our liability for the Life Insured comes into force on the day on which the coverage for such Life Insured under the Rider executed on the basis of DLIE Rider Conditions comes into effect. The rules governing commencement and termination of our liability are set forth in the GTCs, unless stated otherwise in the Policy.

§ 5. LIMITATIONS AND EXCLUSIONS OF OUR LIABILITY

1. The Benefit under the Rider executed on the basis of DLIE Rider Conditions is not payable if the Disability of the Life Insured or Loss of Independent Existence by the Life Insured resulted from:
 - a) Hostilities, active participation of the Life Insured in the acts of terror or riots;
 - b) Suicide attempted by the Life Insured, self-mutilation or mutilation at one's own request by the Life Insured, irrespective of their state of mind;
 - c) Injuries inflicted during an illegal act with statutory characteristics of intentional crime committed by the Life Insured, which has been established by a final court decision;
 - d) Traffic Accident caused by the Life Insured in a state after alcohol consumption or in the state of alcohol intoxication, after the use of under the influence of drugs, intoxicating substances, psychotropic substances, alternative measures or new psychoactive substances within the meaning of the Polish Law against Substance Abuse (except for the substances taken under the direction of a qualified medical practitioner), which contributed to the Traffic Accident;
 - e) Mental illness or behavioral disorder as per the ICD.
2. The Benefit under the Rider executed on the basis of DLIE Rider Conditions shall not be payable if Disability of the Life Insured or Loss of Independent Existence by the Life Insured resulted from a Disease diagnosed with the Life Insured or in connection with which diagnostics or treatment continued or was initiated with the Life Insured during the period of two years prior to the effective date of coverage provided by us to the Life Insured under the Rider executed on the basis of DLIE Rider Conditions, subject to Sections 3 and 4 hereinafter.
3. If the Insurable Event occurs after three years from the effective date of coverage provided by us to the Life Insured under the Rider executed on the basis of DLIE Rider Conditions, the provisions of Section 2 hereinbefore shall not apply.
4. Provided that the following conditions are met, jointly:
 - a) Directly prior to enrollment in the Rider executed on the basis of DLIE Rider Conditions, the Life Insured was covered under the Previous Group Insurance Contract, and the Rider in respect of Disability of the Life Insured or Loss of Independent Existence by the Life Insured was included in their

scope of coverage;

- b) The coverage provided to the Life Insured under the Previous Group Insurance Contract had been terminated on the eve of enrollment in this Rider;
- c) The Policyholder has provided us with information about the scope of coverage provided to the Life Insured together with the sums insured and confirmation of termination of the Previous Group Insurance Contract, the provisions of Section 2 hereinbefore shall not apply.

§ 6. BENEFIT PAYMENT

1. Benefit payment rules and criteria are regulated in § 16 of the GTCs, subject to the provisions of this paragraph.
2. Upon the Insurable Event referred to in § 3, we will pay to the Life Insured the Benefit under the Rider executed on the basis of DLIE Rider Conditions equivalent to the Sum Insured in force as of the date of the Event, set forth in the Policy.
3. Upon the Insurable Event that meets the definition of Disability as well as the definition of Loss of Independent Existence and results from one and the same Accident or one and the same Disease, we will pay to the Life Insured only one Benefit in respect of Disability or in respect of Loss of Independent Existence, which of the Events falls sooner.
4. The Benefit will be paid out once we receive and approve the complete set of documents required for the determination of our liability pursuant to DLIE Rider Conditions.
5. We will determine the right to the Benefit under the Rider executed on the basis of DLIE Rider Conditions based on:
 - a) Properly completed Claim Form;
 - b) Duplicate copy of ID document of the Life Insured;
 - c) Duplicate copy of medical records testifying to the first aid, therapy and rehabilitation;
 - d) Duplicate copy of documents with a description of the circumstances of the accident issued by the institution that conducts the proceedings (e.g., the police, prosecutor's office);
 - e) Duplicate copy of the decision of the Social Insurance Institution's medical examiner or medical panel on the severity and duration of Disability or Loss of Independent Existence;
 - f) Other records required to determine legitimacy of the claim – upon our request.

Background information for Group Insurance Rider Terms and Conditions in respect of Accidental Disability of the Life Insured or Loss of Independent Existence by the Life Insured, extending the scope of coverage provided under the Group Life Insurance General Terms and Conditions

Type of information	Provision
1. Statutory requirements for the payment of insurance claim and other benefits or the cash value.	§ 1 Clause 2; § 3 in connection with § 2; § 4 in connection with § 2; § 6 in connection with § 2.
2. Liability limitations and exclusions authorizing the Insurer not to pay the claims and other benefits or to reduce their value.	§ 1 Clause 2; § 5 in connection with § 2.

GROUP INSURANCE RIDER TERMS AND CONDITIONS IN RESPECT OF ACCIDENTAL DISABILITY OF THE LIFE INSURED OR LOSS OF INDEPENDENT EXISTENCE BY THE LIFE INSURED

§ 1. GENERAL PROVISIONS

- The provisions of these Group Insurance Rider Terms and Conditions in respect of Accidental Disability of the Life Insured or Loss of Independent Existence by the Life Insured, approved by way of Unum Management Board Resolution No. 3/08/2022 of August 9, 2022 and comes into effect as of September 15, 2022, (hereinafter referred to as the 'ADLIE Rider Conditions'), apply to the Rider extending the scope of insurance coverage provided pursuant to Group Life Insurance General Terms and Conditions (hereinafter referred to as the 'GTCs').
- In the matters not provided for under these ADLIE Rider Conditions, the provisions of the GTCs, the Policy and generally applicable laws and regulations shall apply.

§ 2. DEFINITIONS

- The terms used in these ADLIE Rider Conditions shall be defined as per the GTCs, subject to Section 2 hereunder.
- For the purpose of the Rider executed on the basis of ADLIE Rider Conditions, the following definitions are introduced:
 - Accident** – a sudden event resulting solely from an external cause, not related to the volition or health status of the Life Insured, which is the only cause of Detriment to Health of the Life Insured and does not arise from any physical or mental impairment of the Life Insured. Heart attack, stroke, cerebral hemorrhage, poisoning, or any other disease or infection (including acute ones) shall not be defined as an Accident;
 - Disability** – total and, according to contemporary medical knowledge, permanent, i.e., without prospects for improvement, incapacity of the Life Insured to engage in any gainful employment or any activity generating compensation or profit. Disability must continue for at least one year, without interruption;
 - Loss of Independent Existence** – a condition whereby the Life Insured is totally unable to perform (whether aided or unaided) at least three of the following six Activities of Daily Living:
 - The ability to wash in the bath or shower, unaided (including getting into and out of the bath or shower) or wash

satisfactorily by other means;

- The ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
- The ability to move from a bed to an upright chair or wheelchair and vice versa;
- The ability to move indoors from room to room on level surfaces;
- The ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
- The ability to feed oneself once the meal has been prepared and served.

The condition referred to hereinbefore must be confirmed by a physician as permanent.

- Date of the Event** – the date of the Accident.

§ 3. INSURABLE EVENT

- The Insurable Event covered under the Rider executed on the basis of ADLIE Rider Conditions is defined as Disability of the Life Insured or Loss of Independent Existence by the Life Insured due to an Accident provided that the following conditions are met, jointly:
 - The only and direct cause of Disability of the Life Insured or Loss of Independent Existence by the Life Insured was an Accident that occurred during the effective term of our liability under the Rider executed on the basis of ADLIE Rider Conditions;
 - Disability of the Life Insured or Loss of Independent Existence by the Life Insured was diagnosed within 180 days from the date of the Accident;
 - Disability of the Life Insured continued uninterrupted for 1 year, starting from the date of the Accident, and at the end of that one-year period it remained total and permanent and, according to contemporary medical knowledge, there are no improvement prospects for the Life Insured to be able to engage in any gainful employment in the future or Loss of Independent Existence by the Life Insured continued uninterrupted for 1 year, starting from the date of

the Accident, and at the end of that one-year period there were improvement prospects, according to contemporary medical knowledge.

§ 4. EFFECTIVE TERM OF OUR LIABILITY

1. Our liability for the Life Insured comes into force on the day on which the coverage for such Life Insured under the Rider executed on the basis of ADLIE Rider Conditions comes into effect. The rules governing commencement and termination of our liability are set forth in the GTCs, unless stated otherwise in the Policy.

§ 5. LIMITATIONS AND EXCLUSIONS OF OUR LIABILITY

1. The Benefit under the Rider executed on the basis of ADLIE Rider Conditions is not payable if the Accident resulting in Disability of the Life Insured or Loss of Independent Existence by the Life Insured resulted from:
 - a) Hostilities, active participation of the Life Insured in the acts of terror or riots;
 - b) Suicide attempted by the Life Insured, self-mutilation or mutilation at one's own request by the Life Insured, irrespective of their state of mind;
 - c) Injuries inflicted during an illegal act with statutory characteristics of intentional crime committed by the Life Insured, which has been established by a final court decision;
 - d) Traffic Accident caused by the Life Insured in a state after alcohol consumption or in the state of alcohol intoxication, after the use of under the influence of drugs, intoxicating substances, psychotropic substances, alternative measures or new psychoactive substances within the meaning of the Polish Law against Substance Abuse (except for the substances taken under the direction of a qualified medical practitioner), which contributed to the Traffic Accident.

§ 6. BENEFIT PAYMENT

1. Benefit payment rules and criteria are regulated in § 16 of the GTCs, subject to the provisions of this paragraph.
2. Upon the Insurable Event referred to in § 3, we will pay to the Life Insured the Benefit under the Rider executed on the basis of ADLIE Rider Conditions equivalent to the Sum Insured in force as of the date of the Event, set forth in the Policy.
3. Upon the Insurable Event that meets the definition of Disability as well as the definition of Loss of Independent Existence and results from one and the same Accident, we will pay to the Life Insured only one Benefit in respect of Disability or in respect of Loss of Independent Existence, which of the Events falls sooner.
4. The Benefit will be paid out once we receive and approve the complete set of documents required for the determination of our liability pursuant to ADLIE Rider Conditions.
5. We will determine the right to the Benefit under the Rider executed on the basis of DLIE Rider Conditions based on:
 - a) Properly completed Claim Form;
 - b) Duplicate copy of ID document of the Life Insured;
 - c) Duplicate copy of medical records testifying to the first aid, therapy and rehabilitation;
 - d) Duplicate copy of documents with a description of the circumstances of the accident issued by the institution that conducts the proceedings (e.g., the police, prosecutor's office);
 - e) Duplicate copy of the decision of the Social Insurance Institution's medical examiner or medical panel on the severity and duration of Disability or Loss of Independent Existence;
 - f) Other records required to determine legitimacy of the claim – upon our request.

Background information for Group Insurance Rider Terms and Conditions in respect of Dread Disease of the Life Insured, extending the scope of coverage provided under the Group Life Insurance General Terms and Conditions

Type of information	Provision
1. Statutory requirements for the payment of insurance claim and other benefits or the cash value.	§ 1 Clause 2; § 5 in connection with § 2, § 3 and § 4; § 6 in connection with § 2, § 3 and § 4; § 8 Clause 1–3, Clause 5 and Clause 8–10 in connection with § 2, § 3 and § 4; § 9 Clause 1–8 in connection with § 2, § 3 and § 4.
2. Liability limitations and exclusions authorizing the Insurer not to pay the claims and other benefits or to reduce their value.	§ 1 Clause 2; § 6 in connection with § 2, § 3 and § 4; § 7 in connection with § 2, § 3 and § 4; § 8 Clause 4, Clause 6–7 in connection with § 2, § 3 and § 4; § 9 Clause 9 in connection with § 2, § 3 and § 4.

GROUP INSURANCE RIDER TERMS AND CONDITIONS IN RESPECT OF DREAD DISEASE OF THE LIFE INSURED

§ 1. GENERAL PROVISIONS

- The provisions of these Group Insurance Rider Terms and Conditions in respect of Dread Disease of the Life Insured, approved by the Unum Management Board Resolution No. 3/08/2022 of August 9, 2022 and comes into effect as of September 15, 2022, (hereinafter referred to as the 'DDR Conditions'), apply to the Rider extending the scope of insurance coverage provided pursuant to Group Life Insurance General Terms and Conditions (hereinafter referred to as the 'GTCs').
- In the matters not provided for under these DDR Conditions, the provisions of the GTCs, the Policy and generally applicable laws and regulations shall apply.

§ 2. DEFINITIONS

- The terms used in these DDR Conditions shall be defined as per the GTCs, subject to Section 2 hereunder.
- For the purpose of the Rider executed on the basis of DDR Conditions, the following definitions are introduced:
 - Operating Center** – an entity that works with us to organize and deliver medical and assistance services;
 - Communicable Disease** – any of the events defined in § 4;
 - Accident** – a sudden event resulting solely from an external cause, not related to the volition or health status of the Life Insured, which is the only cause of Detriment to Health of the Life Insured and does not arise from any physical or mental impairment of the Life Insured. Heart attack, stroke, cerebral hemorrhage, poisoning, or any other disease or infection (including acute ones) shall not be defined as an Accident;
 - Dread Disease** – any of the events defined in § 3;
 - Force Majeure** – an external, unforeseeable and unpreventable

event that precludes or delays the delivery Medical Services by the Operating Center;

- Medical Service** – a service that involves diagnostic tests and medical consultations deliverable to the Life Insured in case of suspected disease or the need to carry out any of the surgical operations referred to in § 3 of this Rider;
- Pharmaceutical Benefit** – an additional Benefit deliverable to the Life Insured in the event of a Dread Disease, which shall mean a diagnosis of any of the diseases with the Life Insured or delivery to the Life Insured of any of the surgical operations referred to in § 3 herein, subject to § 8 Section 8 herein.

§ 3. DREAD DISEASES OF THE LIFE INSURED

Only such diseases that were diagnosed with the Life Insured and only such surgical operations that were performed on the Life Insured during the effective term of coverage of the Life Insured provided by us under the Rider executed on the basis of DDR Conditions and meet the definitions set out hereinafter shall be regarded as the Dread Diseases of the Life Insured included in the coverage:

- Only such **Bacterial Meningitis** that means an acute inflammation of the meninges caused by a bacterial infection. Bacterial Meningitis diagnosis should be confirmed with a general examination of cerebrospinal fluid and a positive result of cerebrospinal fluid culture.
- Only such **Bacterial Endocarditis** that means a non-nosocomial Infective Endocarditis (IE) on native valves and requires hospitalization. Cases of this disease diagnosed in persons with implanted artificial heart valves, with an implanted pacemaker or cardioverter defibrillator, or after heart surgery, are excluded from coverage.

3. Only such **Cerebral Hydatid Disease** that means a lesion in the brain consisting of single or multiple Echinococcus tapeworm larvae. For the Benefit to be due, the diagnosis must be evidenced with the result of a parasitology or histopathology test of the brain lesion removed during a surgical procedure.
4. Only such **Blindness (loss of eyesight)** that means complete loss of sight in both eyes (resulting from a disease or Accident). The Benefit shall be due provided that a physician specializing in eye diseases has confirmed a total and permanent loss of sight in both eyes, and on condition that the loss of eyesight continued with the Life Insured for at least 6 months.
5. Only such **Creutzfeldt-Jakob Disease** that means a neurodegenerative disease of the central nervous system clinically recognized by a neurologist, leading to a degenerative spongiform encephalopathy resulting in a rapidly progressive dementia confirmed by psychological testing and mobility disorders resulting in an inability to live independently, with Barthel Index score below 80.
6. Only such **Crohn's Disease** that means a chronic, non-specific, granulomatous inflammatory disease of the bowel. For the Benefit to be due, the disease must result in fistula formation, intestinal obstruction or intestinal perforation, and the diagnosis must have been evidenced with distinctive histopathology features.
7. Only such **Huntington's Disease (Huntington's chorea)** that means a genetically conditioned, progressive neurodegenerative disorder of the brain. For the Benefit to be due, the diagnosis must be made by a physician specializing in neurology on the basis of clinical symptoms (including the presence of involuntary, uncontrolled chorea and dementia) and a distinctive result of brain imaging examinations: computed tomography or magnetic resonance (CT or MRI).
8. Only such **Motor Neuron Disease** that means a progressive degeneration of corticospinal tracts with atrophy of anterior horn cells or damage of bulbar efferent neurons. Motor Neuron Disease includes spinal muscular atrophy/SMA, progressive bulbar palsy/PBP, amyotrophic lateral sclerosis/ALS, and primary lateral sclerosis/PLS. Benefit shall be payable if the Motor Neuron Disease causes neurological deficit resulting in the permanent and irreversible inability of the Life Insured to:
 - a) Move indoors from room to room on level surfaces, or
 - b) Feed oneself once the meal has been prepared and served.
9. Only such **Parkinson's Disease** that means a slowly progressive degenerative disease of the central nervous system resulting from atrophy of the cells of substantia nigra in the midbrain. Unequivocal diagnosis of Parkinson's Disease must be confirmed by a physician specializing in neurology on the basis of the presence of progressive and permanent neurological deficits that cannot be corrected through pharmacological treatment. Additionally, the ADL assessment (the Activities of Daily Living) must confirm that the Life Insured cannot perform at least three of the six ADL items listed hereunder:
 - a) The ability to wash in the bath or shower, unaided (including getting into and out of the bath or shower) or wash satisfactorily by other means;
 - b) The ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
 - c) The ability to move from a bed to an upright chair or wheel-chair and vice versa;
 - d) The ability to move indoors from room to room on level surfaces;
 - e) The ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
 - f) The ability to feed oneself once the meal has been prepared and served
 Parkinson's Disease caused by medications or toxic substances shall be out of scope of coverage.
10. Only such **Severe Burns** that mean third degree tissue injury caused by thermal, chemical or electrical agents to at least 20% of the body surface area as measured by the rule of nines.
11. Only such **Muscular Dystrophy** that means a group of genetic degenerative conditions characterized by striated muscle degeneration without affecting the nervous system. The Benefit shall be due if the Life Insured has been diagnosed with Muscular Dystrophy causing neurological deficit resulting in a permanent and irreversible inability of the Life Insured to move indoors from room to room on level surfaces.
12. Only such **Benign Spinal Cord Tumor** that means a histologically benign tumor of the spinal cord or spinal meninges, requiring neurosurgery or causing permanent neurological loss. The diagnosis should be confirmed unequivocally by imaging or histopathological examination. The following are not covered: malignant tumors, cysts, granulomas, abscesses, hematomas, vascular malformations, epidural tumors, tumors located within the vertebrae, intervertebral disc prolapse, degenerative changes, discopathy, spinal injuries.
13. Only such **Benign (Non-Malignant) Brain Tumor** that means a life-threatening, benign tumor in cerebral tissue, with distinctive symptoms of increased intracranial pressure such as swelling of the optic disc (papilledema), epileptic seizures or neurological deficits. Coverage shall include pituitary tumors and brain cysts that require neurosurgical removal, otherwise resulting in a permanent neurological deficit. The Benign (Non-Malignant) Brain Tumor diagnosis must be confirmed by a physician specializing in neurology or neurosurgery, with evidence from the results of imaging techniques such as CT, MRI or PET. Pituitary tumors and cysts that do not require neurosurgical removal, abscesses, granulomas, malformations in or of the arteries or veins of the brain, hematomas or tumors of the spine shall be out of scope of coverage. With regard to the Benign (Non-Malignant) Brain Tumor, the date of the diagnosis shall be defined as the date on which preliminary diagnosis was made by a physician specializing in neurology or neurosurgery.
14. Only such **Massive Pulmonary Embolism** that means a medical condition that requires removal of fresh thrombus from the pulmonary trunk and/or from the right or left pulmonary artery by way of incision (surgical embolectomy) in an urgent procedure due to the aforesaid embolism.
15. Only such **Aplastic Anemia** that means an irreversible bone marrow failure resulting in anemia, neutropenia and thrombocytopenia. Aplastic Anemia diagnosis must be based on a bone marrow biopsy result. For the Benefit to be due, at least two of the following three criteria must be met:
 - a) Absolute neutrophil count of 500 per cubic millimeter or less,
 - b) Absolute reticulocyte count of 20 000 per cubic millimeter or less,
 - c) Platelet count of 20 000 per cubic millimeter or less.
16. Only such **Kidney Failure** that means the end stage renal failure presenting chronic and irreversible failure of both kidneys, as a result of which renal dialysis or renal transplant is required. With regard to the Kidney Failure, the date of the diagnosis shall be defined as the date on which dialysis is initiated or renal transplant is performed.
17. Only such **Malignant Neoplasm** that means the presence of one or more malignant tumors characterized by uncontrolled growth, spread of malignant cells, invasion and destruction of normal tissue, including leukemia, lymphatic system tumors and Hodgkin's Disease. For the Benefit to be due, the presence of Malignant Neoplasm must be evidenced in a histopathology test result. The following malignant neoplasms are excluded from coverage:
 - a) Tumors described as carcinoma in situ (including cervical dysplasia CIN-1, CIN-2, CIN-3), or those histologically described as pre-invasive;
 - b) Any skin neoplasia, unless there is evidence of metastases to other organs or unless the tumor is a malignant melanoma more than 1.5 mm thick according to histological examination or categorized as invasive hereinbefore class 3 according to Clark's classification;
 - c) Kaposi's sarcoma and other tumors associated with HIV or AIDS;
 - d) Prostate cancer described as less advanced than T2N0M0 or Gleason Score hereunder 7;
 - e) Papillary micro-carcinoma of the thyroid histologically described as microcarcinoma.
 With regard to the Malignant Neoplasm, the date of the

diagnosis shall be defined as the date of histological test specimen collection.

18. Only such **Tick-Borne Viral Encephalitis** that means a disease transmitted by ticks and confirmed in the examination of cerebrospinal fluid, with a variety of neurological symptoms and requiring hospitalization. Tick-Borne Viral Encephalitis diagnosis should be unequivocally confirmed by a physician specializing in neurology, with the assignment of a relevant ICD code included in the hospital treatment information chart.
19. Only such **Coronary Artery Surgery** that means coronary artery bypass grafting performed by a physician specializing in cardio-surgery, to repair stenosis or obstruction of at least one coronary artery, by way of open chest surgery, excluding such interventions as percutaneous angioplasty, vascular catheterization and laser therapy.
20. Only such **Abdominal Aortic Prosthesis Surgery** that means a blood vessel graft to replace a malfunctioning abdominal aorta. The need for the surgery must be confirmed by a physician specializing in cardiology.
The scope of coverage shall not include:
 - a) surgery of coronary artery damaged in an Accident;
 - b) surgeries on the branches of the aorta;
 - c) interventions that consist in artery grafting without opening the abdominal cavity.
21. Only such **Thoracic Aortic Prosthesis Surgery** that means a blood vessel graft to replace a malfunctioning thoracic aorta. The need for the surgery must be confirmed by a physician specializing in cardiology.
The scope of coverage shall not include:
 - a) surgery of coronary artery damaged in an Accident;
 - b) surgeries on the branches of the aorta;
 - c) interventions that consist in artery grafting without opening the chest.
22. Only such **Heart Valve Surgery** that means an open-heart surgery to completely replace one or more cardiac valves damaged due to the defects which manifested themselves after the effective date of our liability for the Life Insured under the Rider executed on the basis of DDR Conditions.
23. Only such **Disabling Primary Pulmonary Hypertension** that means a pathological increase of pulmonary artery pressure due to structural or functional changes of the lung or pulmonary circulation abnormalities leading to right ventricular enlargement. For the Benefit to be due, the Disabling Primary Pulmonary Hypertension must result in a permanent and irreversible functional impairment equivalent to at least Class 4 of NYHA classification of circulatory failure. There must be proof that pulmonary pressure of the Life Insured has remained hereinbefore 30mm Hg for a period of at least six months.
24. Only such **Fulminant Hepatitis** that means a sub-massive or massive necrosis of liver cells (hepatocytes) by a Hepatitis virus, leading precipitously to liver failure. The Benefit shall be due if the Life Insured is diagnosed with Fulminant Hepatitis based on all of the symptoms hereunder:
 - a) A rapidly decreasing liver size,
 - b) Necrosis involving the entire lobules, leaving only a collapsed reticular framework, and
 - c) Rapid deterioration of liver function tests (increased activity of enzymes indicative of hepatocyte damage), and Life Insured test results are as follows:
 - i. Liver function test shows massive parenchymal liver disease, and
 - ii. There are objective signs of portosystemic encephalopathy.
25. Only such **Paralysis (palsy)** that means a total (0o or 1o according to Lovett scale) and permanent loss of function of two or more limbs as a result of an Accident or spinal cord disease. A limb is defined as the complete arm (upper limb) or the complete leg (lower limb). Benefit shall be due if the diagnosis is confirmed by a physician specializing in neurology, upon completion of the therapeutic process and the rehabilitation period.
26. Only such **Major Head Injury** that means an Accidental head injury caused by an external physical force, resulting in

a neurological deficit causing a permanent and irreversible inability of the Life Insured to:

- a) Move indoors from room to room on level surfaces, or
- b) Feed oneself once the meal has been prepared and served, or
- c) Communicate with others verbally by speech.

The Life Insured becomes eligible for the Benefit upon completion of the therapeutic process and the rehabilitation period.

27. Only such **Chronic Respiratory Failure** that means the end stage respiratory failure. The Benefit shall be due if all of the following conditions are met:

- a) Dyspnea at rest confirmed by medical records, and
- b) Proof of necessary and permanent oxygen therapy applicable for at least 8 hours/day continuously for at least 3 months.

Qualification for home oxygen therapy should be confirmed by a certificate from a physician specializing in lung diseases, internal medicine or anesthesiology and intensive care.

28. Only such **Chronic Liver Failure** that means the end stage liver failure with increasing jaundice which, in the medical opinion of a physician, will not improve in the future and results in ascites or encephalopathy. Alcoholic cirrhosis or alcoholic liver failure shall be excluded from the scope of coverage.

29. Only such **Brain Abscess** that means a focal inflammation of the brain with the presence of a well-demarcated collection of pus. The Benefit shall be due if the diagnosis is made on the basis of the clinical picture and a distinctive result of brain CT with contrast (hypodense inflammatory infiltrate enhanced by contrast administration, abscess capsule well saturated with contrast agent, and externally located hypodense zone of cerebral edema). The Benefit can also be payable on the basis of surgical removal of the lesion subsequently described in histopathology examination as a brain abscess.

30. Only such **Sepsis (Septicemia)** that means a generalized inflammatory response formed in the course of bacterial infection, with the presence of microorganisms in the blood stream and with multiple organ failure. Multiple organ failure is defined as a condition in which there is malfunctioning of two or more organs or systems such as the central nervous system, circulatory system, respiratory system, hematopoietic system, kidneys, liver. Sepsis diagnosis must be confirmed in hospital treatment records.

31. Only such **Multiple Sclerosis** that means an inflammatory process within the central nervous system, with demyelination foci diffused throughout the central nervous system, evidenced with the presence of at least two of the three irreversible neurological deficits listed hereunder:

- a) Paresis of limbs,
- b) Gait disorders confirmed in neurological examination,
- c) The need to use a wheelchair.

Multiple Sclerosis must be confirmed by a physician specializing in neurology no sooner than after 6 months from the date of initial diagnosis. The ultimate diagnosis of Multiple Sclerosis must be evidenced with the results of imaging techniques such as the MRI or CT.

Diseases of nervous system resulting from other reasons (e.g., cerebral vessel disorders, bacterial or viral infections) shall be excluded from coverage.

With regard to Multiple Sclerosis, the date of diagnosis shall be the date on which the initial diagnosis is made by a physician specializing in neurology.

32. Only such **Coma** that means a state of unconsciousness with no reaction to external or internal stimuli, persisting continuously for at least 96 hours and requiring the use of life support system. The Benefit shall be payable provided that the Life Insured has been diagnosed with permanent neurological deficits in effect for at least 6 months. The coverage excludes conditions resulting from the use of medication, e.g., a medically-induced coma.

33. Only such **Tetanus** that means treatment in hospital conditions due to an acute infectious disease evidenced in medical records, with a generalized clinical course, caused by the neurotoxin produced by Clostridium tetani.

34. Only such **Major Organ Transplant** that means an organ

transplant from a donor to the Life Insured of kidney, liver, heart, lung, pancreas or bone marrow.

35. Only such **Scleroderma** that means progressive systemic scleroderma, a connective tissue disease, clearly confirmed by biopsy and serology, with progressive diffuse fibrosis in the skin, blood vessels and internal organs. At least one organ must be affected: kidney, lung or heart. The diagnosis must be made by a rheumatologist or dermatologist. The following are not covered: various forms of Localized Scleroderma (e.g., linear, bullous, plaque), eosinophilic fasciitis, CREST syndrome, scleroderma-like syndromes in the course of various metabolic diseases, keloid.
36. Only such **Stroke** that means an acute cerebrovascular accident resulting in neurological symptoms and permanent damage, resulting only and exclusively from vascular causes understood as occlusion or loss of continuity of the cerebral vessel wall. Stroke diagnosis should be evidenced with CT or MRI results. Neurological symptoms and permanent damage are defined as follows:
- Limb paralysis and paresis;
 - Extrapyramidal and cerebellar syndromes;
 - Stroke-induced epilepsy;
 - Central cranial nerve damage;
 - Speech disorders;
 - Encephalopathy (neurological and mental disorders caused by organic brain damage).
- Encephalopathy diagnosis must be confirmed with the presence of a neurological and mental deficit and evidenced by a psychiatric or neuropsychological examination (with the score hereunder 16 points on the Mini-Mental Status Examination Scale) and a neurological examination, as well as changes in Computed Tomography or Magnetic Resonance imaging.
- The presence of any of the hereinbefore permanent neurological symptoms or deficits must be confirmed six weeks after the date of Stroke diagnosis, at the earliest.
- With regard to a Stroke, the date of the diagnosis shall be the date on which the initial diagnosis is made by a physician specializing in neurology.
- The following shall not be defined as a Stroke:
- Transient ischemic attacks (TIA);
 - Reversible ischemic neurological deficit (RIND);
 - Traumatic brain damage (traumatic hemorrhages);
 - Hypoxic brain injury (e.g., from cardiac or respiratory arrest);
 - A stroke diagnosed as experienced in the past, e.g., based on CT or MRI;
 - Consequences of a decompression sickness;
 - Vascular pathology causing visual impairment (including optic nerve or retinal infarction) or vestibular disorders.
37. Only such **Loss of Limbs** that means a complete and permanent loss of function of two or more limbs or the severance of two or more limbs hereinbefore the wrist or ankle due to Accident or disease. The Benefit shall be payable upon completion of the therapeutic process and the rehabilitation period.
38. Only such **Loss of Speech** that means complete and irrecoverable loss of speech that lasts for at least 12 months. Loss of Speech diagnosis must be confirmed by a specialist E.N.T. physician on the basis of the presence of vocal fold disease or trauma, or by a physician specializing in neurology on the basis of the presence of aphasia resulting from a disease or trauma. The loss of speech caused by mental disorders shall not be included in the scope of coverage.
39. Only such **Loss of Independent Existence** that means a condition resulting from a disease or Accident whereby the Life Insured has been totally unable to perform (whether aided or unaided) at least three of the following six Activities of Daily Living for a period of at least six months:
- The ability to wash in the bath or shower, unaided (including getting into and out of the bath or shower) or wash satisfactorily by other means;
 - The ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
 - The ability to move from a bed to an upright chair or wheelchair and vice versa;
 - The ability to move indoors from room to room on level surfaces;

- The ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
- The ability to feed oneself once the meal has been prepared and served.

The condition referred to hereinbefore must be confirmed by a physician as permanent.

40. Only such **Loss of Hearing (Deafness)** that means a complete and irrecoverable loss of the ability to receive acoustic stimuli in both ears in result of a disease or Accident. Total Loss of Hearing shall be defined as an auditory threshold of more than 90 dB (decibels). The Benefit shall not be payable if, in the opinion of a specialist E.N.T. physician, the application of a medicinal device (e.g., a hearing aid) or an implant could result in partial or total restoration of hearing of the Life Insured (with auditory threshold shifted to ≤ 90 dB).
41. Only such **Hepatitis B** that means chronic viral hepatitis presenting for longer than 6 months, diagnosed during the effective term of coverage, provided that all of the criteria hereunder are met, jointly:
- Biopsy-confirmed liver fibrosis equal to or higher than F2 on the METAVIR scale or elastography hereinbefore 7kPa;
 - Presence of serum HBV DNA of more than 2000 virus copies/ml, continuously or periodically, over a period of 6 months;
 - Presence of HBs antigen;
 - Elevated ALT and AST levels, continuously or periodically, over a period of 6 months.
42. Only such **Hepatitis C** that means chronic hepatitis presenting for longer than 6 months, diagnosed during the effective term of coverage, provided that all of the criteria hereunder are met, jointly:
- Biopsy-confirmed liver fibrosis equal to or higher than F2 on the METAVIR scale or elastography hereinbefore 7kPa;
 - Presence of serum HCV RNA of more than 2000 virus copies/ml, continuously or periodically, over a period of 6 months;
 - Elevated ALT and AST levels, continuously or periodically, over a period of 6 months;
 - Clinical signs of liver failure with one or more of the following: jaundice, ascites, esophageal varices.
43. Only such **Ulcerative Colitis** that means an acute fulminant ulcerative colitis with life threatening electrolyte disturbances and complications in the form of intestinal distention and a risk of intestinal perforation. With this type, lesions involve the entire colon and are accompanied with severe bloody diarrhea and systemic symptoms, and the treatment is frequently surgical and involves total colectomy and ileostomy. Ulcerative Colitis diagnosis must be evidenced with histopathology examination results, and the treatment should involve colectomy and ileostomy surgery.
44. Only such **Advanced Dementia (including Alzheimer's Disease)** that means the diagnosis of the Alzheimer's Disease or other persistent mental function dementia. Alzheimer's Disease is a progressive degenerative disease of the brain characterized by diffuse atrophic lesions throughout the cerebral cortex with distinctive histopathology changes. Dementia is a set of organic mental disorders characterized by a general impairment of intellectual abilities involving impairment of memory, judgment and abstract thinking, as well as personality changes. The Benefit shall be payable if all of the following conditions are fulfilled in the Life Insured:
- Permanent and irreversible brain function damage;
 - Significant cognitive impairment due to Alzheimer's disease or another form of dementia, evidenced with the results of standardized diagnostic tests;
 - The Life Insured requires continuous supervision to prevent self-harm or harm to other people.
- There must be a cause-and-effect relationship between the Alzheimer's Disease or another form of dementia and the dysfunctions referred to hereinbefore.
45. Only such **Infected Pancreatic Necrosis** that means pancreatic necrosis (necrotic pancreatitis), i.e., aggressive form of acute pancreatitis involving total or partial necrosis of the pancreas and bacterial infection of necrotic changes. For the Benefit to be payable, pancreatic necrosis of the Life Insured must be evidenced with CT results and infection must be confirmed with a positive result of

bacteriology examination of the specimen obtained through fine needle aspiration biopsy (FNA) of the pancreas.

46. Only such **Occupationally Acquired HIV** that means an infection with the Human Immunodeficiency Virus (HIV) where the virus is acquired in consequence of:

- a) Occupational handling of blood or other body fluids by the Life Insured;
- b) An injury of the Life Insured inflicted in connection with their occupation.

The following conditions must be fulfilled for the Benefit to be payable:

- a) The infection originated when the Life Insured worked in his/her profession included in the list of professions hereunder and after the effective date of insurance coverage provided to the Life Insured under the Rider executed on the basis of DDR Conditions;
- b) HIV seroconversion took place within six months from the incident;
- c) The Life Insured presented a negative result of a test for HIV infection (HIV virus or antibodies to HIV virus) made within five days from the reported incident;
- d) HIV virus or HIV antibodies were detected in the Life Insured within 12 months from the incident.

List of professions:

Doctors and dentists	Nurses
Laboratory personnel	Ancillary hospital personnel
Medical and dental assistants	Paramedics and other members of medical rescue services or emergency rescue units
Midwives	Firefighters
Police officers	Prison guards

Whenever there are applicable work regulations put in place in connection with occupational accidents, the accident must be reported in line with the applicable work regulations or other provisions applicable to the profession and endorsed by the employer.

47. Only such **HIV through Blood Transfusion** that means that the Life Insured has been infected with the Human Immunodeficiency Virus (HIV):

- a) Through a blood transfusion received during the period of insurance coverage provided to the Life Insured under the Rider executed on the basis of DDR Conditions, provided that there is a final court verdict indicating that the institution which provided the transfusion is liable, or that the medical records, drafted in accordance with medical standards applicable to that medical condition, were presented to confirm that blood transfusion was received and that HIV infection was incurred during such transfusion, and that
- b) The HIV-infected individual is not a hemophiliac.

Infection in any other manner, including infection by sexual transmission or intravenous drug use, shall be excluded from coverage. We reserve the right to access the blood samples of the Life Insured and to be able to test those blood samples on an independent basis.

48. Only such **Encephalitis** that means inflammation of the brain tissue (cerebral hemispheres, brainstem or cerebellum) resulting in significant complications lasting for at least six weeks with the Life Insured and including permanent neurological deficit. Permanent neurological deficit may include mental retardation, emotional lability, blindness, deafness, speech disorders, hemiplegia or tetraplegia (paralysis). The neurological deficit must cause a permanent and irreversible inability of the Life Insured to:

- a) Move indoors from room to room on level surfaces, or
- b) Feed oneself once the meal has been prepared and served, or
- c) Communicate with others verbally by speech.

49. Only such **Heart Attack** that means partial myocardial necrosis arising from inadequate blood supply. The Life Insured shall be entitled to the Benefit subject to the presence of elevated myocardial damage biomarkers (hereinbefore the upper limit of

the normal range) and at least two of the three symptoms listed hereunder:

- a) Distinctive clinical symptoms of ischemia (chest pain, inter alia);
- b) New ECG changes suggestive of myocardial infarction;
- c) New abnormalities in segmental myocardial contractility in imaging test results (e.g., echocardiogram).

A diagnosed stable or unstable coronary artery disease without features of a definitive heart attack shall be excluded from the scope of coverage. With regard to the Heart Attack, the date of the diagnosis shall be defined as the day on which the diagnosis was made by a physician specializing in cardiology.

50. Only such **Short Bowel Syndrome** that means an irreversible condition following resection or loss of physiological function (due to a disease or Accident) of the small intestine, in full or in part, resulting in such a severe impairment of absorption that the patient cannot sustain himself/herself on normal nutrition and parenteral nutrition must be administered. The Benefit shall be payable if the diagnosis and the fact that the condition is irreversible are confirmed by a physician specializing in gastroenterology on the basis of anamnesis (confirmation of the cause – disease or trauma, presence of chronic diarrhea), examination (cachexia and dehydration), and additional tests (blood and urine).

51. Only such **Gas Gangrene** that means a severe wound infection (caused by *Clostridium perfringens*, *Clostridium novyi*, *Clostridium septicum*, *Clostridium heamolyticum* or *Clostridium sordelli* bacteria) involving gas formation in tissues and accompanied by edema, necrosis and general symptoms of toxemia.

52. Only such **Granulomatosis with polyangiitis** (formerly, **Wegener's Granulomatosis**) that means a systemic autoimmune disease causing necrotizing vasculitis affecting small and medium-sized blood vessels, characterized by formation of granulomas and the presence of c-ANCA antibodies, with the presence of at least one of the following: end-stage renal failure treated with dialysis, end-stage respiratory failure treated with chronic oxygen therapy, vision loss, hearing loss. The disease must be diagnosed according to the criteria of the American Rheumatological Society.

53. Only such **Minimally Invasive Aortic Valve Replacement** that means a surgery without extracorporeal circulation (without full sternotomy) and with transluminal access with the purpose to completely replace at least one heart valve damaged due to defects which manifested themselves after the effective date of Unum liability for the Life Insured under the Rider executed on the basis of DDR Conditions.

54. Only such **Minimally Invasive Coronary Artery Surgery** that means a surgery, performed by a physician specializing in cardio-surgery, which involves coronary artery bypass grafting with the purpose to correct the stenosis or occlusion of at least one coronary artery, without opening the chest, i.e., without full sternotomy.

Endovascular procedures shall be excluded from the scope of coverage.

55. Only such **Lupus Erythematosus** that means an autoimmune disease with renal involvement confirmed by histopathological examination as hereinbefore grade III glomerulonephritis according to the WHO classification.

56. Only such **Stroke without Permanent Neurological Damage** that means an acute cerebrovascular accident with neurological damage and symptoms that persist for at least 48 hours, resulting only and exclusively from vascular causes understood as occlusion or loss of continuity of a cerebral vessel wall. Stroke diagnosis should be evidenced with CT or MRI results.

Neurological symptoms and damage are defined as follows:

- a) Limb paralysis and paresis;
- b) Extrapyramidal and cerebellar syndromes;
- c) Stroke-induced epilepsy;
- d) Central cranial nerve damage;
- e) Speech disorders;
- f) Encephalopathy (neurological and mental disorders caused by organic damage to the brain).

Encephalopathy diagnosis must be confirmed with the presence

of a neurological and mental deficit and evidenced by a psychiatric or neuropsychological examination (with the score hereunder 16 points on the Mini-Mental Status Examination Scale) and a neurological examination, as well as the changes in Computed Tomography or Magnetic Resonance images.

For the Benefit to be payable, it is not required that the hereinbefore permanent neurological symptoms or deficits persist for six weeks after the date of Stroke diagnosis.

With regard to the Stroke without Permanent Neurological Damage, the date of the diagnosis shall be the date of the cerebrovascular accident confirmed by a physician specializing in neurology.

The following shall not be defined as a Stroke without Permanent Neurological Damage:

- a) Transient ischemic attacks (TIA);
 - b) Traumatic brain damage (Traumatic hemorrhages);
 - c) Damage to the brain as a result of hypoxia (e.g., from cardiac or respiratory arrest);
 - d) A stroke diagnosed as experienced in the past, e.g., based on CT or MRI tests;
 - e) Consequences of a decompression sickness.
57. Only such **Early-Stage Multiple Sclerosis** that means an inflammatory process within the central nervous system, with demyelination foci diffused throughout the central nervous system. Early-Stage Multiple Sclerosis must be evidenced with the results of imaging techniques such as the MRI or CT. Diseases of the nervous system resulting from other reasons (e.g., cerebral vessel diseases, bacterial or viral infections) shall be excluded from the scope of coverage. For the Early-Stage Multiple Sclerosis Benefit to be payable, the presence of the permanent and irreversible neurological deficits is not required. With regard to the Early-Stage Multiple Sclerosis, the date of the diagnosis shall be the date on which the initial diagnosis is made by a physician specializing in neurology.
58. Only such **Coronary Angioplasty** that means the treatment of coronary artery disease where a narrowing or blockage in one or more coronary arteries is opened in a procedure involving percutaneous dilatation of a coronary artery using a balloon, catheter, laser or other devices inserted into the vessel.

§ 4. OTHER COMMUNICABLE DISEASES OF THE LIFE INSURED

A Communicable Disease of the Life Insured covered by our liability is defined, only and exclusively, as a communicable disease diagnosed in the Life Insured during the period of coverage of the Life Insured under the Rider executed on the basis of DDR Conditions with the scope of coverage enhanced with Communicable Diseases, provided that the definitions hereunder are met:

1. Only such **Lyme Disease** that manifests itself as *Erythema migrans* and involves the organs in the form of arthritis or myocarditis, or neuroborreliosis, or chronic atrophic dermatitis of the extremities, with proof of IgM specific antibodies according to Elisa and Western Blot tests.
2. Only such **Cholera** that means an acute infectious disease caused by toxigenic *Vibrio cholerae*. The diagnosis must be based on clinical symptoms (vomiting or diarrhea) confirmed by a specialist physician and proof of the presence of the virus in microbiological or immunological test results.
3. Only such **Typhoid Fever** that means an acute systemic infectious disease caused by the typhoid bacillus (*Salmonella typhi*). The diagnosis must be based on the isolation of *Salmonella typhi* from clinical specimens from a person with prolonged fever and at least one of the following comorbid symptoms:
 - a) Headaches,
 - b) Relative bradycardia,
 - c) Cough,
 - d) Diarrhea, constipation, abdominal pain.
 Asymptomatic cases of *Salmonella typhi* or *Salmonella paratyphi* are excluded from coverage.
4. Only such **Dengue Fever** that means an acute disease caused by the dengue virus, characterized by high fever in a person who, in the opinion of a specialist physician, has been diagnosed with at least two of the following clinical signs and symptoms: headache, extra-ocular pain, muscle pain, joint pain,

rash, hemorrhagic symptoms, leukopenia. Clinical diagnosis must be confirmed by at least one of the following laboratory techniques:

- a) Dengue virus isolated from the serum,
 - b) Confirmation of genetic material by PCR,
 - c) Confirmation of IgM specific antibodies.
5. Only such **Tuberculosis** that means an infectious disease caused by acid-fast mycobacteria of the *Mycobacterium Tuberculosis Complex*, diagnosed by a pulmonologist on the basis of clinical symptoms, microbiological tests (genetic tests, culture, smear or solid culture), imaging tests (X-ray or CT of the chest), IGRA tests, requiring the implementation of anti-tubercular treatment. TB in persons with HIV infection, alcohol abuse or treated with immunosuppressive drugs is excluded from coverage.
 6. Only such **Malaria** that means a parasitic disease caused by *Plasmodium* protozoa. The diagnosis must be based on the presence of fever in a person diagnosed with:
 - a) Malaria spores in capillary blood smears,
 - b) Malaria spore antigen in immunochromatographic tests.
 7. Only such **Schistosomiasis** that means an acute disease caused by *Schistosoma* parasites, which requires hospital treatment and which is characterized by fever, abdominal pain, hepatosplenomegaly or central nervous system involvement. The diagnosis must be confirmed by a physician on the basis of the clinical course of disease and laboratory tests.
 8. Only such **Rabies** that means an acute infectious disease requiring hospitalization, with clinical course characterized by acute encephalomyelitis, diagnosed on the basis of characteristic symptoms and detection of *Rabies virus* in specimen samples collected from skin, saliva, cerebrospinal fluid or detection of specific antibodies in blood plasma or cerebrospinal fluid.
 9. Only such **Yellow Fever** that means an acute infectious disease caused by *Flaviviridae* virus. Clinical diagnosis must be based on confirmed visit to a region where Yellow Fever cases have been suspected or confirmed, within one week prior to the onset of the disease, and with jaundice or bleeding from multiple sites found in a person with fever by a specialist physician. Clinical diagnosis must be confirmed by at least one of the following laboratory techniques:
 - a) Yellow Fever virus isolated in clinical material,
 - b) Yellow Fever virus nucleic acid detected,
 - c) Yellow Fever virus antigen detected, presence of Yellow Fever virus specific antibodies.

§ 5. INSURABLE EVENT

1. The Insurable Event covered under the Rider executed on the basis of DDR Conditions is defined as any of the Dread Diseases of the Life Insured, which means that the Life Insured is diagnosed with any of the diseases listed in § 3 or any of the surgical operations listed in § 3 is performed on the Life Insured during the effective term of coverage of the Life Insured under this Rider. Insurable Event must be confirmed in medical records testifying to the diagnostic and therapeutic process.
2. The scope of coverage under this Rider can be enhanced with:
 - a) Communicable Diseases listed in § 4 hereinbefore and diagnosed with the Life Insured during the effective term of coverage of the Life Insured under this Rider,
 - b) Pharmaceutical Benefit in the event of any of the Dread Diseases listed in § 3 hereinbefore, and
 - c) Medical Services in the event that any of the diseases listed in § 3 is suspected with the Life Insured or any of the surgical operations listed in § 3 is performed on the Life Insured, as duly confirmed in the Policy.

§ 6. EFFECTIVE TERM OF OUR LIABILITY

1. Our liability for the Life Insured comes into force as of the effective date of coverage of the Life Insured under the Rider executed on the basis of DDR Conditions, with the provision that if the Insurable Event occurs within three months directly following the hereinbefore-said date, our liability shall be limited to an event resulting from an Accident which occurs during the term of our liability under this Rider (Waiting Period). Should there be an extension of coverage, referred to in § 5 Section 2, our liability for the extended coverage shall come into force as of the

effective date of such extended coverage of the Life Insured. The rules governing commencement and termination of our liability are set forth in the GTCs, unless stated otherwise in the Policy.

2. If the Sum Insured is upgraded during the term of our liability for the Life Insured under the Rider executed on the basis of DDR Conditions, our liability in respect of Dread Disease of the Life Insured that does not result from an Accident shall be limited, in the first three months following the date of such an upgrade, to the Sum Insured in effect prior to the date of the upgrade (Waiting Period).

§ 7. LIMITATIONS AND EXCLUSIONS OF OUR LIABILITY

1. The Benefit under the Rider executed on the basis of DDR Conditions is not payable if the Dread Disease of the Life Insured or the Communicable Disease of the Life Insured resulted from:
 - a) War operations, active participation of the Life Insured in the acts of terror or riots;
 - b) Suicide attempted by the Life Insured, self-mutilation or mutilation at one's own request by the Life Insured, irrespective of their state of mind;
 - c) An illegal act with statutory characteristics of intentional crime committed by the Life Insured, which has been established by a final court decision;
 - d) Traffic Accident caused by the Life Insured in a state after alcohol consumption or in the state of alcohol intoxication, after the use of under the influence of drugs, intoxicating substances, psychotropic substances, alternative measures or new psychoactive substances within the meaning of the Polish Law against Substance Abuse (except for the substances taken under the direction of a qualified medical practitioner), which contributed to the Traffic Accident;
 - e) HIV infection, except for events referred to in § 3 Section 46 and Section 47.
2. The Benefit under the Rider executed on the basis of DDR Conditions shall not be payable in the event of a Dread Disease of the Life Insured or the Communicable Disease of the Life Insured in connection with which diagnostics or treatment continued or was initiated with the Life Insured during the period of two years prior to the effective date of coverage provided by us to the Life Insured under the Rider executed on the basis of DDR Conditions, subject to Sections 4 and 5 hereinafter.
3. The Benefit under the Rider executed on the basis of DDR Conditions shall not be payable if a Dread Disease of the Life Insured or a Communicable Disease of the Life Insured was associated by cause-and-effect to a health condition diagnosed with the Life Insured or in connection with which diagnostics or treatment continued or was initiated with the Life Insured during the period of two years prior to the effective date of coverage provided by us to the Life Insured under the Rider executed on the basis of DDR Conditions, subject to Sections 4 and 5 hereinafter.
4. If the Insurable Event occurs after three years from the effective date of coverage provided by us to the Life Insured under the Rider executed on the basis of DDR Conditions, the provisions of Section 2 and Section 3 hereinbefore shall not apply.
5. Provided that the following conditions are met, jointly:
 - a) Directly prior to enrollment in the Rider executed on the basis of DDR Conditions, the Life Insured was covered under the Previous Group Insurance Contract, and Dread Diseases of the Life Insured were included in their scope of coverage;
 - b) The coverage provided to the Life Insured under the Previous Group Insurance Contract had been terminated on the eve of enrollment in this Rider;
 - c) The Policyholder has provided us with information about the scope of coverage provided to the Life Insured together with the Sums Insured and confirmation of termination of the Previous Group Insurance Contract,
 the provisions of Section 2 and Section 3 hereinbefore shall not apply.
6. We are not liable for delays in the performance of Medical Services or for non-performance or ill performance of Medical Services resulting from strikes, civil unrest, acts of terrorism, acts

of war, effects of radioactivity, epidemics, pandemics, as well as mobility restrictions imposed by decisions of administrative authorities and resulting from Force Majeure.

§ 8. BENEFIT PAYMENT

1. Benefit payment rules and criteria are regulated in § 16 of the GTCs, subject to the provisions of this paragraph.
2. Subject to the provisions of § 6 and Section 4 hereinafter, upon the Insurable Event referred to in § 5 Section 1, we will pay to the Life Insured the Benefit under the Rider executed on the basis of DDR Conditions, in the amount determined in accordance with the following rules:
 - a) Upon a Dread Disease defined in § 3 Sections 1 – 52 of the Rider, we will pay to the Life Insured the Benefit in the amount of 100% of the Sum Insured in respect of Dread Disease set out in the Policy, in effect as of the date of disease diagnosis or the date of the surgical operation, respectively;
 - b) Upon a Dread Disease defined in § 3 Sections 53 – 57, we will pay to the Life Insured the Benefit in the amount of 25% of the Sum Insured in respect of Dread Disease set out in the Policy, in effect as of the date of disease diagnosis or the date of the surgical operation, respectively;
 - c) Upon a Dread Disease defined in § 3 Section 58 of the Rider, we will pay to the Life Insured the Benefit in the amount of 100% of the Sum Insured in respect of Coronary Angioplasty set out in the Policy, in effect as of the date of the surgical operation.
3. If the scope of coverage has been enhanced with Communicable Diseases of the Life Insured, as defined in § 4 Section 1–9 of the Rider, upon the Insurable Event referred to in § 5 Section 2 Clause a), we will pay to the Life Insured the Benefit under the Rider executed on the basis of DDR Conditions in the amount of 100% of the Sum Insured in respect of Communicable Disease set out in the Policy, in effect as of the date of Communicable Disease diagnosis.
4. The total amount of the Benefits paid to the Life Insured in respect of Dread Diseases from the same group, as referred to in Clauses a) – d) hereinafter, shall not exceed 100% of the Sum Insured, set out in the Policy, under the Rider executed on the basis of DDR Conditions, in effect as of the date of disease diagnosis or the date of the surgical operation, respectively:
 - a) Stroke and Stroke without Permanent Neurological Damage;
 - b) Multiple Sclerosis and Early-Stage Multiple Sclerosis;
 - c) Aortic Valve Replacement and Minimally Invasive Aortic Valve Replacement;
 - d) Coronary Artery Surgery and Minimally Invasive Coronary Artery Surgery without thoracotomy.
5. Payment of the Benefit pursuant to Section 2, Section 3 and Section 4 hereinbefore shall not result in expiry of insurance coverage for the Life Insured under the Rider executed on the basis of DDR Conditions, provided that the Life Insured continues to be covered under the Basic Contract, subject to Section 6 and Section 7 hereunder.
6. Following the Insurable Event and Benefit payment to the Life Insured, the following items shall be excluded from the scope of coverage provided under the Rider executed on the basis of DDR Conditions:
 - a) The Dread Disease in respect of which the Life Insured received the Benefit equivalent to 100% of the Sum Insured relevant for the Rider executed on the basis of DDR Conditions, and those Dread Diseases which are related to that Dread Disease on a cause-and-effect basis, subject to Clause c) hereinafter;
 - b) The Dread Diseases included in the same group of Insurable Events, referred to in Section 4 Clauses a) – d) hereinbefore, if the amount of the Benefits in respect of the Dread Diseases included in that group and paid to the Life Insured has reached 100% of the Sum Insured under the Rider executed on the basis of DDR Conditions;
 - c) Only such Malignant Neoplasm case (a health condition) in respect of which the Life Insured received the Benefit and

those Malignant Neoplasm cases (health conditions) which are related to that Malignant Neoplasm case (a health condition) on a cause-and-effect basis (upon the Insurable Event that consists in a Malignant Neoplasm);

- d) Communicable Disease on account of which the Life Insured received a Benefit equal to 100% of the Sum Insured applicable to the Rider executed on the basis of DDR Conditions.
7. When the Insurable Event that meets the criteria of more than one Dread Disease set forth in § 3 originated in result of one and the same Accident or one and the same disease, we will pay the Benefit to the Life Insured only in respect of one Dread Disease, with the provision that if the Benefits due in respect of different Dread Diseases are in different amounts, we will pay to the Life Insured the Benefit in respect of the Dread Disease for which the Benefit is the highest.
8. When any of the diseases or surgical operations referred to in § 3 herein in respect of which the Benefit is payable is diagnosed or performed on the Life Insured, respectively, and provided that the scope of coverage under this Rider has been enhanced with Pharmaceutical Benefit, referred to in § 5 Section 2 Clause b), we will pay to the Life Insured the Pharmaceutical Benefit in the amount in effect as of the date of disease diagnosis or surgical operation, set out in the Policy.
9. The Benefit will be paid out once we receive and approve the complete set of documents required for the determination of our liability pursuant to DDR Conditions.
10. We will determine the right to the Benefit under the Rider executed on the basis of DDR Conditions based on:
 - a) Properly completed Claim Form;
 - b) Duplicate copy of ID document of the Life Insured;
 - c) Duplicate copy of medical records of the Life Insured (including medical history, descriptions of test results, medical records of the diagnostic and treatment process, for example);
 - d) Duplicate copy of documents with a description of the circumstances of the accident issued by the institution that conducts the proceedings (e.g., the police, prosecutor's office);
 - e) Other records required to determine legitimacy of the claim – upon our request.
6. On the basis of medical documentation provided by the Life Insured, the physician working at the Operating Center will communicate with the Life Insured within 3 Business Days, at the maximum, counting from the day of receipt of medical documentation, to inform the Life Insured whether the event and medical documentation presented entitle the Life Insured to the Medical Service requested by the Life Insured.
7. Medical consultations and diagnostic tests are held at medical facilities designated by the Operating Center.
8. The following service delivery waiting times are applicable:
 - a) Up to 2 Business Days from the date of provision of the information referred to in Section 6 hereinbefore in the case of consultation with an internal medicine physician;
 - b) Up to 5 Business Days from the date of provision of the information referred to in Section 6 hereinbefore in the case of medical consultations with other specialties indicated in § 9 Section 2 (a) hereinbefore and in the case of diagnostic ultrasound, ECG, X-ray;
 - c) Up to 10 Business Days from the date of provision of the information referred to in Section 6 hereinbefore in the case of CT and MRI scans, unless a later date is indicated by the Life Insured.
9. Our liability does not cover medical services deliverable outside the territory of the Republic of Poland.
10. The cost of medical services provided in accordance with DDR Conditions is payable directly to the medical entities or facilities that deliver the service.

§ 9. DELIVERY OF MEDICAL SERVICES

1. Medical services are provided through the Operating Center, accessible through a hotline number provided in the Certificate. The cost of connection with the hotline as per the pricelist of telecommunication services operator.
2. If the Life Insured is suspected of any of the diseases or needs any of the surgical operations referred to in § 3 of this Rider, and provided that the scope of coverage under this Rider has been enhanced with Medical Services, we will arrange for and cover the cost of Medical Services referred to in § 5 Section 2 Clause c), including:
 - a) Consultations with specialist physicians (internal medicine physician, orthopedist, surgeon, ophthalmologist, neurologist, diabetologist, oncologist, cardiologist, pulmonologist, gynecologist);
 - b) Diagnostic tests (ultrasound imaging, ECG, X-ray, CT, MRI) - on the basis of a medical referral issued by the attending specialist physician.
3. To access Medical Services referred to in Section 2 Clauses a) – b) hereinbefore, one should contact the Operating Center. While on the phone, the Life Insured should provide the following details:
 - a) Name and Surname of the Life Insured;
 - b) PESEL number of the Life Insured or, when no PESEL number assigned, the date of birth of the Life Insured;
 - c) Telephone number or e-mail address for contact with the Life Insured.
4. If there is a documented suspicion of any of the diseases of the Life Insured or the need to perform any of the surgical operations on the Life Insured listed in § 3 herein, the Life Insured is eligible for up to 7 medical consultations, at the maximum, of those listed in Section 2 Clause a) hereinbefore, and diagnostic tests listed in Section 2 Clause b) hereinbefore, within the total amount of PLN 3000 for all diagnostic tests.
5. To be able to use Medical Services, medical documentation indicated by the Operating Center must be sent to the Operating Center in a manner pre-agreed by the parties, in connection with

Background information for Group Insurance Rider Terms and Conditions in respect of Second Medical Opinion, extending the scope of coverage provided under the Group Life Insurance General Terms and Conditions

Type of information	Provision
1. Statutory requirements for the payment of insurance claim and other benefits or the cash value.	§ 1 Clause 2; § 4 in connection with § 2 and § 3; § 5 in connection with § 2 and § 3; § 7 Clause 1–11 and Clause 16 in connection with § 2 and § 3.
2. Liability limitations and exclusions authorizing the Insurer not to pay the claims and other benefits or to reduce their value.	§ 1 Clause 2; § 6 in connection with § 2 and § 3; § 7 Clause 12–15 in connection with § 2 and § 3.

GROUP INSURANCE RIDER TERMS AND CONDITIONS IN RESPECT OF A SECOND MEDICAL OPINION

§ 1. GENERAL PROVISIONS

- The provisions of these Group Insurance Rider Terms and Conditions in respect of a Second Medical Opinion, approved by way of Unum Management Board Resolution No. 3/08/2022 of August 9, 2022 and comes into effect as of September 15, 2022, (hereinafter referred to as the '**SMO Rider Conditions**'), apply to the Rider extending the scope of insurance coverage provided pursuant to Group Life Insurance General Terms and Conditions (hereinafter referred to as the '**GTCs**').
- In the matters not provided for under these SMO Rider Conditions, the provisions of the GTCs, the Policy and generally applicable laws and regulations shall apply.

§ 2. DEFINITIONS

- The terms used in these SMO Rider Conditions shall be defined as per the GTCs, subject to Section 2 hereunder.
- For the purpose of the Rider executed on the basis of SMO Rider Conditions, the following definitions are introduced:
 - Operating Center** – an entity that works with us to organize and deliver medical and assistance services;
 - Consultant** – a medical facility operating outside the territory of the Republic of Poland, designated by the Operating Center to assist with an International Medical Consultation, authorized to provide a Second Medical Opinion;
 - Designated Person** – a person designated by the Life Insured as authorized to receive and provide the Operating Center with medical records of the Life Insured;
 - Dread Disease** – any of the events defined in § 3;
 - Second Medical Opinion** – an opinion of a Consultant resulting from an International Medical Consultation, delivered in writing or by means of electronic communication to the Life Insured or the Designated Person, issued in connection with the diagnosis of one of the diseases or in connection with the need for a surgical operation acknowledged by a physician in medical records, listed in the catalog of Dread Diseases in § 3 hereunder;
 - Force Majeure** – external, unforeseeable and unpreventable event that precludes or delays service delivery by the Operating Center;

§ 3. CATALOG OF DREAD DISEASES OF THE LIFE INSURED

- Only such diseases that were diagnosed with the Life Insured and only such surgical operations that must be performed on the Life Insured on the basis of medical documentation issued by a physician during the effective term of coverage of the Life Insured provided by us under the Rider executed on the basis of SMO Rider Conditions shall be regarded as Dread Diseases of the Life Insured. The catalog of Dread Diseases covered under this Rider is provided hereunder.

1. Bacterial Meningitis
2. Bacterial Endocarditis
3. Cerebral Hydatid Disease
4. Blindness (loss of eyesight)
5. Creutzfeldt-Jakob Disease
6. Crohn's Disease
7. Huntington's Disease (Huntington's chorea)
8. Motor Neuron Disease
9. Parkinson's Disease
10. Severe Burn
11. Muscular Dystrophy
12. Benign Spinal Cord Tumor
13. Benign (Non-Malignant) Brain Tumor
14. Massive Pulmonary Embolism
15. Aplastic Anemia
16. Renal Failure
17. Malignant Neoplasm or Low Malignant Potential Neoplasm
18. Tick-Borne Viral Encephalitis
19. Coronary Artery Surgery
20. Abdominal Aortic Prosthesis Surgery
21. Thoracic Aortic Prosthesis Surgery
22. Heart Valve Surgery
23. Primary Pulmonary Disabling Hypertension

24. Fulminant Hepatitis
25. Paralysis (palsy)
26. Severe Head Injury
27. Chronic Respiratory Failure
28. Chronic Liver Failure
29. Brain Abscess
30. Sepsis
31. Multiple Sclerosis
32. Coma
33. Tetanus
34. Major Organ Transplant
35. Scleroderma
36. Stroke
37. Loss of Limbs
38. Loss of Speech
39. Loss of Independent Existence
40. Loss of hearing (Deafness)
41. Hepatitis B
42. Hepatitis C
43. Ulcerative Colitis
44. Advanced dementia (including Alzheimer's Disease)
45. Infected Pancreatic Necrosis
46. Occupationally Acquired HIV
47. HIV through Blood Transfusion
48. Encephalitis
49. Heart Attack
50. Short Bowel Syndrome
51. Gas Gangrene
52. Wegener's Granulomatosis
53. Minimally Invasive Heart Valve Surgery
54. Coronary Artery Surgery without opening the chest
55. Lupus Erythematosus
56. Stroke without Permanent Neurological Damage
57. Early-Stage Multiple Sclerosis
58. Coronary Angioplasty

§ 4. INSURABLE EVENT

1. The Insurable Event covered under the Rider executed on the basis of SMO Rider Conditions is defined as any of the disease listed in the Catalog of Dread Diseases in § 3 diagnosed with the Life Insured or the need for any of the surgical operations listed in the Catalog of Dread Diseases in § 3 to be performed on the Life Insured during the effective term of coverage of the Life Insured under this Rider. Insurable Event must be confirmed in medical records testifying to the diagnostic and therapeutic process, including the ICD code of the disease.

§ 5. EFFECTIVE TERM OF OUR LIABILITY

1. Our liability for the Life Insured comes into force as of the effective date of coverage of the Life Insured under the Rider executed on the basis of SMO Rider Conditions. The rules governing commencement and termination of our liability are set forth in the GTCs, unless stated otherwise in the Policy.

§ 6. LIMITATIONS AND EXCLUSIONS OF OUR LIABILITY

1. The Benefit under the Rider executed on the basis of SMO Rider Conditions is not payable if the Dread Disease of the Life Insured resulted from:
 - a) Hostilities, active participation of the Life Insured in the acts of terror or riots;
 - b) Suicide attempted by the Life Insured, self-mutilation or mutilation at one's own request by the Life Insured, irrespective of their state of mind;
 - c) An illegal act with statutory characteristics of intentional crime committed by the Life Insured, which has been

established by a final court decision;

- d) Traffic Accident caused by the Life Insured in a state after alcohol consumption or in the state of alcohol intoxication, after the use of under the influence of drugs, intoxicating substances, psychotropic substances, alternative measures or new psychoactive substances within the meaning of the Polish Law against Substance Abuse (except for the substances taken under the direction of a qualified medical practitioner), which contributed to the Traffic Accident.
2. We are not liable for delays in service delivery resulting from strikes, civil unrest, acts of terrorism, acts of war, effects of radioactivity, epidemics, pandemics, as well as mobility restrictions imposed by decisions of administrative authorities and resulting from Force Majeure.

§ 7. SERVICE DELIVERY

1. Second medical Opinion is delivered through the Operating Center, accessible through a hotline number provided in the Certificate. The cost of connection with the hotline as per the pricelist of telecommunication services operator.
2. Upon the Insurable Event, we will arrange for and cover the cost of a Second Medical Opinion, including:
 - a) Providing the Life Insured with information about medical records required to issue a Second Medical Opinion;
 - b) Translation of the provided medical records into English;
 - c) Transmission of medical records to the Consultant using electronic means of communication that will enable the Consultant to read and review the records;
 - d) A Second Medical Opinion issued by the Consultant;
 - e) Translation of Second Medical Opinion issued by the Consultant into Polish;
 - f) Making the Second Medical Opinion available to the Life Insured.
3. To access a Second Medical Opinion, one should contact the Operating Center. While on the phone, the Life Insured should provide the following details:
 - a) Name and Surname of the Life Insured;
 - b) PESEL number of the Life Insured or, when no PESEL number assigned, the date of birth of the Life Insured;
 - c) Telephone number or e-mail address for contact with the Life Insured or the Designated Person.
4. The Operating Center will provide the Life Insured or the Designated Person with information on medical documentation required to issue the Second Medical Opinion.
5. In order to obtain a Second Medical Opinion in result of an International Medical Consultation, the Life Insured or the Designated Person must provide the medical documentation referred to in Section 4 hereinbefore to the Operating Center's e-mail address or on another permanent data carrier to the mailing address of the Operating Center, drawn up in Polish and signed by the attending physician of the Life Insured.
6. The Operating Center physician will verify the medical documentation received and make it ready for sending to the Consultant.
7. If, in the opinion of the Operating Center physician, the medical documentation received is incomplete, the Operating Center will contact the Life Insured or the Designated Person by telephone or e-mail to keep them informed about the missing documents.
8. Upon receipt of complete medical documentation, the Operating Center will inform the Life Insured or the Designated Person by telephone or e-mail that the required medical documentation is now complete and will proceed to arrange for the Second Medical Opinion.
9. The Operating Center shall send the Second Medical Opinion to the Life Insured or the Designated Person in the manner specified in Section 11 hereunder as soon as possible, but in any case, within 30 Business Days from the date of receipt of the complete medical documentation from the Life Insured or the Designated Person, referred to in Section 5 hereinbefore, subject to Section 10 hereunder.
10. In the event that in the opinion of the Consultant, issued on the basis of medical documentation referred to in Section 5

hereinbefore, received through the Operating Center, it is necessary to supplement the said documentation or to perform additional examinations on the Life Insured in order to issue the Second Medical Opinion, the Operating Center will promptly inform the Life Insured or the Designated Person to the point by telephone or e-mail.

11. The Operating Center shall send back the Second Medical Opinion to the e-mail address (in the form of encrypted files) from which the Life Insured or the Designated Person sent the medical documentation to the Operating Center. The Second Medical Opinion, at the request of the Life Insured, may also be sent to the mailing address provided by the Life Insured or the Designated Person.
12. The Life Insured is entitled to one Second Medical Opinion in respect of one Insurable Event referred to in § 4 of this Rider.
13. Upon the Insurable Event that meets the criteria of more than one Dread Disease set forth in § 3 hereinbefore, the scope of our liability is limited only and exclusively to one Dread Disease, i.e., one diagnosed disease or one surgical operation required.
14. We do not cover the costs associated with shipment and analysis of histopathological specimens.
15. We are not liable for the content of the Second Medical Opinion, including medical conclusions and recommendations resulting from the Second Medical Opinion.
16. The cost of Second Medical Opinion provided in accordance with SMO Rider Conditions is payable directly to the medical entities or facilities that deliver the services.

Background information for Group Insurance Rider Terms and Conditions in respect of Specialized Treatment of the Life Insured, extending the scope of coverage provided under the Group Life Insurance General Terms and Conditions

Type of information	Provision
1. Statutory requirements for the payment of insurance claim and other benefits or the cash value.	§ 1 Clause 2; § 4 in connection with § 2 and § 3; § 5 in connection with § 2 and § 3; § 7 Clause 1–2 and 5–6 in connection with § 2 and § 3.
2. Liability limitations and exclusions authorizing the Insurer not to pay the claims and other benefits or to reduce their value.	§ 1 Clause 2; § 5 in connection with § 2 and § 3; § 6 in connection with § 2 and § 3; § 7 Clause 3–4 in connection with § 2 and § 3.

GROUP INSURANCE RIDER TERMS AND CONDITIONS IN RESPECT OF SPECIALIZED TREATMENT OF THE LIFE INSURED

§ 1. GENERAL PROVISIONS

- The provisions of these Group Insurance Rider Terms and Conditions in respect of Specialized Treatment of the Life Insured, approved by way of Unum Management Board Resolution No. 3/08/2022 of August 9, 2022 and comes into effect as of September 15, 2022, (hereinafter referred to as the '**ST Rider Conditions**'), apply to the Rider extending the scope of insurance coverage provided pursuant to Group Life Insurance General Terms and Conditions (hereinafter referred to as the '**GTCs**').
- In the matters not provided for under these ST Rider Conditions, the provisions of the GTCs, the Policy and generally applicable laws and regulations shall apply.

§ 2. DEFINITIONS

- The terms used in these ST Rider Conditions shall be defined as per the GTCs, subject to Section 2 hereunder.
- For the purpose of the Rider executed on the basis of ST Rider Conditions, the following definitions are introduced:
 - Specialized Treatment** – a process associated with one of the therapeutic procedures referred to and defined in § 3 performed in connection with the medical treatment of the Life Insured, medically necessary to restore the normal function of a malfunctioning organ or system;
 - Date of the Event** – a date on which:
 - The first dose of a medication was administered – as applicable to Chemotherapy, Interferon Therapy, Antiviral Therapy;
 - The first dose of ionizing radiation was administered – as applicable to Radiation Therapy;
 - Implantation of cardioverter/defibrillator was carried out;
 - Ablation was carried out;
 - The first dialysis was carried out in the first-time Dialysis Therapy;
 - Surgery has been performed – as applicable to Gamma Knife and Cyber-Knife Treatment, Vertebroplasty, Cochlear Implantation.

§ 3. SPECIALIZED TREATMENT PROCEDURES APPLICABLE TO THE LIFE INSURED

- Ablation** – a cardiological procedure aimed at destroying or isolating the area of heart tissue that is responsible for causing heart rhythm disorders;
- Chemotherapy** – a systemic treatment of neoplasia with at least one anti-neoplastic drug from the L group of drugs according to the ATC;
- Dialysis Therapy** – a method of treatment for end-stage renal failure or acute kidney injury using hemodialysis or peritoneal dialysis;
- Gamma Knife and Cyber-Knife** – a method of treatment for the following non-cancerous diseases: trigeminal neuralgia, spontaneous tremor, vascular malformations;
- Antiviral Therapy** – treatment of chronic viral hepatitis B or C to inhibit HBV replication or to eliminate the HCV;
- Radiation Therapy** – treatment of neoplasia with ionizing radiation;
- Interferon Therapy** – parenteral administration of interferon as treatment for Multiple Sclerosis or chronic hepatitis B or C;
- Vertebroplasty** – a procedure used to treat lesions or traumatic injuries in the spine, involving the injection of a cementing substance into the vertebrae;
- Cochlear implantation** – a procedure performed to treat total bilateral deafness, partial deafness or profound hearing loss - hearing impairment
- Implantation of a cardioverter / defibrillator** – implantation of an electronic device with detection and defibrillation functions in the case of a serious arrhythmia of ventricular origin or sudden cardiac arrest episodes;
- Implantation of a Pacemaker (Cardio Stimulator)** – implantation of an electronic device designed to stimulate heart rate.;

§ 4. INSURABLE EVENT

- The Insurable Event covered under the Rider executed on the basis of ST Rider Conditions shall be defined as the Specialized

Treatment of the Life Insured, originating during the period of coverage of the Life Insured under the Rider executed on the basis of ST Rider Conditions. The effective date of the Specialized Treatment of the Life Insured shall be the date relevant for a procedure referred to in § 3, performed as part of this Specialized Treatment.

§ 5. EFFECTIVE TERM OF OUR LIABILITY

1. Our liability for the Life Insured comes into force as of the effective date of coverage of the Life Insured under the Rider executed on the basis of ST Rider Conditions, with the provision that within three months directly following the above-said date our liability is limited to the payment of Benefit equivalent to 10% of the Sum Insured in effect as of the Date of the Event (Waiting Period), as set forth in the Policy. The rules governing commencement and termination of our liability are set forth in the GTCs, unless stated otherwise in the Policy.
2. If the Sum Insured is upgraded during the term of our liability for the Life Insured under the Rider executed on the basis of ST Rider Conditions, our liability in respect of Specialized Treatment of the Life Insured shall be limited, in the first three months following the date of such an upgrade, to the Sum Insured in effect prior to the date of the upgrade (Waiting Period).

§ 6. LIMITATIONS AND EXCLUSIONS OF OUR LIABILITY

1. The Benefit under the Rider executed on the basis of ST Rider Conditions shall not be paid out if Specialized Treatment resulted from:
 - a) Hostilities, active participation of the Life Insured in the acts of terror or riots;
 - b) Suicide attempted by the Life Insured, self-mutilation or mutilation at one's own request by the Life Insured, irrespective of their state of mind;
 - c) Medical experiment or medical intervention performed on the Life Insured without supervision of a physician or other authorized personnel.
2. The Benefit under the Rider executed on the basis of ST Rider Conditions shall not be paid out if the referral for the Specialized Treatment had been issued in the period of two years prior to the effective date of coverage provided to the Life Insured under this Rider, or when the decision to have the treatment administered had been made two years prior to the above-said date, subject to Section 4 and Section 5 hereinafter.
3. The Benefit under the Rider executed on the basis of ST Rider Conditions shall not be paid out if a disease associated on a cause-and-effect basis to the procedure carried out as part of the Specialized Treatment was diagnosed with the Life Insured or in connection with which the diagnostics or treatment continued or was initiated with the Life Insured during the period of two years prior to the effective date of Unum coverage of the Life Insured under this Rider, subject to Section 4 and Section 5 hereinafter.
4. Upon the Insurable Event occurring after three years from the effective date of our coverage of the Life Insured under the Rider executed on the basis of ST Rider Conditions, the provisions of Section 2 and Section 3 hereinbefore shall not apply.
5. Provided that the following conditions are met, jointly:
 - a) Directly prior to enrollment in the Rider executed on the basis of ST Rider Conditions, the Life Insured was covered under the Previous Group Insurance Contract, and Specialized Treatment of the Life Insured was included in their scope of coverage;
 - b) The coverage provided to the Life Insured under the Previous Group Insurance Contract had been terminated on the eve of enrollment in this Rider;
 - c) The Policyholder has provided us with information about the scope of coverage provided to the Life Insured together with the sums insured and confirmation of termination of the Previous Group Insurance Contract,
 the provisions of Section 2 and Section 3 hereinbefore shall not apply.

§ 7. BENEFIT PAYMENT

1. Benefit payment rules and criteria are regulated in § 16 of the GTCs, subject to the provisions of this paragraph.
2. Upon the Insurable Event referred to in § 4, we will pay to the Life

Insured the Benefit under the Rider executed on the basis of ST Rider Conditions equivalent to the Sum Insured in force as of the date of the Event, set forth in the Policy, subject to § 5.

3. Following the Insurable Event, the scope of insurance coverage under the Rider executed on the basis of ST Rider Conditions shall be reduced in accordance with the procedure carried out as part of the Specialized Treatment of the Life Insured, in respect of which the Benefit had been paid to the Life Insured, and in accordance with those Specialized Treatment procedures which are related to that procedure on a cause-and-effect basis, subject to Section 4 hereinafter.
4. Should another Insurable Event take place, the title to the Benefit shall not be granted to the Life Insured if the subsequent Specialized Treatment procedure carried out on the Life Insured is related to the same disease or to the same accident in connection with which the Life Insured had already received the Benefit and one of the procedures referred to in § 3 hereinbefore.
5. The Benefit will be paid out once we receive and approve the complete set of documents required for the determination of our liability pursuant to ST Rider Conditions.
6. We will determine the right to the Benefit under the Rider executed on the basis of ST Rider Conditions based on:
 - a) Properly completed Claim Form;
 - b) Duplicate copy of ID document of the Life Insured;
 - c) Duplicate copy of medical records testifying to the Insurable Event;
 - d) Other records required to determine legitimacy of the claim – upon our request.

Background information for Group Insurance Rider Terms and Conditions in respect of Oncological Disease of the Life Insured, extending the scope of coverage provided under the Group Life Insurance General Terms and Conditions

Type of information	Provision
1. Statutory requirements for the payment of insurance claim and other benefits or the cash value.	§ 1 Clause 2; § 3 in connection with § 2; § 4 in connection with § 2; § 6 Clause 1–3 and Clause 6–7 in connection with § 2; § 7 Clause 1–8 in connection with § 2.
2. Liability limitations and exclusions authorizing the Insurer not to pay the claims and other benefits or to reduce their value.	§ 1 Clause 2; § 4 in connection with § 2; § 5 in connection with § 2; § 6 Clause 4–5 in connection with § 2; § 7 Clause 9 in connection with § 2.

GROUP INSURANCE RIDER TERMS AND CONDITIONS IN RESPECT OF ONCOLOGICAL DISEASE OF THE LIFE INSURED

§ 1. GENERAL PROVISIONS

- The provisions of these Group Insurance Rider Terms and Conditions in respect of Oncological Disease of the Life Insured, approved by way of Unum Management Board Resolution No. 3/08/2022 of August 9, 2022 and comes into effect as of September 15, 2022, (hereinafter referred to as the '**OD Rider Conditions**'), apply to the Rider extending the scope of insurance coverage provided pursuant to Group Life Insurance General Terms and Conditions (hereinafter referred to as the '**GTCs**').
- In the matters not provided for under these OD Rider Conditions, the provisions of the GTCs, the Policy and generally applicable laws and regulations shall apply.

§ 2. DEFINITIONS

- The terms used in these OD Rider Conditions shall be defined as per the GTCs, subject to Section 2 hereunder.
- For the purpose of the Rider executed on the basis of OD Rider Conditions, the following definitions are introduced:
 - Operating Center** - an entity that works with us to organize and deliver medical and assistance services;
 - Oncological Disease** - Malignant Tumor or Low Malignant Potential (LMP) Tumor;
 - Malignant Tumor** - presence of one or more malignant tumors characterized by uncontrolled growth, spread of malignant cells, and invasion and destruction of normal tissue, including leukemia, lymphatic system tumors and Hodgkin's Disease. For the Benefit to be due, the presence of Malignant Tumor must be evidenced in a histopathology test result. The following malignant tumors are excluded from coverage:
 - Tumors described as carcinoma in situ (including cervical dysplasia CIN-1, CIN-2, CIN-3), or those histologically

described as pre-invasive;

- Any skin neoplasia, unless there is evidence of metastases to other organs or unless the tumor is a malignant melanoma more than 1.5 mm thick according to histological examination or categorized as above invasive class 3 according to Clark's classification;
- Kaposi's sarcoma and other tumors connected with HIV or AIDS;
- Prostate cancer stage below T2N0M0 or Gleason score below 7;
- Papillary micro-carcinoma of the thyroid histologically described as microcarcinoma

With regard to the Malignant Tumor, the date of the diagnosis shall be defined as the date of histological test specimen collection.

- LMP Tumor** - early-stage cancer whose stage or low degree of malignancy give rise to a good prognosis and which requires specialized oncological treatment: surgical treatment or radiotherapy, or chemotherapy. The following are included in insurance coverage:
 - Precancerous lesion with cervical dysplasia CIN-3, which requires surgery;
 - Borderline ovarian cancer requiring chemotherapy or surgery;
 - Myeloproliferative, myelodysplastic, myeloproliferative-dysplastic syndrome requiring hematological treatment;
 - Papillary micro-carcinoma of the thyroid histologically described as microcarcinoma, requiring surgery;
 - Any LMP or borderline tumor according to histopathology report, requiring surgery or chemotherapy/radiotherapy. LPM Tumor must be evidenced in histopathology report.

With regard to LPM Tumor, the date of the diagnosis shall be defined as the date of histological test specimen collection;

- e) **Force Majeure** – an external, unforeseeable and unpreventable event that precludes or delays service delivery by the Operating Center;
- f) **Medical Services** – service including diagnostic tests and medical consultations due to the Life Insured in case of suspected Oncological Disease.

§ 3. INSURABLE EVENT

1. The Insurable Event covered under the Rider executed on the basis of OD Rider Conditions is defined as Oncological Disease diagnosed with the Life Insured during the effective term of our liability under this Rider, i.e.:
 - a) Malignant Tumor;
 - b) Low Malignant Potential (LMP) Tumor.
 Oncological Disease diagnosis must be confirmed with medical records to evidence the diagnostic and therapeutic processes
2. The scope of coverage under this Rider may be enhanced with Medical Services in case of suspected oncological disease, as set out in the Policy.

§ 4. EFFECTIVE TERM OF OUR LIABILITY

1. Our liability for the Life Insured comes into force as of the effective date of coverage of the Life Insured under the Rider executed on the basis of OD Rider Conditions, with the provision that within three months directly following the above-said date our liability is limited to the payment of Benefit equivalent to 10% of the Sum Insured in effect as of the date of Malignant Tumor or Low Malignant Potential (LMP) Tumor diagnosis, as set forth in the Policy (Waiting Period). In the event that the scope of coverage is enhanced as per § 3 Section 2, our liability in respect of the enhanced scope of coverage comes into force as of the effective date of coverage of the Life Insured applicable to the above-said scope of coverage. The rules governing commencement and termination of our liability are set forth in the GTCs, unless stated otherwise in the Policy.
2. If the Sum Insured is upgraded during the term of our liability for the Life Insured under the Rider executed on the basis of OD Rider Conditions, our liability in respect of Oncological Disease Diagnosis of the Life Insured shall be limited, in the first three months following the date of such an upgrade, to the Sum Insured in effect prior to the date of the upgrade (Waiting Period).

§ 5. LIMITATIONS AND EXCLUSIONS OF OUR LIABILITY

1. The Benefit under the Rider executed on the basis of OD Rider Conditions shall not be paid out if Oncological Disease was caused directly by a disease resulting from the HIV infection.
2. The Benefit under the Rider executed on the basis of OD Rider Conditions shall not be paid out if the diagnostics or treatment for Oncological Disease continued or was initiated with the Life Insured during the period of two years prior to the effective date of Unum coverage of the Life Insured under the Rider executed on the basis of OD Rider Conditions, subject to Section 4 and Section 5 hereinafter.
3. The Benefit under the Rider executed on the basis of CD Rider Conditions shall not be paid out if the Oncological Disease is associated by cause-and-effect to a disease diagnosed with the Life Insured or in connection with which the diagnostics or treatment continued or was initiated with the Life Insured during the period of two years prior to the effective date of our coverage for the Life Insured under the Rider executed on the basis of OD Rider Conditions, subject to Section 4 and Section 5 hereinafter.
4. If the Insurable Event occurs after three years from the effective date of our coverage of the Life Insured under the Rider executed on the basis of OD Rider Conditions, the provisions of Section 2 and Section 3 hereinbefore shall not apply.
5. Provided that the following conditions are met, jointly:
 - a) Directly prior to enrollment in the Rider executed on the basis of OD Rider Conditions, the Life Insured was covered under the Previous Group Insurance Contract, and malignant tumor diagnosis or LMP tumor diagnosis was included in their scope of coverage;
 - b) The coverage provided to the Life Insured under the Previous Group Insurance Contract had been terminated on the

eve of enrollment in this Rider;

- c) The Policyholder has provided us with information about the scope of coverage provided to the Life Insured together with the sums insured and confirmation of termination of the Previous Group Insurance Contract,
- the provisions of Section 2 and Section 3 hereinbefore shall not apply.
6. We are not liable for delays in the performance of Medical and Assistance Services or for non-performance or ill performance of Medical Services resulting from strikes, civil unrest, acts of terrorism, acts of war, effects of radioactivity, epidemics, pandemics, as well as mobility restrictions imposed by decisions of administrative authorities and resulting from Force Majeure.

§ 6. BENEFIT PAYMENT

1. Benefit payment rules and criteria are regulated in § 16 of the GTCs, subject to the provisions of this paragraph.
2. Subject to the provisions of § 4, upon the Insurable Event referred to in § 3 we shall pay to the Life Insured the Benefit under the Rider executed on the basis of OD Rider Conditions in the amount determined as follows:
 - a) In the case of a Malignant Tumor – we will pay to the Life Insured the Benefit equivalent to 100% of the Sum Insured for Oncological Disease set forth in the Policy in effect as of the date of Malignant Tumor diagnosis,
 - b) In the case of an LMP Tumor – we will pay to the Life Insured the Benefit equivalent to 10% of the Sum Insured for Oncological Disease set forth in the Policy in effect as of the date of LMP Tumor diagnosis.
3. Payment of the Benefit pursuant to Section 2 hereinbefore does not result in expiry of insurance coverage of the Life Insured under the Rider executed on the basis of CD Rider Conditions, provided that the Life Insured continues to be covered under the Basic Contract, subject to Section 4 hereinafter.
4. Following the Insurable Event and the payment of Oncological Disease Benefit, we shall not be liable and shall not pay the Benefit upon a diagnosis with the Life Insured of Oncological Disease (a health condition) for which the Benefit had been paid out already to the Life Insured, and upon a diagnosis with the Life Insured of Oncological Disease (a health condition) related on a cause-and-effect basis to the Oncological Disease (a health condition) in respect of which the Benefit had been paid to the Life Insured, subject to Section 5 hereinafter.
5. The provisions set forth in Section 4 hereinbefore shall not apply if the Oncological Disease diagnosed with the Life Insured as an LMP Tumor, in respect of which the Benefit had been paid to the Life Insured, should progress in stage and meet the Malignant Tumor definition. Under such circumstances, the total amount of the Benefits paid to the Life Insured in respect of the above-said LMP Tumor amount and the above-said Malignant Tumor shall not be greater than 100% of the Sum Insured in respect of Oncological Disease, set out in the Policy.
6. The Benefit will be paid out once we receive and approve the complete set of documents required for the determination of our liability pursuant to OD Rider Conditions.
7. We will determine the right to the Benefit under the Rider executed on the basis of OD Rider Conditions based on:
 - a) Properly completed Claim Form;
 - b) Duplicate copy of ID document of the Life Insured;
 - c) Duplicate copy of medical records of the Life Insured (e.g., medical records related to Oncological Disease diagnostics and treatment);
 - d) Other records required to determine legitimacy of the claim – upon our request.

§ 7. DELIVERY OF MEDICAL SERVICES

1. Medical services are provided through the Operating Center, accessible through a hotline number provided in the Certificate. The cost of connection with the hotline as per the pricelist of telecommunication services operator.
2. If the Life Insured is suspected of Oncological Disease diagnosis during the term of our liability under the Rider executed on the basis of OD Rider Conditions, and provided that the scope of coverage has been enhanced with Medical Services referred to in § 3 Section 2, we will arrange for and cover the cost of Medical

Services connected with suspected Oncological Disease diagnosis of the Life Insured, including:

Type of Medical Service	Limit per one Insurable Event
1. Consultation with an oncologist	7 visits
2. Consultation with a psychologist	4 visits
3. PET examination	1 test - on the basis of a medical referral issued by the attending physician
4. Diagnostic tests and examinations: a) X-RAY b) Mammography c) Computed Tomography d) Magnetic Resonance Imaging e) Scintigraphy f) Endoscopic examination g) Examination of tumor markers h) Biopsy of the lesion i) Cytology j) Histopathological examination k) Laboratory tests, including: 1) Urinalysis 2) Amylase 3) CRP, quantitative 4) ESR 5) Urea 6) HBs antibodies 7) CBC 8) TSH 9) HCV antibodies 10) APTT 11) Creatinine 12) Total IgE 13) PT 14) Uric acid 15) Markers: CA 125, PSA, CA 72-4, AFP, CEA, Beta-HCG, CA 15-3, CA 19-9, calcitonin, Beta-2-microglobulin, NSE, Digit 21 16) Fibrinogen 17) Protein electrophoresis 18) Glucose 19) Ferritin 20) Electrolytes (sodium and potassium) 21) Total calcium 22) Lipid panel 23) Inorganic phosphorus 24) Liver tests 25) Magnesium	Under the limit of PLN 3000 for all diagnostic tests - on the basis of a medical referral issued by the attending physician

information referred to in Section 5 hereinbefore in the case of CT and MRI scans;

- c) Within 15 Business Days from the date of provision of the information referred to in Section 5 hereinbefore in the case of a PET scan; unless a later date is indicated by the Life Insured.
7. If our liability for the requested Medical Service is not acknowledged, the Operating Center will contact the Life Insured within 3 Business Days, at the maximum, from the receipt of the medical documents specified by the Operating Center, to inform the Life Insured about the negative decision and explain why the Medical Service is undue.
8. The cost of medical services provided in accordance with OD Conditions is payable directly to the medical entities or facilities that deliver the service.
9. Our liability does not cover medical services deliverable outside the territory of the Republic of Poland.

3. To access Medical Services, one should contact the Operating Center. While on the phone, the Life Insured should provide the following details:
 - a) Name and Surname of the Life Insured;
 - b) PESEL number of the Life Insured or, when no PESEL number assigned, the date of birth of the Life Insured;
 - c) Telephone number or e-mail address for contact with the Life Insured;
 - d) Type of requested assistance.
4. To be able to use Medical Services, medical documentation of Insurable Event specified by the Operating Center must be sent to the Operating Center in a manner pre-agreed by the parties.
5. On the basis of medical documentation provided by the Life Insured, the physician working at the Operating Center will communicate with the Life Insured within 3 Business Days, at the maximum, counting from the day of receipt of medical documentation, to inform the Life Insured whether the event represents an Insurable Event that entitles the Life Insured to the Medical Service requested by the Life Insured.
6. Service delivery waiting time is as follows:
 - a) Within 5 Business Days from the date of provision of the information referred to in Section 5 hereinbefore in the case of medical consultation with an oncologist or a psychologist and diagnostic tests, except for the tests referred to in Clause b) hereunder;
 - b) Within 10 Business Days from the date of provision of the

Background information for Group Insurance Rider Terms and Conditions in respect of Specialized Oncological Treatment of the Life Insured, extending the scope of coverage provided under the Group Life Insurance General Terms and Conditions

Type of information	Provision
1. Statutory requirements for the payment of insurance claim and other benefits or the cash value.	§ 1 Clause 2; § 4 in connection with § 2 and § 3; § 5 in connection with § 2 and § 3; § 7 Clause 1–2 and 5–6 in connection with § 2 and § 3.
2. Liability limitations and exclusions authorizing the Insurer not to pay the claims and other benefits or to reduce their value.	§ 1 Clause 2; § 5 in connection with § 2 and § 3; § 6 in connection with § 2 and § 3; § 7 Clause 3–4 in connection with § 2 and § 3.

GROUP INSURANCE RIDER TERMS AND CONDITIONS IN RESPECT OF SPECIALIZED ONCOLOGICAL TREATMENT OF THE LIFE INSURED

§ 1. GENERAL PROVISIONS

- The provisions of these Group Insurance Rider Terms and Conditions in respect of Specialized Oncological Treatment of the Life Insured, approved by way of Unum Management Board Resolution No. 3/08/2022 of August 9, 2022 and comes into effect as of September 15, 2022, (hereinafter referred to as the '**SOT Rider Conditions**'), apply to the Rider extending the scope of insurance coverage provided pursuant to Group Life Insurance General Terms and Conditions (hereinafter referred to as the '**GTCs**').
- In the matters not provided for under these SOT Rider Conditions, the provisions of the GTCs, the Policy and generally applicable laws and regulations shall apply.

§ 2. DEFINITIONS

- The terms used in these SOT Rider Conditions shall be defined as per the GTCs, subject to Section 2 hereunder.
- For the purpose of the Rider executed on the basis of SOT Rider Conditions, the following definitions are introduced:
 - Date of the Event** – Date on which:
 - The first dose of medication was administered – as applicable to Chemotherapy, Hormonotherapy and Targeted Therapy;
 - The first dose of ionizing radiation was administered – as applicable to Radiation Therapy;
 - Therapeutic procedure was initiated **Date of the Event** – as applicable to Immunotherapy.
 - Specialized Oncological Treatment** – a process associated with one of the therapeutic procedures referred to and defined in § 3 in connection with the medical treatment of the Life Insured, medically necessary to restore the normal function of a malfunctioning organ or system.

§ 3. SPECIALIZED ONCOLOGICAL TREATMENT PROCEDURES FOR THE LIFE INSURED

- Chemotherapy** – a systemic treatment of cancer with at least one anti-neoplastic drug from the L group of drugs according to the ATC;

- Immunotherapy** – any cancer treatment method based on the immune system;
- Hormonotherapy** – pharmacological method of cancer treatment involving the hormones that inhibit disease progression;
- Radiation Therapy** – cancer treatment based on ionizing radiation;
- Targeted Therapy** – personalized method of cancer treatment involving the therapeutic agent targeting abnormal cancer cells without affecting healthy tissue

§ 4. INSURABLE EVENT

- The Insurable Event covered under the Rider executed on the basis of SOT Rider Conditions shall be defined as Specialized Oncological Treatment of the Life Insured, originating during the period of coverage of the Life Insured under the Rider executed on the basis of SOT Rider Conditions. The effective date of the Specialized Oncological Treatment of the Life Insured shall be the date relevant for a procedure referred to in § 3, performed as part of this Specialized Oncological Treatment.

§ 5. EFFECTIVE TERM OF OUR LIABILITY

- Our liability for the Life Insured comes into force as of the effective date of coverage of the Life Insured under the Rider executed on the basis of SOT Rider Conditions, with the provision that within three months directly following the above-said date our liability is limited to the payment of Benefit equivalent to 10% of the Sum Insured in effect as of the Date of the Event (Waiting Period), as set forth in the Policy. The rules governing commencement and termination of our liability are set forth in the GTCs, unless stated otherwise in the Policy
- If the Sum Insured is upgraded during the term of our liability for the Life Insured under the Rider executed on the basis of SOT Rider Conditions, our liability in respect of Specialized Oncological Treatment of the Life Insured shall be limited, in the first three months following the date of such an upgrade, to the Sum Insured in effect prior to the date of the upgrade (Waiting Period).

§ 6. LIMITATIONS AND EXCLUSIONS OF OUR LIABILITY

1. The Benefit under the Rider executed on the basis of SOT Rider Conditions shall not be paid out if the Oncological Disease resulting in Specialized Oncological Treatment of the Life Insured resulted from a medical experiment or medical intervention performed on the Life Insured without supervision of a physician or other authorized personnel.
2. The Benefit under the Rider executed on the basis of SOT Rider Conditions shall not be paid out if the referral for the Specialized Oncological Treatment had been issued in the period of two years prior to the effective date of coverage provided to the Life Insured under this Rider, or when the decision to have the treatment administered had been made two years prior to the above-said date, subject to Section 4 and Section 5 hereinafter.
3. The Benefit under the Rider executed on the basis of SOT Rider Conditions shall not be paid out if a disease associated on a cause-and-effect basis to the procedure carried out as part of the Specialized Oncological Treatment was diagnosed with the Life Insured or in connection with which the diagnostics or treatment continued or was initiated with the Life Insured during the period of two years prior to the effective date of our coverage for the Life Insured under this Rider, subject to Section 4 and Section 5 hereinafter.
4. Upon the Insurable Event occurring after three years from the effective date of our coverage of the Life Insured under the Rider executed on the basis of SOT Rider Conditions, the provisions of Section 2 and Section 3 hereinbefore shall not apply.
5. Provided that the following conditions are met, jointly:
 - a) Directly prior to enrollment in the Rider executed on the basis of SOT Rider Conditions, the Life Insured was covered under the Previous Group Insurance Contract, and Specialized Oncological Treatment of the Life Insured was included in their scope of coverage;
 - b) The coverage provided to the Life Insured under the Previous Group Insurance Contract had been terminated on the eve of enrollment in this Rider;
 - c) The Policyholder has provided us with information about the scope of coverage provided to the Life Insured together with the sums insured and confirmation of termination of the Previous Group Insurance Contract,the provisions of Section 2 and Section 3 hereinbefore shall not apply.

§ 7. BENEFIT PAYMENT

1. Benefit payment rules and criteria are regulated in § 16 of the GTCs, subject to the provisions of this paragraph.
2. Upon the Insurable Event referred to in § 4, we will pay to the Life Insured the Benefit under the Rider executed on the basis of SOT Rider Conditions equivalent to the Sum Insured in force as of the date of the Event, set forth in the Policy, subject to § 5.
3. Following the Insurable Event, the scope of insurance coverage under the Rider executed on the basis of SOT Rider Conditions shall be reduced in accordance with the procedure carried out as part of the Specialized Oncological Treatment of the Life Insured, in respect of which the Benefit had been paid to the Life Insured, and in accordance with those Specialized Oncological Treatment procedures which are related to that procedure on a cause-and-effect basis, subject to Section 4 hereinafter.
4. Should another Insurable Event take place, the title to the Benefit shall not be granted to the Life Insured if the subsequent Specialized Oncological Treatment procedure carried out on the Life Insured is related to the same disease in connection with which the Life Insured had already received the Benefit and one of the procedures referred to in § 3 hereinbefore.
5. The Benefit will be paid out once we receive and approve the complete set of documents required for the determination of our liability pursuant to SOT Rider Conditions.
6. We will determine the right to the Benefit under the Rider executed on the basis of SOT Rider Conditions based on:
 - a) Properly completed Claim Form;
 - b) Duplicate copy of ID document of the Life Insured;
 - c) Duplicate copy of medical records testifying to the Insurable Event;
 - d) Other records required to determine legitimacy of the claim – upon our request.

Background information for Group Insurance Rider Terms and Conditions in respect of Second Oncological Opinion, extending the scope of coverage provided under the Group Life Insurance General Terms and Conditions

Type of information	Provision
1. Statutory requirements for the payment of insurance claim and other benefits or the cash value.	§ 1 Clause 2; § 3 in connection with § 2; § 4 in connection with § 2; § 6 Clause 1–11 and Clause 16 in connection with § 2.
2. Liability limitations and exclusions authorizing the Insurer not to pay the claims and other benefits or to reduce their value.	§ 1 Clause 2; § 5 in connection with § 2; § 6 Clause 12–15 in connection with § 2.

GROUP INSURANCE RIDER TERMS AND CONDITIONS IN RESPECT OF A SECOND ONCOLOGICAL OPINION

§ 1. GENERAL PROVISIONS

- The provisions of these Group Insurance Rider Terms and Conditions in respect of a Second Oncological Opinion, approved by way of Unum Management Board Resolution No. 3/08/2022 of August 9, 2022 and comes into effect as of September 15, 2022, (hereinafter referred to as the 'SOO Rider Conditions'), apply to the Rider extending the scope of insurance coverage provided pursuant to Group Life Insurance General Terms and Conditions (hereinafter referred to as the 'GTCs').
- In the matters not provided for under these SOO Rider Conditions, the provisions of the GTCs, the Policy and generally applicable laws and regulations shall apply.

§ 2. DEFINITIONS

- The terms used in these SOO Rider Conditions shall be defined as per the GTCs, subject to Section 2 hereunder.
- For the purpose of the Rider executed on the basis of SOO Rider Conditions, the following definitions are introduced:
 - Operating Center** – an entity that works with us to organize and deliver medical and assistance services;
 - Oncological Disease** – Malignant Tumor or Low Malignant Potential (LMP) Tumor;
 - Consultant** – a medical facility operating outside the territory of the Republic of Poland, designated by the Operating Center to assist with an International Medical Consultation, authorized to provide a Second Oncological Opinion;
 - Designated Person** – a person designated by the Life Insured as authorized to receive and provide the Operating Center with medical records of the Life Insured;
 - Malignant Tumor** – presence of one or more malignant tumors characterized by uncontrolled growth, spread of malignant cells, and invasion and destruction of normal tissue, including leukemia, lymphatic system tumors and Hodgkin's Disease. For the Benefit to be due, the presence of Malignant Tumor must be evidenced in a histopathology test result. The following malignant tumors are excluded from coverage:
 - Tumors described as carcinoma in situ (including cervical dysplasia CIN-1, CIN-2, CIN-3), or those histologically

described as pre-invasive;

- Any skin neoplasia, unless there is evidence of metastases to other organs or unless the tumor is a malignant melanoma more than 1.5 mm thick according to histological examination or categorized as above invasive class 3 according to Clark's classification;
- Kaposi's sarcoma and other tumors connected with HIV or AIDS;
- Prostate cancer stage below T2N0M0 or Gleason score below 7;
- Papillary micro-carcinoma of the thyroid histologically described as microcarcinoma.

With regard to the Malignant Tumor, the date of the diagnosis shall be defined as the date of histological test specimen collection;

- LMP Tumor** – early-stage cancer whose stage or low degree of malignancy give rise to a good prognosis and which requires specialized oncological treatment: surgical treatment or radiotherapy, or chemotherapy. The following are included in insurance coverage:
 - Precancerous lesion with cervical dysplasia CIN-3, which requires surgery;
 - Borderline ovarian cancer requiring chemotherapy or surgery;
 - Myeloproliferative, myelodysplastic, myeloproliferative-dysplastic syndrome requiring hematological treatment;
 - Papillary micro-carcinoma of the thyroid histologically described as microcarcinoma, requiring surgery;
 - Any LMP or borderline tumor according to histopathology report, requiring surgery or chemotherapy/radiotherapy. LPM Tumor must be evidenced in histopathology report. With regard to LPM Tumor, the date of the diagnosis shall be defined as the date of histological test specimen collection;
- Second Oncological Opinion** – an opinion of a Consultant resulting from an International Medical Consultation, delivered in writing or by means of electronic communication to the Life Insured or the Designated Person, issued in connection with Oncological Disease Diagnosis of the Life Insured;

- h) **Force Majeure** – an external, unforeseeable and unpreventable event that precludes or delays service delivery by the Operating Center;

§ 3. INSURABLE EVENT

- 1. The Insurable Event covered under the Rider executed on the basis of SOO Rider Conditions is defined as the Oncological Disease diagnosed with the Life Insured during the term of our liability under this Rider, i.e.:
 - a) Malignant Tumor;
 - b) Low Malignant Potential (LMP) Tumor.

§ 4. EFFECTIVE TERM OF OUR LIABILITY

- 1. Our liability for the Life Insured comes into force as of the effective date of coverage of the Life Insured under the Rider executed on the basis of SOO Rider Conditions. The rules governing commencement and termination of our liability are set forth in the GTCs, unless stated otherwise in the Policy.

§ 5. LIMITATIONS AND EXCLUSIONS OF OUR LIABILITY

- 1. We are not liable for delays in service delivery resulting from strikes, civil unrest, acts of terrorism, acts of war, effects of radioactivity, epidemics, pandemics, as well as mobility restrictions imposed by decisions of administrative authorities and resulting from Force Majeure.

§ 6. SERVICE DELIVERY

- 1. Second Oncological Opinion is delivered through the Operating Center, accessible through a hotline number provided in the Certificate. The cost of connection with the hotline as per the pricelist of telecommunication services operator.
- 2. Upon the Insurable Event, we will arrange for and cover the cost of a Second Oncological Opinion, including:
 - a) Providing the Life Insured with information about medical records required to issue a Second Oncological Opinion;
 - b) Translation of the provided medical records into English;
 - c) Transmission of medical records to the Consultant using electronic means of communication that will enable the Consultant to read and review the records;
 - d) Translation of Second Medical Oncological issued by the Consultant into Polish;
 - e) Making the Second Oncological Opinion available to the Life Insured.
- 3. To access a Second Oncological Opinion, one should contact the Operating Center. While on the phone, the Life Insured should provide the following details:
 - a) Name and Surname of the Life Insured;
 - b) PESEL number of the Life Insured or, when no PESEL number assigned, the date of birth of the Life Insured;
 - c) Telephone number or e-mail address for contact with the Life Insured or the Designated Person.
- 4. The Operating Center will provide the Life Insured or the Designated Person with information on medical documentation required to issue the Second Oncological Opinion.
- 5. In order to obtain a Second Oncological Opinion in result of an International Medical Consultation, the Life Insured or the Designated Person must provide the medical documentation referred to in Section 4 hereinbefore to the Operating Center's e-mail address or on another permanent data carrier to the mailing address of the Operating Center, drawn up in Polish and signed by the attending physician of the Life Insured.
- 6. The Operating Center physician will verify the medical documentation received and make it ready for sending to the Consultant.
- 7. If, in the opinion of the Operating Center physician, the medical documentation received is incomplete, the Operating Center will contact the Life Insured or the Designated Person by telephone or e-mail to keep them informed about the missing documents.
- 8. Upon receipt of complete medical documentation, the Operating Center will inform the Life Insured or the Designated Person by telephone or e-mail that the required medical documentation is now complete and will proceed to arrange for the Second Oncological Opinion.
- 9. The Operating Center shall send the Second Oncological Opinion to the Life Insured or the Designated Person in the manner specified in Section 11 hereunder as soon as possible, but in any

case, within 30 Business Days from the date of receipt of the complete medical documentation from the Life Insured or the Designated Person, referred to in Section 5 hereinbefore, subject to Section 10 hereunder.

- 10. In the event that in the opinion of the Consultant, issued on the basis of medical documentation referred to in Section 5 hereinbefore, received through the Operating Center, it is necessary to supplement the said documentation or to perform additional examinations on the Life Insured in order to issue the Second Oncological Opinion, the Operating Center will promptly inform the Life Insured or the Designated Person to the point by telephone or e-mail.
- 11. The Operating Center shall send back the Second Oncological Opinion to the e-mail address (in the form of encrypted files) from which the Life Insured or the Designated Person sent the medical documentation to the Operating Center. The Second Oncological Opinion, at the request of the Life Insured, may also be sent to the mailing address provided by the Life Insured or the Designated Person.
- 12. The Life Insured is entitled to one Second Oncological Opinion in respect of one Insurable Event referred to in § 3 of this Rider.
- 13. Following the Insurable Event and the issuance of a Second Oncological Opinion in connection with that Insurable Event, we shall not be liable if the Life Insured is diagnosed with Malignant Tumor or Low Malignancy Potential Tumor (a health condition) for which the Second Oncological Opinion had already been issued for the Life Insured, or if the Life Insured is diagnosed with Malignant Tumor or Low Malignancy Potential Tumor (a health condition) related on a cause-and-effect basis to Malignant Tumor or Low Malignancy Potential Tumor (a health condition) in respect of which the Second Oncological Opinion had already been issued for the Life Insured.
- 14. We do not cover the costs associated with shipment and analysis of histopathological specimens.
- 15. We are not liable for the content of the Second Oncological Opinion, including medical conclusions and recommendations resulting from the Second Oncological Opinion.
- 16. The cost of Second Oncological Opinion provided in accordance with SOO Rider Conditions is payable directly to the medical entities or facilities that deliver the services.

Background information for Group Insurance Rider Terms and Conditions in respect of Oncological Medical and Assistance Services, extending the scope of coverage provided under the Group Life Insurance General Terms and Conditions

Type of information	Provision
1. Statutory requirements for the payment of insurance claim and other benefits or the cash value.	§ 1 Clause 2; § 3 in connection with § 2; § 4 in connection with § 2; § 5 in connection with § 2; § 7 Clause 1–3 and Clause 5–9 in connection with § 2.
2. Liability limitations and exclusions authorizing the Insurer not to pay the claims and other benefits or to reduce their value.	§ 1 Clause 2; § 6 in connection with § 2; § 7 Clause 4 and Clause 10 in connection with § 2.

GROUP INSURANCE RIDER TERMS AND CONDITIONS IN RESPECT OF ONCOLOGICAL MEDICAL AND ASSISTANCE SERVICES

§ 1. GENERAL PROVISIONS

- The provisions of these Group Insurance Rider Terms and Conditions in respect of Oncological Medical and Assistance Services, approved by way of Unum Management Board Resolution No. 3/08/2022 of August 9, 2022 and comes into effect as of September 15, 2022, (hereinafter referred to as the '**OA Rider Conditions**'), apply to the Rider extending the scope of insurance coverage provided pursuant to Group Life Insurance General Terms and Conditions (hereinafter referred to as the '**GTCs**').
- In the matters not provided for under these OA Rider Conditions, the provisions of the GTCs, the Policy and generally applicable laws and regulations shall apply.

§ 2. DEFINITIONS

- The terms used in these OA Rider Conditions shall be defined as per the GTCs, subject to Section 2 hereunder.
- For the purpose of the Rider executed on the basis of OA Rider Conditions, the following definitions are introduced:
 - Operating Center** – an entity that works with us to organize and deliver medical and assistance services;
 - Oncological Disease** – Malignant Tumor or Low Malignant Potential (LMP) Tumor;
 - Malignant Tumor** – presence of one or more malignant tumors characterized by uncontrolled growth, spread of malignant cells, and invasion and destruction of normal tissue, including leukemia, lymphatic system tumors and Hodgkin's Disease. For the Benefit to be due, the presence of Malignant Tumor must be evidenced in a histopathology test result.
The following malignant tumors are excluded from coverage:
 - Tumors described as carcinoma in situ (including cervical dysplasia CIN-1, CIN-2, CIN-3), or those histologically described as pre-invasive;
 - Any skin neoplasia, unless there is evidence of

metastases to other organs or unless the tumor is a malignant melanoma more than 1.5 mm thick according to histological examination or categorized as above invasive class 3 according to Clark's classification;

- Kaposi's sarcoma and other tumors connected with HIV or AIDS;
- Prostate cancer stage below T2N0M0 or Gleason score below 7;
- Papillary micro-carcinoma of the thyroid histologically described as microcarcinoma.

With regard to the Malignant Tumor, the date of the diagnosis shall be defined as the date of histological test specimen collection;

- LMP Tumor** – early-stage cancer whose stage or low degree of malignancy give rise to a good prognosis and which requires specialized oncological treatment: surgical treatment or radiotherapy, or chemotherapy.

The following are included in insurance coverage:

- Precancerous lesion with cervical dysplasia CIN-3, which requires surgery;
- Borderline ovarian cancer requiring chemotherapy or surgery;
- Myeloproliferative, myelodysplastic, myeloproliferative-dysplastic syndrome requiring hematological treatment;
- Papillary micro-carcinoma of the thyroid histologically described as microcarcinoma, requiring surgery or chemotherapy/radiotherapy.

LPM Tumor must be evidenced in histopathology report.

With regard to LPM Tumor, the date of the diagnosis shall be defined as the date of histological test specimen collection;

- Force Majeure** – an external, unforeseeable and unpreventable event that precludes or delays service delivery by the Operating Center.

§ 3. INSURABLE EVENT

1. The Insurable Event covered under the Rider executed on the basis of OA Rider Conditions is defined as the Oncological Disease diagnosed with the Life Insured during the term of our liability under this Rider, i.e.:
 - a) Malignant Tumor;
 - b) Low Malignant Potential (LMP) Tumor.

§ 4. EFFECTIVE TERM OF OUR LIABILITY

1. Our liability for the Life Insured comes into force as of the effective date of coverage of the Life Insured under the Rider executed on the basis of OA Rider Conditions. The rules governing commencement and termination of our liability are set forth in the GTCs, unless stated otherwise in the Policy.

§ 5. SCOPE OF MEDICAL AND ASSISTANCE SERVICES IN CASE OF ONCOLOGICAL DISEASE

1. Upon the Insurable Event, we will arrange for and cover the cost of Medical and Assistance Services related to the Oncological Disease diagnosis of the Life Insured, including:
 - a) Specialized examinations and tests, based on a medical referral issued by the attending specialist physician, including ultrasound, PET scan, CT scan, and MRI scanning
 - b) Consultations with an internal medicine physician and the following specialist physicians, based on a medical referral issued by the attending specialist physician: surgeon, oncologist, ophthalmologist, endocrinologist, otolaryngologist, hepatologist, orthopedist, hematologist, gynecologist, nephrologist, urologist, pulmonologist, rehabilitation physician, neurologist;
 - c) Assistance services:

Medical hotline - including information about private cancer treatment centers, making appointments for tests and consultations
Housekeeping assistance (when required in result of the Insurable Event) – preparing meals, doing daily housekeeping, shopping for groceries and other necessities, child care, pet care, care for dependents
Home visits by a nurse (the benefit does not include the cost of medicines and medical supplies)
Medical transportation
Transportation for chemotherapy and radiation therapy
Arrangements and payment for accommodation if chemotherapy or radiation therapy is administered more than 50 km away from the place of residence
Dietary catering (cost of delivery and cost of meals) for a period of 2 weeks
Psycho-oncological counselling
Delivery of medications ordered by a physician (delivery cost)
Reimbursement of the cost of wigs and prostheses
Arrangements and payment for rehabilitation (including: physical therapy and respiratory rehabilitation, general fitness, strength and endurance) - on the basis of a medical referral issued by a specialist attending physician or documented medical indications

§ 6. LIMITATIONS AND EXCLUSIONS OF OUR LIABILITY

1. We are not liable for delays in the performance of medical and assistance services or for non-performance or ill performance of medical and assistance services resulting from strikes, civil unrest, acts of terrorism, acts of war, effects of radioactivity, epidemics, pandemics, as well as mobility restrictions imposed by decisions of administrative authorities and resulting from Force Majeure.

§ 7. DELIVERY OF MEDICAL AND ASSISTANCE SERVICES

1. Medical and assistance services in case of Oncological Disease are provided through the Operating Center, accessible through a hotline number provided in the Certificate. The cost of connection with the hotline as per the pricelist of telecommunication

services operator.

2. To access medical and assistance services in case of Oncological Disease referred to in § 5 of this Rider, one should contact the Operating Center. While on the phone, the Life Insured should provide the following details:
 - a) Name and Surname of the Life Insured;
 - b) PESEL number of the Life Insured or, when no PESEL number assigned, the date of birth of the Life Insured;
 - c) Telephone number or e-mail address for contact with the Life Insured or a person acting on behalf of the life Insured;
 - d) Date of diagnosis of Malignant Tumor or LMP Tumor;
 - e) Type of assistance required.
3. The Life Insured is entitled to medical and assistance services in case of Oncological Disease within the maximum limit of PLN 20,000 in respect of one Insurable Event. Services are deliverable over a period of 12 months from the date of the Insurable Event.
4. Following the Insurable Event and the delivery of medical and assistance services in connection with that Insurable Event, we shall not be liable if the Life Insured is diagnosed with Malignant Tumor or Low Malignancy Potential Tumor (a health condition) for which medical and assistance services had already been delivered to the Life Insured, or if the Life Insured is diagnosed with Malignant Tumor or Low Malignancy Potential Tumor (a health condition) related on a cause-and-effect basis to the Malignant Tumor or Low Malignancy Potential Tumor (a health condition) in respect of which medical and assistance services had already been delivered to the Life Insured.
5. In order to use medical and assistance services in case of Oncological Disease, medical documentation specified by the Operating Center and applicable to the Insurable Event must be sent to the Operating Center in the manner pre-agreed by the parties.
6. On the basis of medical documentation provided by the Life Insured, the physician working at the Operating Center will communicate with the Life Insured within 3 Business Days, at the maximum, counting from the day of receipt of medical documentation, to inform the Life Insured whether the event represents Insurable Event eligible for the services requested by the Life Insured.
7. The following service delivery waiting times are applicable:
 - a) Within 1 Business Day from the date of provision of the information referred to in Section 6 hereinbefore in the case of assistance services;
 - b) Within 2 Business Days from the date of provision of the information referred to in Section 6 hereinbefore in the case of medical consultation with an internal medicine physician;
 - c) Within 10 Business Days from the date of provision of the information referred to in Section 6 hereinbefore in the case of medical consultation with a hematologist and CT and MRI scans;
 - d) Within 5 Business Days from the date of provision of the information referred to in Section 6 hereinbefore in the case of medical consultations with physicians listed in § 6 Section 1 Clause b) and in the case of ultrasound test;
 - e) Within 15 Business Days from the date of provision of the information referred to in Section 6 hereinbefore in the case of a PET scan, unless a later date is indicated by the Life Insured.
8. If our liability for the requested service is not acknowledged, the Operating Center will communicate with the Life Insured within 3 Business Days, at the maximum, from the receipt of the medical documents specified by the Operating Center, to inform the Life Insured about the negative decision and explain why the service is undue.
9. The cost of medical and assistance services provided in accordance with OA Rider Conditions is payable directly to the medical entities or facilities that deliver the service.
10. Our liability does not cover medical services deliverable outside the territory of the Republic of Poland.

Background information for Group Insurance Rider Terms and Conditions in respect of Cardiovascular Diagnosis of the Life Insured, extending the scope of coverage provided under the Group Life Insurance General Terms and Conditions

Type of information	Provision
1. Statutory requirements for the payment of insurance claim and other benefits or the cash value.	§ 1 Clause 2; § 4 in connection with § 2 and § 3; § 5 in connection with § 2 and § 3; § 7 Clause 1–2, Clause 4 and Clause 7–8 in connection with § 2 and § 3.
2. Liability limitations and exclusions authorizing the Insurer not to pay the claims and other benefits or to reduce their value.	§ 1 Clause 2; § 5 in connection with § 2 and § 3; § 6 in connection with § 2 and § 3; § 7 Clause 3, Clause 5–6 in connection with § 2 and § 3.

GROUP INSURANCE RIDER TERMS AND CONDITIONS IN RESPECT OF CARDIOVASCULAR DISEASES OF THE LIFE INSURED

§ 1. GENERAL PROVISIONS

- The provisions of these Group Insurance Rider Terms and Conditions in respect of Cardiovascular Diseases of the Life Insured, approved by way of Unum Management Board Resolution No. 3/08/2022 of August 9, 2022 and comes into effect as of September 15, 2022, (hereinafter referred to as the 'CVD Rider Conditions'), apply to the Rider extending the scope of insurance coverage provided pursuant to Group Life Insurance General Terms and Conditions (hereinafter referred to as the 'GTCs').
- In the matters not provided for under these CVD Rider Conditions, the provisions of the GTCs, the Policy and generally applicable laws and regulations shall apply.

§ 2. DEFINITIONS

- The terms used in these CVD Rider Conditions shall be defined as per the GTCs, subject to Section 2 hereunder.
- For the purpose of the Rider executed on the basis of CVD Rider Conditions, the following definitions are introduced:
 - Cardiovascular Disease** – any of the events defined in § 3.

§ 3. CARDIOVASCULAR DISEASES

Only such diseases that were diagnosed with the Life Insured and only such surgical operations that were performed on the Life Insured during the term of coverage for the Life Insured provided under the Rider executed on the basis of CVD Rider Conditions which meet the definitions set forth hereinafter shall be regarded as a Cardiovascular Disease of the Life Insured covered by us:

- Only such **Stroke** that means a sudden cerebrovascular accident resulting in neurological symptoms and permanent neurological damage, resulting only and exclusively from vascular causes understood as occlusion or loss of continuity of the cerebral vessel wall. Stroke diagnosis should be evidenced with CT or MRI results.

Neurological symptoms and permanent neurological damage are defined as follows:

- Limb paralysis and paresis;
- Extrapyramidal and cerebellar syndromes;
- Stroke-induced epilepsy;
- Central cranial nerve damage;
- Speech disorders;
- Encephalopathy (neurological and mental disorders caused by organic brain damage).

Encephalopathy diagnosis must be confirmed with the presence of a neurological and mental deficit and evidenced by a psychiatric or neuropsychological examination (with the score below 16 points on the Mini-Mental Status Examination Scale) and a neurological examination, as well as the changes in Computed Tomography or Magnetic Resonance images.

The presence of any of the above permanent neurological symptoms or deficits must be confirmed six weeks after the date of Stroke diagnosis, at the earliest.

With regard to a Stroke, the date of the diagnosis shall be the date on which the initial diagnosis is made by a physician specializing in neurology.

The following shall not be defined as a Stroke:

- Transient ischemic attacks (TIA);
- Reversible ischemic neurological deficit (RIND);
- Traumatic brain damage (Traumatic hemorrhages)
- Damage to the brain in result of hypoxia (e.g., from cardiac or respiratory arrest);
- A stroke diagnosed as experienced in the past, e.g., based on CT or MRI tests;
- Consequences of a decompression sickness.

- Only such **Heart Attack** that means partial myocardial necrosis arising from inadequate blood supply. The Life Insured shall be entitled to the Benefit subject to the presence of elevated myocardial damage biomarkers (above the upper limit of the

normal range) and at least two of the three symptoms listed below:

- a) Distinctive clinical symptoms of ischemia (chest pain, inter alia);
- b) New ECG changes suggestive of myocardial infarction;
- c) New abnormalities in segmental myocardial contractility in imaging test results (e.g., echocardiogram).

A diagnosed stable or unstable coronary heart disease without the features of a definitive heart attack shall be excluded from the scope of coverage. With regard to the Heart Attack, the date of the diagnosis shall be defined as the day on which the diagnosis was made by a physician specializing in cardiology.

3. Only such **Cardiomyopathy** that means impairment of the left ventricular muscle function of various etiology, resulting in irreversible heart failure of at least grade 4 according to the NYHA (New York Heart Association).
4. Only such **Coronary Artery Surgery** that means coronary artery bypass grafting performed by a physician specializing in cardio-surgery, to repair stenosis or obstruction of at least one coronary artery, by way of open chest surgery, excluding such interventions as percutaneous angioplasty, vascular catheterization or laser therapy.
5. Only such **Cerebral Aneurysm Surgery** that means an intervention with the application of a classical neurosurgical clipping technique to isolate the cerebral aneurysm from circulation in the cerebral vascular system (through craniotomy).
6. Only such **Aortic Prosthesis Surgery** that means the insertion of a vascular graft to replace a malfunctioning aorta in the abdominal or thoracic section. The need for the surgery must be confirmed by a physician specializing in cardiology. The scope of coverage shall not include:
 - a) Surgery of the aorta damaged in an Accident;
 - b) Surgeries on the branches of the aorta;
 - c) Interventions that consist in aortic prosthesis placement without opening the chest or abdominal cavity.
7. Only such **Heart Valve Surgery** that means an open-heart surgery to completely replace one or more cardiac valves damaged in connection with defects which manifested themselves after the effective date of our liability for the Life Insured under the Rider executed on the basis of CVD Rider Conditions.
8. Only such **Heart Transplantation** that means a cardiac transplantation surgery due to irreversible, end-stage organ failure. The definition includes enrollment on the list of recipients awaiting transplantation (KLO Poltransplant), and the date of Heart Transplantation shall be defined as the date of enrollment on the KLO Poltransplant list.
9. Only such **Minimally Invasive Aortic Valve Replacement** that means a surgery without extracorporeal circulation (without full sternotomy) and with intravascular access with the purpose to completely replace at least one heart valve damaged due to defects which manifested themselves after the effective date of our liability for the Life Insured under the Rider executed on the basis of CVD Rider Conditions.
10. Only such **Minimally Invasive Coronary Artery Surgery** that means a surgery, performed by a physician specializing in cardio surgery, that involves coronary artery bypass grafting with the purpose to correct the stenosis or occlusion of at least one coronary artery, without opening the chest, i.e., without full sternotomy. Endovascular procedures shall be excluded from the scope of coverage.
11. Only such **Stroke without Permanent Neurological Damage** that consists in a sudden cerebrovascular accident with neurological symptoms and consequences that persist for at least 48 hours, resulting only and exclusively from vascular causes understood as the occlusion or loss of continuity of a cerebral vessel wall. Stroke diagnosis should be evidenced with CT or MRI results. Neurological symptoms and consequences are defined as follows:
 - a) Limb paralysis and paresis;
 - b) Extrapyrimal and cerebellar syndromes;
 - c) Stroke-induced epilepsy;
 - d) Central cranial nerve damage;
 - e) Speech disorders;

- f) Encephalopathy (neurological and mental disorders caused by organic damage to the brain).

Encephalopathy diagnosis must be confirmed with the presence of a neurological and mental deficit and evidenced by a psychiatric or neuropsychological examination (with the score below 16 points on the Mini-Mental Status Examination Scale) and a neurological examination, as well as the changes in Computed Tomography or Magnetic Resonance images.

For the Benefit to be payable, it is not required that the above permanent neurological symptoms or consequences persist for six weeks after the date of the diagnosis.

With regard to the Stroke without Permanent Neurological Damage, the date of the diagnosis shall be the date of the cerebrovascular accident confirmed by a physician specializing in neurology.

The following shall not be defined as a Stroke without Permanent Neurological Damage:

- a) Transient ischemic attacks (TIA);
- b) Traumatic brain damage (Traumatic hemorrhages);
- c) Damage to the brain as a result of hypoxia (e.g., from cardiac or respiratory arrest);
- d) A stroke diagnosed as experienced in the past, e.g., based on CT or MRI tests;
- e) Consequences of a decompression sickness.

§ 4. INSURABLE EVENT

1. The Insurable Event covered under the Rider executed on the basis of CVD Rider Conditions is defined as a Cardiovascular Disease of the Life Insured, which means any of the diseases defined in § 3 diagnosed with the Life Insured or any of the surgical interventions defined in § 3 performed on the Life Insured during the period of our liability for the Life Insured under the Rider executed on the basis of CVD Rider Conditions. The Insurable Event must be confirmed in medical records documenting the diagnostic and therapeutic processes.

§ 5. EFFECTIVE TERM OF OUR LIABILITY

1. Our liability for the Life Insured comes into force as of the effective date of coverage of the Life Insured under the Rider executed on the basis of CVD Rider Conditions, with the provision that within three months directly following the above-said date our liability is limited to the payment of Benefit equivalent to 10% of the Sum Insured in effect as of the date of disease diagnosis or the date of surgical operation, respectively, as set forth in the Policy (Waiting Period). The rules governing commencement and termination of our liability are set forth in the GTCs, unless stated otherwise in the Policy.
2. If the Sum Insured is upgraded during the term of our liability for the Life Insured under the Rider executed on the basis of CVD Rider Conditions, our liability in respect of Cardiovascular Diagnosis of the Life Insured shall be limited, in the first three months following the date of such an upgrade, to the Sum Insured in effect prior to the date of the upgrade (Waiting Period).

§ 6. LIMITATIONS AND EXCLUSIONS OF OUR LIABILITY

1. The Benefit under the Rider executed on the basis of CVD Rider Conditions shall not be paid out if the Cardiovascular Disease resulted from:
 - a) Hostilities, active participation of the Life Insured in the acts of terror or riots;
 - b) Suicide attempted by the Life Insured, self-mutilation or mutilation at one's own request by the Life Insured, irrespective of their state of mind;
 - c) An illegal act with statutory characteristics of intentional crime committed by the Life Insured, which has been established by a final court decision.
2. The Benefit under the Rider executed on the basis of CVD Rider Conditions shall not be paid out in the event of a Cardiovascular Disease in connection with which diagnostics or treatment continued or was initiated with the Life Insured during the period of two years prior to the effective date of coverage provided to the Life Insured under the Rider executed on the basis of CVD Rider Conditions, subject to Section 4 and Section 5 hereinafter.
3. The Benefit under the Rider executed on the basis of CVD Rider Conditions shall not be paid out if the Cardiovascular Disease is

associated by cause-and-effect to a disease diagnosed with the Life Insured or in connection with which the diagnostics or treatment continued or was initiated with the Life Insured during the period of two years prior to the effective date of our coverage for the Life Insured under the Rider executed on the basis of CVD Rider Conditions, subject to Section 4 and Section 5 hereinafter.

4. If the Insurable Event occurs after three years from the effective date of our coverage for the Life Insured under the Rider executed on the basis of CVD Rider Conditions, the provisions of Section 2 and Section 3 hereinbefore shall not apply.
5. Provided that the following conditions are met, jointly:
 - a) Directly prior to enrollment in the Rider executed on the basis of CVD Rider Conditions, the Life Insured was covered under the Previous Group Insurance Contract, and Cardiovascular Disease diagnosis was included in their scope of coverage;
 - b) The coverage provided to the Life Insured under the Previous Group Insurance Contract had been terminated on the eve of enrollment in this Rider;
 - c) The Policyholder has provided us with information about the scope of coverage provided to the Life Insured together with the sums insured and confirmation of termination of the Previous Group Insurance Contract,

The provisions of Section 2 and Section 3 hereinbefore shall not apply.

§ 7. BENEFIT PAYMENT

1. Benefit payment rules and criteria are regulated in § 16 of the GTCs, subject to the provisions of this paragraph.
2. Subject to the provisions of § 5 and Section 3 hereunder, upon the Insurable Event referred to in § 4 we shall pay to the Life Insured the Benefit under the Rider executed on the basis of CVD Rider Conditions in the amount determined as follows:
 - a) Upon a Cardiovascular Disease defined in §3 Sections 1 – 8 of the Rider, we will pay to the Life Insured the Benefit in the amount of 100% of the Sum Insured under the Rider executed on the basis of CVD Rider Conditions, set out in the Policy, in effect as of the date of disease diagnosis or the date of the surgical operation, respectively;
 - b) Upon a Cardiovascular Disease defined in § 3 Sections 9 -11, we will pay to the Life Insured the Benefit in the amount of 25% of the Sum Insured under the Rider executed on the basis of CVD Rider Conditions, set out in the Policy, in effect as of the date of disease diagnosis or the date of the surgical operation, respectively.
3. The total amount of the Benefits paid to the Life Insured in respect of Cardiovascular Diseases from the same group referred to in Clauses a) – c) hereinafter shall not exceed 100% of the Sum Insured under the Rider executed on the basis of CVD Rider Conditions:
 - a) Stroke and Stroke without Permanent Neurological Damage;
 - b) Aortic Valve Replacement and Minimally Invasive Aortic Valve Replacement;
 - c) Coronary Artery Surgery and Minimally Invasive Coronary Artery Surgery.
4. Payment of the Benefit pursuant to Section 2 and Section 3 hereinbefore shall not result in expiry of insurance coverage provided to the Life Insured under the Rider executed on the basis of CVD Rider Conditions, provided that the Life Insured continues to be covered under the Basic Contract, subject to Section 5 and Section 6 hereinafter.
5. Following the Insurable Event and the payment of the Benefit, the following items shall be excluded from the scope of coverage provided under the Rider executed on the basis of CVD Rider Conditions:
 - a) A Cardiovascular Disease in respect of which the Life Insured received the Benefit equivalent to 100% of the Sum Insured relevant for the Rider executed on the basis of CVD Rider Conditions, and those Cardiovascular Diseases which are related to that Cardiovascular Disease on a cause-and-effect basis;
 - b) Cardiovascular Diseases included in the same group of Insurable Events referred to in Section 3 Clauses a) – c) hereinbefore, if the amount of the Benefits in respect of the Cardiovascular Diseases included in that group and paid to the Life Insured has reached 100% of the Sum Insured under the Rider executed on the basis of CVD Rider Conditions.

6. When the Insurable Event that meets the criteria of more than one Cardiovascular Disease set forth in § 3 originated in result of one and the same Accident or one and the same disease, we shall pay the Benefit to the Life Insured only in respect of one Cardiovascular Disease, with the provision that if the Benefits due in respect of different Cardiovascular Diseases were in different amounts, we shall pay to the Life Insured the Benefit in respect of the Cardiovascular Disease for which the Benefit was the highest.
7. The Benefit will be paid out once we receive and approve the complete set of documents required for the determination of our liability pursuant to CVD Rider Conditions.
8. We will determine the right to the Benefit under the Rider executed on the basis of CVD Rider Conditions based on:
 - a) Properly completed Claim Form;
 - b) Duplicate copy of ID document of the Life Insured;
 - c) Duplicate copy of medical records of the Life Insured (e.g., medical records related to Oncological Disease diagnostics and treatment);
 - d) Duplicate copy of documents with a description of the circumstances of the accident issued by the institution that conducts the proceedings (e.g., the police, prosecutor's office);
 - e) Other records required to determine legitimacy of the claim – upon our request.

Background information for Group Insurance Rider Terms and Conditions in respect of Specialized Cardiological Treatment of the Life Insured, extending the scope of coverage provided under the Group Life Insurance General Terms and Conditions

Type of information	Provision
1. Statutory requirements for the payment of insurance claim and other benefits or the cash value.	§ 1 Clause 2; § 4 in connection with § 2 and § 3; § 5 in connection with § 2 and § 3; § 7 Clause 1–2 and 5–6 in connection with § 2 and § 3.
2. Liability limitations and exclusions authorizing the Insurer not to pay the claims and other benefits or to reduce their value.	§ 1 Clause 2; § 5 in connection with § 2 and § 3; § 6 in connection with § 2 and § 3; § 7 Clause 3–4 in connection with § 2 and § 3.

GROUP INSURANCE RIDER TERMS AND CONDITIONS IN RESPECT OF SPECIALIZED CARDIOLOGICAL TREATMENT OF THE LIFE INSURED

§ 1. GENERAL PROVISIONS

- The provisions of these Group Insurance Rider Terms and Conditions in respect of Specialized Cardiological Treatment of the Life Insured, approved by way of Unum Management Board Resolution No. 3/08/2022 of August 9, 2022 and comes into effect as of September 15, 2022, (hereinafter referred to as the 'SCT Rider Conditions'), apply to the Rider extending the scope of insurance coverage provided pursuant to Group Life Insurance General Terms and Conditions (hereinafter referred to as the 'GTCs').
- In the matters not provided for under these SCT Rider Conditions, the provisions of the GTCs, the Policy and generally applicable laws and regulations shall apply.

§ 2. DEFINITIONS

- The terms used in these SCT Rider Conditions shall be defined as per the GTCs, subject to Section 2 hereunder.
- For the purpose of the Rider executed on the basis of SCT Rider Conditions, the following definitions are introduced:
 - Date of the Event** – a date on which any of the therapeutic procedures referred to and defined in § 3 was performed on the Life Insured;
 - Specialized Cardiological Treatment** – a process associated with one of the therapeutic procedures referred to and defined in § 3 in connection with the medical treatment of the Life Insured, medically necessary to restore the normal function of a malfunctioning organ or system.

§ 3. SPECIALIZED CARDIOLOGICAL TREATMENT PROCEDURES FOR THE LIFE INSURED

- Ablation** – a cardiological procedure aimed at destroying or isolating the area of heart tissue that is responsible for causing heart rhythm disorders;
- Percutaneous Transluminal Coronary Angioplasty (PTCA)** – a procedure to open one or more blocked or stenosed coronary arteries using percutaneous balloon angioplasty (PTCA) or other

similar method of percutaneous transluminal coronary angioplasty.

- Embolization of Cerebral Artery Aneurysm** – an endovascular intervention to isolate the cerebral aneurysm from circulation in the cerebral vascular system using a surgical neuroradiology method (endovascular coil embolization);
- Balloon Valvuloplasty** – an intervention to mechanically dilate the narrowed cardiac valve using a balloon catheter;
- Implantation of a cardioverter / defibrillator** – implantation of an electronic device with detection and defibrillation functions in the case of a serious arrhythmia of ventricular origin or sudden cardiac arrest episodes;
- Implantation of a Pacemaker (Cardio Stimulator)** – implantation of an electronic device designed to stimulate the heart rate.

§ 4. INSURABLE EVENT

- The Insurable Event covered under the Rider executed on the basis of SCT Rider Conditions is defined as Specialized Cardiological Treatment of the Life Insured originating during the period of coverage of the Life Insured under the Rider executed on the basis of SCT Rider Conditions.

§ 5. EFFECTIVE TERM OF OUR LIABILITY

- Our liability for the Life Insured comes into force as of the effective date of coverage of the Life Insured under the Rider executed on the basis of SCT Rider Conditions, with the provision that within three months directly following the above-said date our liability is limited to the payment of Benefit equivalent to 10% of the Sum Insured in effect as of the Date of the Event (Waiting Period), as set forth in the Policy. The rules governing commencement and termination of our liability are set forth in the GTCs, unless stated otherwise in the Policy.
- If the Sum Insured is upgraded during the term of our liability for the Life Insured under the Rider executed on the basis of SCT Rider Conditions, our liability in respect of Specialized Cardiological Treatment of the Life Insured shall be limited, in the

first three months following the date of such an upgrade, to the Sum Insured in effect prior to the date of the upgrade (Waiting Period).

§ 6. LIMITATIONS AND EXCLUSIONS OF OUR LIABILITY

1. The Benefit under the Rider executed on the basis of SCT Rider Conditions shall not be paid out if the disease or accident resulting in Specialized Cardiological Treatment resulted from:
 - a) Hostilities, active participation of the Life Insured in the acts of terror or riots;
 - b) Suicide attempted by the Life Insured, self-mutilation or mutilation at one's own request by the Life Insured, irrespective of their state of mind;
 - c) Medical experiment or medical intervention performed on the Life Insured without supervision of a physician or other authorized personnel.
2. The Benefit under the Rider executed on the basis of SCT Rider Conditions shall not be paid out if the referral for the Specialized Cardiological Treatment had been issued in the period of two years prior to the effective date of coverage provided to the Life Insured under this Rider, or when the decision to have the treatment administered had been made two years prior to the above-said date, subject to Section 4 and Section 5 hereinafter.
3. The Benefit under the Rider executed on the basis of SCT Rider Conditions shall not be paid out if a disease associated on a cause-and-effect basis to the procedure carried out as part of the Specialized Cardiological Treatment was diagnosed with the Life Insured or in connection with which the diagnostics or treatment continued or was initiated with the Life Insured during the period of two years prior to the effective date of our coverage for the Life Insured under this Rider, subject to Section 4 and Section 5 hereinafter.
4. If the Insurable Event occurs after three years from the effective date of our coverage for the Life Insured under the Rider executed on the basis of SCT Rider Conditions, the provisions of Section 2 and Section 3 hereinbefore shall not apply.
5. Provided that the following conditions are met, jointly:
 - a) Directly prior to enrollment in the Rider executed on the basis of SCT Rider Conditions, the Life Insured was covered under the Previous Group Insurance Contract, and Specialized Cardiological Treatment of the Life Insured was included in their scope of coverage;
 - b) The coverage provided to the Life Insured under the Previous Group Insurance Contract had been terminated on the eve of enrollment in this Rider;
 - c) The Policyholder has provided us with information about the scope of coverage provided to the Life Insured together with the sums insured and confirmation of termination of the Previous Group Insurance Contract,

The provisions of Section 2 and Section 3 hereinbefore shall not apply.

§ 7. BENEFIT PAYMENT

1. Benefit payment rules and criteria are regulated in § 16 of the GTCs, subject to the provisions of this paragraph.
2. Upon the Insurable Event referred to in § 4, we will pay to the Life Insured the Benefit under the Rider executed on the basis of SCT Rider Conditions equivalent to the Sum Insured in force as of the date of the Event, set forth in the Policy, subject to § 5.
3. Following the Insurable Event, the scope of insurance coverage under the Rider executed on the basis of SCT Rider Conditions shall be reduced in accordance with the procedure carried out as part of the Specialized Cardiological Treatment of the Life Insured, in respect of which the Benefit had been paid to the Life Insured, and in accordance with those Specialized Cardiological Treatment procedures which are related to that procedure on a cause-and-effect basis, subject to Section 4 hereinafter.
4. Should another Insurable Event take place, the title to the Benefit shall not be granted to the Life Insured if the subsequent Specialized Cardiological Treatment procedure carried out on the Life Insured is related to the same disease in connection with which the Life Insured had already received the Benefit and one of the procedures referred to in § 3 hereinbefore.
5. The Benefit will be paid out once we receive and approve the complete set of documents required for the determination of

our liability pursuant to SCT Rider Conditions.

6. We will determine the right to the Benefit under the Rider executed on the basis of SCT Rider Conditions based on:
 - a) Properly completed Claim Form;
 - b) Duplicate copy of ID document of the Life Insured;
 - c) Duplicate copy of medical records testifying to the Insurable Event;
 - d) Other records required to determine legitimacy of the claim – upon our request.

Background information for Group Insurance Rider Terms and Conditions in respect of a Second Cardiological Opinion, extending the scope of coverage provided under the Group Life Insurance General Terms and Conditions

Type of information	Provision
1. Statutory requirements for the payment of insurance claim and other benefits or the cash value.	§ 1 Clause 2; § 4 in connection with § 2 and § 3; § 5 in connection with § 2 and § 3; § 7 Clause 1–11 and Clause 16 in connection with § 2 and § 3.
2. Liability limitations and exclusions authorizing the Insurer not to pay the claims and other benefits or to reduce their value.	§ 1 Clause 2; § 6 in connection with § 2 and § 3; § 7 Clause 12–15 in connection with § 2 and § 3.

GROUP INSURANCE RIDER TERMS AND CONDITIONS IN RESPECT OF A SECOND CARDIOLOGICAL OPINION

§ 1. GENERAL PROVISIONS

- The provisions of these Group Insurance Rider Terms and Conditions in respect of a Second Cardiological Opinion, approved by way of Unum Management Board Resolution No. 3/08/2022 of August 9, 2022 and comes into effect as of September 15, 2022, (hereinafter referred to as the '**SCO Rider Conditions**'), apply to the Rider extending the scope of insurance coverage provided pursuant to Group Life Insurance General Terms and Conditions (hereinafter referred to as the '**GTCs**').
- In the matters not provided for under these SCO Rider Conditions, the provisions of the GTCs, the Policy and generally applicable laws and regulations shall apply.

§ 2. DEFINITIONS

- The terms used in these SCO Rider Conditions shall be defined as per the GTCs, subject to Section 2 hereunder.
- For the purpose of the Rider executed on the basis of SCO Rider Conditions, the following definitions are introduced:
 - Operating Center** – an entity that works with us to organize and deliver medical and assistance services;
 - Consultant** – a medical facility operating outside the territory of the Republic of Poland, designated by the Operating Center to assist with an International Medical Consultation, authorized to provide a Second Cardiological Opinion;
 - Designated Person** – a person designated by the Life Insured as authorized to receive and provide the Operating Center with medical records of the Life Insured;
 - Cardiovascular Disease** – any of the events referred to in § 3;
 - Second Cardiological Opinion** – an opinion of a Consultant resulting from an International Medical Consultation, delivered in writing or by means of electronic communication to the Life Insured or the Designated Person, issued in connection with a Cardiological Disease diagnosis of the Life Insured or the need for a surgical operation to be performed on the Life Insured, confirmed in medical records by the physician and listed in the catalog of Cardiological Diseases in § 3 hereunder;

- Force Majeure** – an external, unforeseeable and unpreventable event that precludes or delays service delivery by the Operating Center.

§ 3. CATALOG OF CARDIOVASCULAR DISEASES

- Only such cardiovascular diseases that were diagnosed with the Life Insured and only such surgical operations that must be performed on the Life Insured on the basis of medical documentation issued by a physician during the effective term of coverage of the Life Insured provided by us under the Rider executed on the basis of SCO Rider Conditions shall be regarded as a Cardiological Disease, as listed hereunder:
 - Stroke;
 - Heart Attack;
 - Cardiomyopathy;
 - Coronary Artery Surgery;
 - Cerebral Aneurysm Surgery;
 - Aortic Prosthesis Implantation Surgery;
 - Heart Valve Surgery;
 - Heart transplantation;
 - Minimally Invasive Heart Valve Surgery;
 - Minimally Invasive Coronary Artery Surgery (without sternotomy);
 - Stroke without Permanent Neurological Damage.

§ 4. INSURABLE EVENT

- The Insurable Event covered under the Rider executed on the basis of SCO Rider Conditions is defined as any of cardiological diseases listed in the Catalog of Cardiovascular Diseases in § 3 diagnosed with the Life Insured or the need for any of the surgical operations listed in the Catalog of Cardiovascular Diseases in § 3 to be performed on the Life Insured during the effective term of coverage of the Life Insured under this Rider. Insurable Event must be confirmed in medical records testifying to the diagnostic and therapeutic process, including the ICD code of the disease.

§ 5. EFFECTIVE TERM OF OUR LIABILITY

1. Our liability for the Life Insured comes into force as of the effective date of coverage of the Life Insured under the Rider executed on the basis of SCO Rider Conditions. The rules governing commencement and termination of our liability are set forth in the GTCs, unless stated otherwise in the Policy.

§ 6. LIMITATIONS AND EXCLUSIONS OF OUR LIABILITY

1. The Benefit under the Rider executed on the basis of SCO Rider Conditions is not payable if the Cardiovascular Disease of the Life Insured resulted from:
 - a) Hostilities, active participation of the Life Insured in the acts of terror or riots;
 - b) Suicide attempted by the Life Insured, self-mutilation or mutilation at one's own request by the Life Insured, irrespective of their state of mind;
 - c) An illegal act with statutory characteristics of intentional crime committed by the Life Insured, which has been established by a final court decision.
2. We are not liable for delays in service delivery resulting from strikes, civil unrest, acts of terrorism, acts of war, effects of radioactivity, epidemics, pandemics, as well as mobility restrictions imposed by decisions of administrative authorities and resulting from Force Majeure.

§ 7. SERVICE DELIVERY

1. A Second Cardiological Opinion is delivered through the Operating Center, accessible through a hotline number provided in the Certificate. The cost of connection with the hotline as per the pricelist of telecommunication services operator.
2. Upon the Insurable Event, we will arrange for and cover the cost of a Second Cardiological Opinion, including:
 - a) Providing the Life Insured with information about medical records required to issue a Second Cardiological Opinion;
 - b) Translation of the provided medical records into English;
 - c) Transmission of medical records to the Consultant using electronic means of communication that will enable the Consultant to read and review the records;
 - d) Translation of the Second Cardiological Opinion issued by the Consultant into Polish;
 - e) Making the Second Cardiological Opinion available to the Life Insured.
3. To access a Second Cardiological Opinion, one should contact the Operating Center. While on the phone, the Life Insured should provide the following details:
 - a) Name and Surname of the Life Insured;
 - b) PESEL number of the Life Insured or, when no PESEL number assigned, the date of birth of the Life Insured;
 - c) Telephone number or e-mail address for contact with the Life Insured or the Designated Person.
4. The Operating Center will provide the Life Insured or the Designated Person with information on medical documentation required to issue the Second Cardiological Opinion.
5. In order to obtain a Second Cardiological Opinion in result of an International Medical Consultation, the Life Insured or the Designated Person must provide the medical documentation referred to in Section 4 hereinbefore to the Operating Center's e-mail address or on another permanent data carrier to the mailing address of the Operating Center, drawn up in Polish and signed by the attending physician of the Life Insured.
6. The Operating Center physician will verify the medical documentation received and make it ready for sending to the Consultant.
7. If, in the opinion of the Operating Center physician, the medical documentation received is incomplete, the Operating Center will contact the Life Insured or the Designated Person by telephone or e-mail to keep them informed about the missing documents.
8. Upon receipt of complete medical documentation, the Operating Center will inform the Life Insured or the Designated Person by telephone or e-mail that the required medical documentation is now complete and will proceed to arrange for the Second Cardiological Opinion.
9. The Operating Center shall send the Second Cardiological Opinion to the Life Insured or the Designated Person in the manner specified in Section 11 hereunder as soon as possible, but in any case, within 30 Business Days from the date of receipt of the

complete medical documentation from the Life Insured or the Designated Person, referred to in Section 5 hereinbefore, subject to Section 10 hereunder.

10. In the event that in the opinion of the Consultant, issued on the basis of medical documentation referred to in Section 5 hereinbefore, received through the Operating Center, it is necessary to supplement the said documentation or to perform additional examinations on the Life Insured in order to issue the Second Cardiological Opinion, the Operating Center will promptly inform the Life Insured or the Designated Person to the point by telephone or e-mail.
11. The Operating Center will send back the Second Oncological Opinion to the Life Insured or the Designated Person (in the form of encrypted files) to the e-mail address from which the Life Insured or the Designated Person sent the medical documentation to the Operating Center. At the request of the Life Insured, the Second Cardiological Opinion may also be sent to the mailing address provided by the Life Insured or the Designated Person.
12. The Life Insured is entitled to one Second Cardiological Opinion in respect of one Insurable Event referred to in § 4 of this Rider.
13. When the Insurable Event meets the criteria of more than one Cardiovascular Disease set forth in § 3, our liability shall be limited only and exclusively to one Cardiovascular Disease, i.e., one diagnosed cardiovascular disease or one surgical operation performed.
14. We do not cover the costs associated with shipment and analysis of histopathological specimens.
15. We are not liable for the content of the Second Cardiological Opinion, including medical conclusions and recommendations resulting from the Second Cardiological Opinion.
16. The cost of Second Cardiological Opinion provided in accordance with SCO Rider Conditions is payable directly to the medical entities or facilities that deliver the services.

Background information for Group Insurance Rider Terms and Conditions in respect of Cardiovascular Diagnostics, extending the scope of coverage provided under the Group Life Insurance General Terms and Conditions

Type of information	Provision
1. Statutory requirements for the payment of insurance claim and other benefits or the cash value.	§ 1 Clause 2; § 3 in connection with § 2; § 4 in connection with § 2; § 5 in connection with § 2; § 7 Clause 1–2, Clause 4 and Clause 6 in connection with § 2.
2. Liability limitations and exclusions authorizing the Insurer not to pay the claims and other benefits or to reduce their value.	§ 1 Clause 2; § 6 in connection with § 2; § 7 Clause 3 and Clause 5 in connection with § 2.

GROUP INSURANCE RIDER TERMS AND CONDITIONS IN RESPECT OF CARDIOVASCULAR DIAGNOSTICS

§ 1. GENERAL PROVISIONS

- The provisions of these Group Insurance Rider Terms and Conditions in respect of Cardiovascular Diagnostics, approved by way of Unum Management Board Resolution No. 3/08/2022 of August 9, 2022 and comes into effect as of September 15, 2022, (hereinafter referred to as the 'CVDG Rider Conditions'), apply to the Rider extending the scope of insurance coverage provided pursuant to Group Life Insurance General Terms and Conditions (hereinafter referred to as the 'GTCs').
- In the matters not provided for under these CVDG Rider Conditions, the provisions of the GTCs, the Policy and generally applicable laws and regulations shall apply.

§ 2. DEFINITIONS

- The terms used in these CVDG Rider Conditions shall be defined as per the GTCs, subject to Section 2 hereunder.
- For the purpose of the Rider executed on the basis of CVDG Rider Conditions, the following definitions are introduced:
 - Operating Center** – an entity that works with us to organize and deliver medical and assistance services;
 - Force Majeure** – an external, unforeseeable and unpreventable event that precludes or delays the delivery Medical Services by the Operating Center.

§ 3. INSURABLE EVENT

- The Insurable Event covered under the Rider executed on the basis of CVDG Rider Conditions is defined as cardiovascular disease symptoms presenting with the Life Insured or preventive measures applied by the Life Insured in order to avoid the onset of such disease in the future, which occurred during the effective term of coverage of the Life Insured under this Rider.

§ 4. EFFECTIVE TERM OF OUR LIABILITY

- Our liability for the Life Insured comes into force as of the effective date of coverage of the Life Insured under the Rider executed on the basis of CVDG Rider Conditions. Diagnostic tests for

cardiovascular diseases shall be performed during the effective term of coverage of the Life Insured under this Rider. The rules governing commencement and termination of our liability are set forth in the GTCs, unless stated otherwise in the Policy.

§ 5. DIAGNOSTIC TESTS FOR CARDIOVASCULAR DISEASES

- Upon the Insurable Event, we will arrange for and cover the cost of diagnostic tests for cardiovascular diseases of the Life Insured, including:
 - Collection of blood and other material ordered by a physician;
 - Tests:
 - Sodium;
 - Potassium;
 - Lipid panel;
 - D-dimer;
 - Fasting glucose;
 - Uric acid;
 - Automated CBS.
 - Resting ECG;
 - Echocardiography;
 - Consultation with an internal medicine physician to discuss test results and specify recommendations for the future.

§ 6. LIMITATIONS AND EXCLUSIONS OF OUR LIABILITY

- Liability limitations and exclusions shall not apply to this Rider.

§ 7. SERVICE DELIVERY

- Diagnostic tests for cardiovascular diseases are delivered through the Operating Center, accessible through a hotline number provided in the Certificate. The cost of connection with the hotline as per the pricelist of telecommunication services operator.
- To access diagnostic tests for cardiovascular diseases, one should contact the Operating Center. While on the phone, the Life Insured should provide the following details:
 - Name and Surname of the Life Insured;

- b) PESEL number of the Life Insured or, when no PESEL number assigned, the date of birth of the Life Insured;
 - c) Telephone number or e-mail address for contact with the Life Insured.
- 3. Each of the diagnostic tests for cardiovascular diseases referred to in § 5 Section 1 Clauses a)-e) hereinbefore can be used by the Life Insured once in each 12-month insurance period without a referral.
- 4. The following service delivery waiting times are applicable:
 - a) Within 1 Business Day from the date of contact with the Operating Center – in the case of tests referred to in § 5 Section 1 Clause b), blood tests and tests of other material ordered by a physician;
 - b) Within 2 Business Days from the date of contact with the Operating Center – in the case of consultation with an internal medicine physician;
 - c) Within 5 Business Days from the date of contact with the Operating Center – in the case of the ECG or Echocardiography;
 unless a later date is indicated by the Life Insured.
- 5. Our liability does not cover diagnostic services deliverable outside the territory of the Republic of Poland.
- 6. The cost of diagnostic tests for cardiovascular diseases provided in accordance with CVDG Rider Conditions is payable directly to the medical entities or facilities that deliver the services.

Background information for Group Insurance Rider Terms and Conditions in respect of Cardiological Medical and Assistance Services, extending the scope of coverage provided under the Group Life Insurance General Terms and Conditions

Type of information	Provision
1. Statutory requirements for the payment of insurance claim and other benefits or the cash value.	§ 1 Clause 2; § 4 in connection with § 2 and Clause 3; § 5 in connection with § 2 and Clause 3; § 7 in connection with § 2 and Clause 3; § 8 Clause 1–13 in connection with § 2 and Clause 3.
2. Liability limitations and exclusions authorizing the Insurer not to pay the claims and other benefits or to reduce their value.	§ 1 Clause 2; § 6 in connection with § 2 and Clause 3; § 8 Clause 14 in connection with § 2 and Clause 3.

GROUP INSURANCE RIDER TERMS AND CONDITIONS IN RESPECT OF CARDIOLOGICAL MEDICAL AND ASSISTANCE SERVICES

§ 1. GENERAL PROVISIONS

- The provisions of these Group Insurance Rider Terms and Conditions in respect of Cardiological Medical and Assistance Services, approved by way of Unum Management Board Resolution No. 3/08/2022 of August 9, 2022 and comes into effect as of September 15, 2022, (hereinafter referred to as the 'CA Rider Conditions'), apply to the Rider extending the scope of insurance coverage provided pursuant to Group Life Insurance General Terms and Conditions (hereinafter referred to as the 'GTCs').
- In the matters not provided for under these CA Rider Conditions, the provisions of the GTCs, the Policy and generally applicable laws and regulations shall apply.

§ 2. DEFINITIONS

- The terms used in these CA Rider Conditions shall be defined as per the GTCs, subject to Section 2 hereunder.
- For the purpose of the Rider executed on the basis of CA Rider Conditions, the following definitions are introduced:
 - Operating Center** – an entity that works with us to organize and deliver medical and assistance services;
 - Telemedicine Center** – a 24/7 center for the Insureds using cardiac telecare;
 - Cardiovascular Disease** – any of the events referred to in § 3;
 - Force Majeure** – external, unforeseeable and unpreventable event that precludes or delays service delivery by the Operating Center;
 - Cardiac Telecare Kit** – ECG device, consumables, training and information materials made available to the Life Insured by the Operating Center.

§ 3. CARDIOVASCULAR DISEASES

Only such cardiovascular diseases which were diagnosed with the Life Insured during the effective term of coverage of the Life Insured provided by us under the Rider executed on the basis of CA Rider

and meet the definitions set out hereinafter shall be regarded as a Cardiovascular Disease of the Life Insured:

- Only such **Stroke** that means a sudden cerebrovascular accident resulting in neurological symptoms and permanent neurological damage, resulting only and exclusively from vascular causes understood as occlusion or loss of continuity of the cerebral vessel wall. Stroke diagnosis should be evidenced with CT or MRI results.

Neurological symptoms and permanent neurological damage are defined as follows:

- Limb paralysis and paresis;
- Extrapyramidal and cerebellar syndromes;
- Stroke-induced epilepsy;
- Central cranial nerve damage;
- Speech disorders;
- Encephalopathy (neurological and mental disorders caused by organic brain damage).

Encephalopathy diagnosis must be confirmed with the presence of a neurological and mental deficit and evidenced by a psychiatric or neuropsychological examination (with the score below 16 points on the Mini-Mental Status Examination Scale) and a neurological examination, as well as the changes in Computed Tomography or Magnetic Resonance images.

The presence of any of the above permanent neurological symptoms or deficits must be confirmed six weeks after the date of Stroke diagnosis, at the earliest.

With regard to a Stroke, the date of the diagnosis shall be the date on which the initial diagnosis is made by a physician specializing in neurology.

The following shall not be defined as a Stroke:

- Transient ischemic attacks (TIA);
- Reversible ischemic neurological deficit (RIND);
- Traumatic brain damage (Traumatic hemorrhages);
- Damage to the brain in result of hypoxia (e.g., from cardiac or respiratory arrest);

- e) A stroke diagnosed as experienced in the past, e.g., based on CT or MRI tests;
 - f) Consequences of a decompression sickness.
2. Only such **Heart Attack** that means partial myocardial necrosis arising from inadequate blood supply. The Life Insured shall be entitled to the Benefit subject to the presence of elevated myocardial damage biomarkers (above the upper limit of the normal range) and at least two of the three symptoms listed below:
- a) Distinctive clinical symptoms of ischemia (chest pain, inter alia);
 - b) New ECG changes suggestive of myocardial infarction;
 - c) New abnormalities in segmental myocardial contractility in imaging test results (e.g., echocardiogram).
- A diagnosed stable or unstable coronary heart disease without the features of a definitive heart attack shall be excluded from the scope of coverage. With regard to the Heart Attack, the date of the diagnosis shall be defined as the day on which the diagnosis was made by a physician specializing in cardiology.
3. Only such **Cardiomyopathy** that means impairment of the left ventricular muscle function of various etiology, resulting in irreversible heart failure of at least grade 4 according to the NYHA (New York Heart Association).
4. Only such **Coronary Artery Surgery** that means coronary artery bypass grafting performed by a physician specializing in cardio-surgery, to repair stenosis or obstruction of at least one coronary artery, by way of open chest surgery, excluding such interventions as percutaneous angioplasty, vascular catheterization or laser therapy.
5. Only such **Cerebral Aneurysm Surgery** that means an intervention with the application of a classical neurosurgical clipping technique to isolate the cerebral aneurysm from circulation in the cerebral vascular system (through craniotomy).
6. Only such **Aortic Prosthesis Surgery** that means the insertion of a vascular graft to replace a malfunctioning aorta in the abdominal or thoracic section. The need for the surgery must be confirmed by a physician specializing in cardiology. The scope of coverage shall not include:
- a) Surgery of the aorta damaged in an Accident;
 - b) Surgeries on the branches of the aorta;
 - c) interventions that consist in aortic prosthesis placement without opening the chest or abdominal cavity.
7. Only such **Heart Valve Surgery** that means an open-heart surgery to completely replace one or more cardiac valves damaged in connection with defects which manifested themselves after the effective date of our liability for the Life Insured under the Rider executed on the basis of CVD Rider Conditions.
8. Only such **Heart Transplantation** that means a cardiac transplantation surgery due to irreversible, end-stage organ failure. The definition includes enrollment on the list of recipients awaiting transplantation (*KLO Poltransplant*), and the date of Heart Transplantation shall be defined as the date of enrollment on the *KLO Poltransplant* list.
9. Only such **Minimally Invasive Aortic Valve Replacement** that means a surgery without extracorporeal circulation (without full sternotomy) and with intravascular access with the purpose to completely replace at least one heart valve damaged due to defects which manifested themselves after the effective date of our liability for the Life Insured under the Rider executed on the basis of CVD Rider Conditions.
10. Only such **Minimally Invasive Coronary Artery Surgery** that means a surgery, performed by a physician specializing in cardio surgery, that involves coronary artery bypass grafting with the purpose to correct the stenosis or occlusion of at least one coronary artery, without opening the chest, i.e., without full sternotomy. Endovascular procedures shall be excluded from the scope of coverage.
11. Only such **Stroke without Permanent Neurological Damage** that consists in a sudden cerebrovascular accident with neurological symptoms and consequences that persist for at least 48 hours, resulting only and exclusively from vascular causes understood as the occlusion or loss of continuity of a cerebral vessel wall. Stroke diagnosis should be evidenced with CT or MRI results. Neurological symptoms and consequences are defined as follows:
- a) Limb paralysis and paresis;

- b) Extrapyramidal and cerebellar syndromes;
- c) Stroke-induced epilepsy;
- d) Central cranial nerve damage;
- e) Speech disorders;
- f) Encephalopathy (neurological and mental disorders caused by organic damage to the brain).

Encephalopathy diagnosis must be confirmed with the presence of a neurological and mental deficit and evidenced by a psychiatric or neuropsychological examination (with the score below 16 points on the Mini-Mental Status Examination Scale) and a neurological examination, as well as the changes in Computed Tomography or Magnetic Resonance images.

For the Benefit to be payable, it is not required that the above permanent neurological symptoms or consequences persist for six weeks after the date of the diagnosis.

With regard to the Stroke without Permanent Neurological Damage, the date of the diagnosis shall be the date of the cerebrovascular accident confirmed by a physician specializing in neurology.

The following shall not be defined as a Stroke without Permanent Neurological Damage:

- a) Transient ischemic attacks (TIA);
- b) Traumatic brain damage (Traumatic hemorrhages);
- c) Damage to the brain as a result of hypoxia (e.g., from cardiac or respiratory arrest);
- d) A stroke diagnosed as experienced in the past, e.g., based on CT or MRI tests;
- e) Consequences of a decompression sickness.

§ 4. INSURABLE EVENT

1. The Insurable Event covered under the Rider executed on the basis of CA Rider Conditions is defined as a Cardiovascular Disease defined in § 3 diagnosed with the Life Insured during the period of our liability for the Life Insured under this Rider.

§ 5. EFFECTIVE TERM OF OUR LIABILITY

1. Our liability for the Life Insured comes into force as of the effective date of coverage of the Life Insured under the Rider executed on the basis of CA Rider Conditions. The rules governing commencement and termination of our liability are set forth in the GTCs, unless stated otherwise in the Policy.

§ 6. LIMITATIONS AND EXCLUSIONS OF OUR LIABILITY

1. We are not liable for delays in the performance of medical and assistance services or for non-performance or ill performance of medical and assistance services resulting from strikes, civil unrest, acts of terrorism, acts of war, effects of radioactivity, epidemics, pandemics, as well as mobility restrictions imposed by decisions of administrative authorities and resulting from Force Majeure.

§ 7. SCOPE OF MEDICAL AND ASSISTANCE SERVICES APPLICABLE IN CASE OF CARDIOVASCULAR DISEASE

Upon the Insurable Event, we will arrange for and cover the cost of medical services deliverable upon a written referral issued by the attending physician of the Life Insured as well as assistance services that consists in Cardiac Telecare, including:

1. Medical services:
 - a) Medical consultations - consultations with physicians specializing in the following medical fields: cardiologist, cardiac surgeon, dietician, neurologist, endocrinologist, vascular surgeon;
 - b) Diagnostic tests - BC, myocardial necrosis markers, electrolyte levels, lipid panel, creatinine, uric acid, AST, ALT, TSH, fT4, INR, APTT;
 - c) Specialized tests - ECG, X-ray, Doppler ultrasound, echocardiography, CT scan, MRI.
2. Assistance services – delivery of Cardiac Telecare:
 - a) For a period of 180 consecutive days, starting at 00:00 on the day following the day on which the Cardiac Telecare Kit training was conducted, we will provide the Life Insured with access to a Telemedicine Center with the following services:
 - i. Receipt and registration of results - sent from the ECG device received by the Life Insured - in the telemedicine system;

- ii. Analysis of test results by Telemedicine Center staff;
 - iii. Continuous telephone contact with Telemedicine Center staff;
 - iv. Access to information on test results at the Telemedicine Center number, as shown on the ECG device;
 - v. Archiving of all tests performed with their results for a period of 20 years, counting from the end of the year in which the last entry was made;
 - vi. Access to Life Insured test results - by telephone or e-mail - for a contact person designated by the Life Insured in writing as authorized to contact and receive the results of Life Insured test results, or for the attending physician of the Life Insured;
 - vii. Calling an ambulance to the place of residence of the Life Insured in the event that the doctor on duty at the Telemedicine Center decides that medical assistance is required, and communicating the information to the contact persons, if the Life Insured so wishes;
 - viii. Keeping the ambulance dispatch service informed about Life Insured test results and directions to the place of residence of the Life Insured.
- b) Cardiac Telecare Kit will be delivered to the Life Insured within a maximum of 3 Business Days from the date of contact with the Operating Center.
- c) We arrange for and cover the cost of:
- i. Delivery of the Cardiac Telecare Kit to the place of residence of the Life Insured;
 - ii. Telephone training on the use of the ECG device and Cardiac Telecare;
 - iii. Cardiac Telecare;
 - iv. Collection of the ECG device included in Cardiac Telecare Kit from the place of residence of the Life Insured after 180 days from the date of training in the use of the Cardiac Telecare Kit (the beginning of the period of cardiac telecare provision).
- d) As a prerequisite for Telemedicine Center staff to contact the Life Insured by telephone, the Life Insured must have a landline phone or a cell phone, whose number was shared when contacting the Operating Center.
- e) Test results of the Life Insured can be shared with the contact person or the attending physician of the Life Insured provided that a written consent of the Life Insured has been provided to the Operating Center.
- f) The services listed Section 2(a) hereinbefore are provided without a quantitative limit during the 180-day period for which the Cardiac Telecare Kit was rented to the Life Insured.
- g) The 180-day period of Cardiac Telecare is made available to the Life Insured for each Insured Event indicated in § 4.
- h) In the case of a subsequent Insurable Event, the period during which the Life Insured is entitled to Cardiac Telecare shall be extended by another 180 days from the date of such Insurable Event.

§ 8. SERVICE DELIVERY

1. Medical and assistance services are provided through the Operating Center, accessible through a hotline number provided in the Certificate. The cost of connection with the hotline as per the pricelist of telecommunication services operator.
2. To access medical and assistance services in case of Cardiovascular Disease diagnosed with the Life Insured, one should contact the Operating Center. While on the phone, the Life Insured (or the person acting on behalf of the Life Insured) should provide the following details:
 - a) Name and Surname of the Life Insured;
 - b) PESEL number of the Life Insured or, when no PESEL number assigned, the date of birth of the Life Insured;
 - c) Telephone number or e-mail address for contact with the Life Insured or a person acting on behalf of the life Insured;
 - d) Date of diagnosis of Cardiovascular Disease;
 - e) Place of residence (address);
 - f) Type of assistance required.
3. In order to use medical and assistance services, medical documentation specified by the Operating Center and applicable to the Insurable Event must be sent to the Operating Center in the manner pre-agreed by the parties.
4. As regards Cardiac Telecare, the Operating Center, having confirmed service eligibility, will contact the Telemedicine Center responsible for delivery of Telecare to the Life Insured to communicate Life Insured details and will contact the Life Insured to communicate detailed information on the delivery of Cardiac Telecare.
5. The Telemedicine Center responsible for delivery of Telecare to the Life Insured will contact the Life Insured to communicate the date of delivery of Cardiac Telecare Kit.
6. On the basis of medical documentation provided by the Life Insured, the physician working at the Operating Center will communicate with the Life Insured within 3 Business Days, at the maximum, counting from the day of receipt of medical documentation, to inform the Life Insured whether the event represents Insurable Event eligible for the services requested by the Life Insured.
7. The Life Insured is entitled to use a total of 25 medical services referred to in § 7 hereinbefore per one Insurable Event, with the provision that each medical consultation referred to in § 7 Section 1 Clause a), as well as each specialist test referred to in § 7 Section 1 Clause c), represents one medical service. Diagnostic tests referred to in § 7 Section 1 Clause b) represent one medical service regardless of the number or type of tests completed.
8. The Life Insured should promptly notify the Operating Center about any malfunction or damage to the Cardiac Telecare Kit or any difficulties in using the Cardiac Telecare Kit.
9. The Life Insured shall be responsible for the cost of repair of the Cardiac Telecare Kit damaged by the Life Insured.
10. The Life Insured shall not share the Cardiac Telecare Kit with a third parties and shall use the Cardiac Telecare Kit only for his/her own use in accordance with the instruction manual accompanying the Cardiac Telecare Kit.
11. The following service delivery waiting times are applicable:
 - a) Within 1 Business Day from the date of provision of the information referred to in Section 6 hereinbefore to the Life Insured - in the case of diagnostic tests;
 - b) Within 3 Business Days from the date of provision of the information referred to in Section 6 hereinbefore to the Life Insured - in the case of Cardiac Telecare;
 - c) Within 5 Business Days from the date of provision of the information referred to in Section 6 hereinbefore to the Life Insured - in the case of the following tests: ECG, X-ray, Doppler ultrasound, echocardiography and medical consultations;
 - d) Within 10 Business Days from the date of provision of the information referred to in Section 6 hereinbefore to the Life Insured - in the case of CT and MRI;
 unless a later date is indicated by the Life Insured.
12. If our liability for the requested service is not acknowledged, the Operating Center will communicate with the Life Insured within 3 Business Days, at the maximum, from the receipt of the medical documents specified by the Operating Center, to inform the Life Insured about the negative decision and explain why the service is undue.
13. The cost of medical services and Cardiac Telecare provided in accordance with CA Rider Conditions is payable directly to the medical entities or facilities that deliver the service.
14. Our liability does not cover medical services deliverable outside the territory of the Republic of Poland.

Background information for Group Insurance Rider Terms and Conditions in respect of Lifestyle Diseases of the Life Insured, extending the scope of coverage provided under the Group Life Insurance General Terms and Conditions

Type of information	Provision
1. Statutory requirements for the payment of insurance claim and other benefits or the cash value.	§ 1 Clause 2; § 4 in connection with § 2 and § 3; § 5 in connection with § 2 and § 3; § 7 Clause 1–3 and Clause 5–6 in connection with § 2 and § 3.
2. Liability limitations and exclusions authorizing the Insurer not to pay the claims and other benefits or to reduce their value.	§ 1 Clause 2; § 5 in connection with § 2 and § 3; § 6 in connection with § 2 and § 3; § 7 Clause 4 in connection with § 2 and § 3.

GROUP INSURANCE RIDER TERMS AND CONDITIONS IN RESPECT LIFESTYLE DISEASES OF THE LIFE INSURED

§ 1. GENERAL PROVISIONS

- The provisions of these Group Insurance Rider Terms and Conditions in respect of Lifestyle Disease of the Life Insured, approved by way of Unum Management Board Resolution No. 3/08/2022 of August 9, 2022 and comes into effect as of September 15, 2022, (hereinafter referred to as the '**LD Rider Conditions**'), apply to the Rider extending the scope of insurance coverage provided pursuant to Group Life Insurance General Terms and Conditions (hereinafter referred to as the '**GTCs**')
- In the matters not provided for under these LD Rider Conditions, the provisions of the GTCs, the Policy and generally applicable laws and regulations shall apply.

§ 2. DEFINITIONS

- The terms used in these LD Rider Conditions shall be defined as per the GTCs, subject to Section 2 hereunder.
- For the purpose of the Rider executed on the basis of LD Rider Conditions, the following definitions are introduced:
 - Lifestyle Disease** – any of the events referred to in F§ 3;
 - Date of the Event** – the date on which:
 - Any of the diseases listed in § 3 Sections 1-2 and § 3 Sections 4-9 is diagnosed, and
 - Surgical operation referral is issued in connection with the diseases referred to in § 3 Section 3.

§ 3. LIFESTYLE DISEASES OF THE LIFE INSURED

Only such diseases that were diagnosed with the Life Insured and only such surgical operations for which the Life Insured was issued a referral during the effective term of coverage of the Life Insured provided by us under the Rider executed on the basis of LD Rider Conditions and meet the definitions set out hereinafter shall be regarded as Lifestyle Diseases of the Life Insured included in the coverage:

- Only such **Bronchial Asthma** that means a disease characterized by chronic inflammation of the airways and obstruction of expiratory airflow. The diagnosis must be confirmed by a physician

specializing in pulmonology on the basis of typical clinical symptoms and spirometry or bronchodilator reversibility test or non-specific bronchoprovocation test.

Asthma-COPD overlap syndrome (ACOS) is excluded from coverage.

- Only such **Celiac Disease** that means chronic gluten-dependent autoimmune visceral disease, with damage to the small intestine resulting from gluten consumption. The diagnosis must be confirmed by serological tests and typical mucosal biopsy specimens in histopathological examination.
- Only such **Thyroid Disease** that requires surgical operation. Only those Thyroid Diseases for which a referral for surgical operation is issued for the Life Insured during the period of our liability are covered.
- Only such **Obstructive Pulmonary Disease** that means a disease characterized by permanent restriction of airflow through the respiratory tract, diagnosed by a physician specializing in pulmonology on the basis of typical clinical symptoms and several spirometry tests to confirm FEV1/FVC ratio of less than 0.7 with bronchodilator. Asthma-COPD overlap syndrome (ACOS) is excluded from coverage.
- Only such **Coronary Artery Disease** that means ischemic heart disease with atherosclerosis of the coronary arteries, diagnosed by a physician specializing in cardiology on the basis of typical clinical symptoms and the ECG or the stress test, or coronary angiography. The cases of Prinzmetal angina, angina caused by myocardial bridge, are excluded from coverage.
- Only such **Gastric and Duodenal Ulcers** that means a disease in which there is a cyclic occurrence of peptic ulcers in the stomach and duodenum, confirmed by at least 2 endoscopic examinations of the stomach.
- Only such **Type 1 Diabetes** that means an autoimmune disease manifested by chronic hyperglycemia, caused by an absolute lack of insulin secretion, requiring daily insulin administration.

The diagnosis must be confirmed by a physician specializing in diabetology.

8. Only such **Type 2 Diabetes** that means a disease caused by progressive impairment of insulin secretion with insulin resistance, diagnosed on the basis of typical clinical picture and hyperglycemia above 126 mg/dl or temporary hyperglycemia above 200 mg/dl or OGTT (Oral Glucose Tolerance Test).
Abnormal fasting blood glucose and abnormal glucose tolerance, as well as gestational diabetes, are excluded from coverage.
9. Only such **Gout** that means arthritis caused by sodium urate crystals in the synovial fluid and periarticular tissues, diagnosed on the basis of elevated uric acid levels, X-ray/ultrasound/MRI images or synovial fluid analysis.
Asymptomatic hyperuricemia is excluded from coverage.

§ 4. INSURABLE EVENT

1. The Insurable Event covered under the Rider executed on the basis of LD Rider Conditions is defined as a Lifestyle Disease of the Life Insured, which means that the Life Insured is diagnosed with any of the diseases listed in § 3 Sections 1-2 and Sections 4-9 or surgical operation referral is issued for the Life Insured in connection with Lifestyle Diseases referred to in § 3 Section 3 during the effective term of coverage of the Life Insured under the Rider executed on the basis of LD Rider Conditions. Insurable Event must be confirmed in medical records testifying to the diagnostic and therapeutic process.

§ 5. EFFECTIVE TERM OF OUR LIABILITY

1. Our liability for the Life Insured comes into force as of the effective date of coverage of the Life Insured under the Rider executed on the basis of LD Rider Conditions, with the provision that if the Insurable Event occurs within three months directly following the hereinbefore-said date, our liability shall be limited to the Benefit equivalent to 10% of the Sum Insured in effect as of the Date of the Event (Waiting Period), set out in the Policy. The rules governing commencement and termination of our liability are set forth in the GTCs, unless stated otherwise in the Policy.
2. If the Sum Insured is upgraded during the term of our liability for the Life Insured under the Rider executed on the basis of LD Conditions, our liability in respect of Lifestyle Disease of the Life Insured shall be limited, in the first three months following the date of such an upgrade, to the Sum Insured in effect prior to the date of the upgrade (Waiting Period).

§ 6. LIMITATIONS AND EXCLUSIONS OF OUR LIABILITY

1. The Benefit under the Rider executed on the basis of LD Rider Conditions is not payable if the Lifestyle Disease of the Life Insured resulted from:
 - a) Hostilities, active participation of the Life Insured in the acts of terror or riots;
 - b) Occupational asthma progressing under the influence of exposure to a harmful agent at workplace, confirmed by a certificate of occupational disease diagnosis;

§ 7. BENEFIT PAYMENT

1. Benefit payment rules and criteria are regulated in § 16 of the GTCs, subject to the provisions of this paragraph.
2. Subject to the provisions of § 5 and Section 3 hereunder, upon the Insurable Event, we shall pay to the Life Insured the Benefit under the Rider executed on the basis of LD Rider Conditions equivalent to the Sum Insured in force as of the Date of the Event, set forth in the Policy.
3. Payment of the Benefit pursuant to Section 2 hereinbefore does not result in expiry of insurance coverage of the Life Insured under the Rider executed on the basis of LD Rider Conditions, provided that the Life Insured continues to be covered under the Basic Contract, subject to Section 4 hereinafter.
4. Following the Insurable Event, the scope of insurance coverage under the Rider executed on the basis of LD Rider Conditions shall be reduced in accordance with the Lifestyle Disease in respect of which the Benefit had been paid to the Life Insured, as well as those Lifestyle Diseases that are related to such Lifestyle Disease on a cause-and-effect basis.
5. The Benefit will be paid out once we receive and approve the complete set of documents required for the determination of

our liability pursuant to LD Rider Conditions.

6. We will determine the right to the Benefit under the Rider executed on the basis of LD Rider Conditions based on:
 - a) Properly completed Claim Form;
 - b) Duplicate copy of ID document of the Life Insured;
 - c) Duplicate copy of medical records of the Life Insured (e.g., medical history, descriptions of test results);
 - d) Other records required to determine legitimacy of the claim – upon our request.

Background information for Group Insurance Rider Terms and Conditions in respect of Preventive Tests and Dietary Consultations, extending the scope of coverage provided under the Group Life Insurance General Terms and Conditions

Type of information	Provision
1. Statutory requirements for the payment of insurance claim and other benefits or the cash value.	§ 1 Clause 2; § 3 in connection with § 2; § 4 in connection with § 2; § 5 in connection with § 2; § 7 Clause 1–5 and Clause 7–8 in connection with § 2.
2. Liability limitations and exclusions authorizing the Insurer not to pay the claims and other benefits or to reduce their value.	§ 1 Clause 2; § 6 in connection with § 2; § 7 Clause 6 and Clause 9 in connection with § 2.

GROUP INSURANCE RIDER TERMS AND CONDITIONS IN RESPECT OF PREVENTIVE TESTS AND DIETARY CONSULTATIONS

§ 1. GENERAL PROVISIONS

- The provisions of these Group Insurance Rider Terms and Conditions in respect of Preventive tests and Dietary Consultations, approved by way of Unum Management Board Resolution No. 3/08/2022 of August 9, 2022 and comes into effect as of September 15, 2022, (hereinafter referred to as the '**PTDC Rider Conditions**'), apply to the Rider extending the scope of insurance coverage provided pursuant to Group Life Insurance General Terms and Conditions (hereinafter referred to as the '**GTCs**')
- In the matters not provided for under these PTDC Rider Conditions, the provisions of the GTCs, the Policy and generally applicable laws and regulations shall apply.

§ 2. DEFINITIONS

- The terms used in these PTDC Rider Conditions shall be defined as per the GTCs, subject to Section 2 hereunder.
- For the purpose of the Rider executed on the basis of PTDC Rider Conditions, the following definitions are introduced:
 - Telemedicine Consultation** – medical service provided via ICT or remote communication systems by the Medical Partner. Telemedicine Consultations may be delivered via chat, teleconference or videoconference;
 - Medical Partner** – an entity that works with us to organize and deliver medical services, including the Telemedicine Consultations;
 - Platform** – web app or mobile app in the ICT system to facilitate Medical Services, including Telemedicine Consultations, deliverable by the Medical Partner;
 - Force Majeure** – external, unforeseeable and unpreventable event that precludes or delays service delivery by the Medical Partner.

§ 3. INSURABLE EVENT

- The Insurable Event covered under the Rider executed on the basis of PTDC Rider Conditions is defined as disease symptoms presenting with the Life Insured or preventive measures applied

by the Life Insured in order to avoid the onset of such disease in the future, which occurred during the effective term of coverage of the Life Insured under this Rider.

§ 4. EFFECTIVE TERM OF OUR LIABILITY

- Our liability for the Life Insured comes into force as of the effective date of coverage of the Life Insured under the Rider executed on the basis of PTDC Rider Conditions. Preventive tests and dietary consultations are delivered during the effective term of coverage of the Life Insured under this Rider. The rules governing commencement and termination of our liability are set forth in the GTCs, unless stated otherwise in the Policy.

§ 5. PREVENTIVE TESTS AND DIETARY CONSULTATIONS

- Upon the Insurable Event, we will arrange for and cover the cost of medical services that consist in preventive tests and dietary consultations, including:
 - Preventive tests:
 - Urinalysis;
 - CBC with PBS;
 - Total cholesterol;
 - Fasting glucose;
 - Total PSA;
 - Resting ECG;
 - Pap smear;
 - Dietary consultations:
 - The first consultation in the form of Telemedicine Consultation or visit in the facility, including body composition analysis;
 - Dietary plan for 14 days;
 - Follow-up consultation in the form of Telemedicine Consultation or visit in the facility.

§ 6. LIMITATIONS AND EXCLUSIONS OF OUR LIABILITY

- We are not liable for delays in the performance of medical services and Telemedicine Consultations or for non-performance or ill performance of medical services and Telemedicine Consultations

resulting from strikes, civil unrest, acts of terrorism, acts of war, effects of radioactivity, epidemics, pandemics, as well as mobility restrictions imposed by decisions of administrative authorities and resulting from Force Majeure.

§ 7. SERVICE DELIVERY

1. Preventive tests and dietary consultations are delivered through the Medical Partner, accessible through a hotline number provided in the Certificate. The cost of connection with the hotline as per the pricelist of telecommunication services operator.
2. To access preventive tests and dietary consultations, one should:
 - a) Contact the Medical Partner on the hotline and provide the following details
 - i. Name and surname of the Life Insured;
 - ii. PESEL number of the Life Insured or, when no PESEL number assigned, the date of birth of the Life Insured;
 - iii. Telephone number or e-mail address for contact with the Life Insured;
 - iv. Type of test or consultation required by the Life Insured.
 - b) Log in using the link sent to the e-mail address or telephone number to the individual account of the Life Insured, created on the Platform by the Medical Partner on the basis of the data referred to in point a) hereinbefore;
 - c) Accept Medical Partner's regulations and privacy policy available on the Platform prior to the date of medical services indicated in § 5 Section 1. If the Life Insured does not log in to the individual account referred to in b) hereinbefore prior to the date of the arranged medical services, they will be asked on the phone to accept the regulations and privacy policy.
3. Preventive tests and dietary consultations delivered in the form of a visit in the medical facility shall be delivered in the facilities designated by the Medical Partner.
4. Dietician shall be selected randomly by the IT system of the Medical Partner – the service will be delivered once the dietician has been approved by the Life Insured.
5. The Life Insured should disclose to the dietician any information and circumstances that may be relevant to the medical services provided, whether in the form of Telemedicine Consultation or facility visit, and should also share the copies of necessary medical records and test results. Failure to disclose information or share medical records may result in the inability to provide medical services. The Life Insured shall be liable for any misrepresentation or non-disclosure which had or could have had impact on the performance of the medical service.
6. Each of the preventive tests and dietary consultations referred to in § 5 Section 1 can be used by the Life Insured once during each 12-month period of coverage without a referral.
7. Within 24 hours from Telemedicine Consultation held, the Life Insured may ask follow-up questions to the dietician who consulted the Life Insured, on the chat.
8. Service delivery waiting times are as follows:
 - a) Within 1 Business Day from the date of contact with the Medical Partner – in the case of a preventive test;
 - b) Within 3 Business Days from the date of contact with the Medical Partner – in the case of dietary Telemedicine Consultation;
 - c) Within 5 Business Days from the date of contact with the Medical Partner – in the case of a dietary visit in the facility, unless a later date is indicated by the Life Insured.
9. Our liability under this Rider does not cover access to preventive tests and visits in a medical facility outside the territory of the Republic of Poland.
10. The cost of medical services provided in accordance with PTDC Rider Conditions is payable directly to the medical entities or facilities that deliver the service.

Background information for Group Insurance Rider Terms and Conditions in respect of Thyroid Disease Diagnostics, extending the scope of coverage provided under the Group Life Insurance General Terms and Conditions

Type of information	Provision
1. Statutory requirements for the payment of insurance claim and other benefits or the cash value.	§ 1 Clause 2; § 3 in connection with § 2; § 4 in connection with § 2; § 5 in connection with § 2; § 7 Clause 1–5 and Clause 7–8 in connection with § 2.
2. Liability limitations and exclusions authorizing the Insurer not to pay the claims and other benefits or to reduce their value.	§ 1 Clause 2; § 6 in connection with § 2; § 7 Clause 6 and Clause 9 in connection with § 2.

GROUP INSURANCE RIDER TERMS AND CONDITIONS IN RESPECT OF THYROID DISEASE DIAGNOSTICS

§ 1. GENERAL PROVISIONS

- The provisions of these Group Insurance Rider Terms and Conditions in respect of Diagnostics for Thyroid Diseases, approved by way of Unum Management Board Resolution No. 3/08/2022 of August 9, 2022 and comes into effect as of September 15, 2022, (hereinafter referred to as the 'TDD Rider Conditions'), apply to the Rider extending the scope of insurance coverage provided pursuant to Group Life Insurance General Terms and Conditions (hereinafter referred to as the 'GTCs').
- In the matters not provided for under these TDD Rider Conditions, the provisions of the GTCs, the Policy and generally applicable laws and regulations shall apply.

§ 2. DEFINITIONS

- The terms used in these TDD Rider Conditions shall be defined as per the GTCs, subject to Section 2 hereunder.
- For the purpose of the Rider executed on the basis of TDD Rider Conditions, the following definitions are introduced:
 - Thyroid Disease** – disease associated with abnormal production of hormones by the thyroid gland, resulting in hypothyroidism or hyperthyroidism;
 - Telemedicine Consultations** – medical services provided via ICT or remote communication systems by the Medical Partner. Telemedicine Consultations may be delivered via chat, teleconference or videoconference;
 - Medical Partner** – an entity that works with us to organize and deliver medical services, including the Telemedicine Consultations;
 - Platform** – web app or mobile app in the ICT system to facilitate Medical Services, including Telemedicine Consultations, deliverable by the Medical Partner;
 - Force Majeure** – external, unforeseeable and unpreventable event that precludes or delays service delivery by the Medical Partner.

§ 3. INSURABLE EVENT

- The Insurable Event covered under the Rider executed on the basis of TDD Rider Conditions is defined as Thyroid Disease symptoms presenting with the Life Insured or preventive measures applied by the Life Insured in order to avoid the onset of such disease in the future, which occurred during the effective term of coverage of the Life Insured under this Rider.

§ 4. EFFECTIVE TERM OF OUR LIABILITY

- Our liability for the Life Insured comes into force as of the effective date of coverage of the Life Insured under the Rider executed on the basis of TDD Rider Conditions. Thyroid Disease diagnostic tests are delivered during the effective term of coverage of the Life Insured under this Rider. The rules governing commencement and termination of our liability are set forth in the GTCs, unless stated otherwise in the Policy.

§ 5. SCOPE OF THYROID DISEASE DIAGNOSTIC TESTS

- Upon the Insurable Event, we will arrange for and cover the cost of medical services that consist in Thyroid Disease diagnostic tests, including:
 - Laboratory tests:
 - CBC with PBS;
 - fT3;
 - fT4;
 - TSH;
 - CRP;
 - Creatinine;
 - Uric acid;
 - Glucose;
 - Urea;
 - Sodium;
 - Anti-TG;
 - Potassium;

- 13) ALT;
 - 14) AST;
 - 15) Lipid panel;
 - 16) Anti-TPO;
 - 17) Anti-TSH receptor antibodies (TRAb);
 - 18) Urinalysis with sediment examination.
- b) Thyroid ultrasound;
 - c) Summary and interpretation of laboratory test results during Telemedicine Consultation with an internal medicine physician;
 - d) Telemedicine Consultation with endocrinologist – when the tests indicated in (a) or (b) above yield abnormal results, according to internal medicine physician;
 - e) Biopsy with histopathological examination and ultrasound guidance based on a physician's referral in case further diagnostics is ordered by the endocrinologist during the Telemedicine Consultation, followed by a second Telemedicine Consultation with an endocrinologist to discuss test results.

§ 6. LIMITATIONS AND EXCLUSIONS OF OUR LIABILITY

1. We are not liable for delays in the performance of medical services and Telemedicine Consultations or for non-performance or ill performance of medical services and Telemedicine Consultations resulting from strikes, civil unrest, acts of terrorism, acts of war, effects of radioactivity, epidemics, pandemics, as well as mobility restrictions imposed by decisions of administrative authorities and resulting from Force Majeure.

§ 7. SERVICE DELIVERY

1. Thyroid Disease diagnostic tests are delivered via the Medical Partner, accessible through a hotline number provided in the Certificate. The cost of connection with the hotline as per the pricelist of telecommunication services operator.
2. To access Thyroid Disease diagnostic tests, one should:
 - a) Contact the Medical Partner on the hotline and provide the following details:
 - i. Name and surname of the Life Insured;
 - ii. PESEL number of the Life Insured or, when no PESEL number assigned, the date of birth of the Life Insured;
 - iii. Telephone number or e-mail address for contact with the Life Insured;
 - iv. Type of test required by the Life Insured.
 - b) Log in using the link sent to the e-mail address or telephone number to the individual account of the Life Insured, created on the Platform by the Medical Partner on the basis of the data referred to in point a) hereinbefore;
 - c) Accept Medical Partner's regulations and privacy policy available on the Platform prior to the date of medical services indicated in § 5 Section 1. If the Life Insured does not log in to the individual account referred to in b) hereinbefore prior to the date of the arranged medical services, they will be asked on the phone to accept the regulations and privacy policy.
3. Laboratory tests, thyroid ultrasound and biopsy with histopathological examination and ultrasound guidance shall be delivered in the facilities designated by the Medical Partner.
4. Internal medicine physician and endocrinologist shall be selected randomly by the IT system of the Medical Partner – the service will be delivered once the internal medicine physician or endocrinologist has been approved by the Life Insured.
5. The Life Insured should disclose to the internal medicine physician and endocrinologist any information and circumstances that may be relevant to the medical services provided, whether in the form of Telemedicine Consultation or facility visit, and should also share the copies of necessary medical records and test results. Failure to disclose information or share medical records may result in the inability to provide medical services. The Life Insured shall be liable for any misrepresentation or non-disclosure which had or could have had impact on the performance of the medical service.
6. Each diagnostic tests for Thyroid Disease and each Telemedicine Consultation with internal medicine physician or endocrinologist, referred to in § 5 Section 1 hereinbefore, can be used by the Life Insured once during each 12-month period of coverage, without a referral (except for the biopsy with histopathological examination and ultrasound guidance, which requires a referral issued

- by the endocrinologist during the Telemedicine Consultation).
7. Within 24 hours from Telemedicine Consultation held, the Life Insured may ask follow-up questions to the physician who consulted the Life Insured, on the chat.
 8. Service delivery waiting times are as follows:
 - a) Within 4 hours from the date of contact with the Medical Partner – in the case of Telemedicine Consultation with internal medicine physician;
 - b) Within 1 Business Day from the date of contact with the Medical Partner – in the case of laboratory test;
 - c) Within 5 Business Days from the date of contact with the Medical Partner – in the case of Telemedicine Consultation with endocrinologist;
 - d) Within 5 Business Days from the date of contact with the Medical Partner – in the case of thyroid ultrasound;
 - e) Within 14 Business Days from the date of contact with the Medical Partner – in the case of biopsy with histopathological examination and ultrasound guidance, unless a later date is indicated by the Life Insured.
 9. Our liability under this Rider does not cover access to laboratory tests, thyroid ultrasound and biopsy with histopathological examination and ultrasound guidance outside the territory of the Republic of Poland.
 10. The cost of medical services provided in accordance with TDD Rider Conditions is payable directly to the medical entities or facilities that deliver the service.

Background information for Group Insurance Rider Terms and Conditions in respect of Diabetes Diagnostics, extending the scope of coverage provided under the Group Life Insurance General Terms and Conditions

Type of information	Provision
1. Statutory requirements for the payment of insurance claim and other benefits or the cash value.	§ 1 Clause 2; § 3 in connection with § 2; § 4 in connection with § 2; § 5 in connection with § 2; § 7 Clause 1–5 and Clause 7–8 in connection with § 2.
2. Liability limitations and exclusions authorizing the Insurer not to pay the claims and other benefits or to reduce their value.	§ 1 Clause 2; § 6 in connection with § 2; § 7 Clause 6 and Clause 9 in connection with § 2.

GROUP INSURANCE RIDER TERMS AND CONDITIONS IN RESPECT OF DIABETES DIAGNOSTICS

§ 1. GENERAL PROVISIONS

- The provisions of these Group Insurance Rider Terms and Conditions in respect of Diabetes Diagnostics, approved by way of Unum Management Board Resolution No. 3/08/2022 of August 9, 2022 and comes into effect as of September 15, 2022, (hereinafter referred to as the 'DD Rider Conditions'), apply to the Rider extending the scope of insurance coverage provided pursuant to Group Life Insurance General Terms and Conditions (hereinafter referred to as the 'GTCs').
- In the matters not provided for under these DD Rider Conditions, the provisions of the GTCs, the Policy and generally applicable laws and regulations shall apply.

§ 2. DEFINITIONS

- The terms used in these DD Rider Conditions shall be defined as per the GTCs, subject to Section 2 hereunder.
- For the purpose of the Rider executed on the basis of DD Rider Conditions, the following definitions are introduced:
 - Diabetes** – chronic metabolic condition resulting from impaired secretion or activity of insulin, which leads to abnormal blood glucose levels;
 - Telemedicine Consultations** – medical services provided via ICT or remote communication systems by the Medical Partner. Telemedicine Consultations may be delivered via chat, teleconference or videoconference;
 - Medical Partner** – an entity that works with us to organize and deliver medical services, including Telemedicine Consultations;
 - Platform** – web app or mobile app in the ICT system to facilitate Medical Services, including Telemedicine Consultations, deliverable by the Medical Partner;
 - Force Majeure** – external, unforeseeable and unpreventable event that precludes or delays service delivery by the Medical Partner.

§ 3. INSURABLE EVENT

- The Insurable Event covered under the Rider executed on the basis of DD Rider Conditions is defined as Diabetes symptoms presenting with the Life Insured or preventive measures applied by the Life Insured in order to avoid the onset of such disease in the future, which occurred during the effective term of coverage of the Life Insured under this Rider.

§ 4. EFFECTIVE TERM OF OUR LIABILITY

- Our liability for the Life Insured comes into force as of the effective date of coverage of the Life Insured under the Rider executed on the basis of DD Rider Conditions. Diabetes diagnostic tests are delivered during the effective term of coverage of the Life Insured under this Rider. The rules governing commencement and termination of our liability are set forth in the GTCs, unless stated otherwise in the Policy.

§ 5. SCOPE OF DIABETES DIAGNOSTIC TESTS

- Upon the Insurable Event, we will arrange for and cover the cost of medical services that consist in Diabetes diagnostic tests, including:
 - Laboratory tests:
 - CBC with PBS;
 - CRP;
 - Creatinine;
 - Urea;
 - Sodium;
 - Potassium;
 - ALT;
 - AST;
 - Lipid panel;
 - TSH;
 - Uric acid;
 - Hb A1c;

- 13) Urinalysis with sediment examination.
- b) Summary and interpretation of laboratory test results during Telemedicine Consultation with an internal medicine physician;
- c) Follow-up diagnostics – when the tests indicated in (a) above yield abnormal results and, in the opinion of internal medicine physician, additional tests and Telemedicine Consultations are required:
 - i. Tests: fasting glucose and post-load glucose;
 - ii. Summary and interpretation of laboratory test results during Telemedicine Consultation with an internal medicine physician;
 - iii. When glucose test result is above 125 mg/dl, repeated fasting glucose test and referral for consultation with a diabetologist;
 - iv. Telemedicine Consultation with a diabetologist.

- a) Within 4 hours from the date of contact with the Medical Partner – in the case of Telemedicine Consultation with internal medicine physician;
 - b) Within 1 Business Day from the date of contact with the Medical Partner – in the case of laboratory test, fasting glucose and post-load glucose;
 - c) Within 3 Business Days from the date of contact with the Medical Partner – in the case of Telemedicine Consultation with a diabetologist;
- unless a later date is indicated by the Life Insured.
9. Our liability under this Rider does not cover access to laboratory tests outside the territory of the Republic of Poland.
 10. The cost of medical services provided in accordance with DD Rider Conditions is payable directly to the medical entities or facilities that deliver the service.

§ 6. LIMITATIONS AND EXCLUSIONS OF OUR LIABILITY

1. We are not liable for delays in the performance of medical services and Telemedicine Consultations or for non-performance or ill performance of medical services and Telemedicine Consultations resulting from strikes, civil unrest, acts of terrorism, acts of war, effects of radioactivity, epidemics, pandemics, as well as mobility restrictions imposed by decisions of administrative authorities and resulting from Force Majeure.

§ 7. SERVICE DELIVERY

1. Diabetes diagnostic tests are delivered via the Medical Partner, accessible through a hotline number provided in the Certificate. The cost of connection with the hotline as per the pricelist of telecommunication services operator.
2. To access Diabetes diagnostic tests, one should:
 - a) Contact the Medical Partner on the hotline and provide the following details:
 - i. Name and surname of the Life Insured;
 - ii. PESEL number of the Life Insured or, when no PESEL number assigned, the date of birth of the Life Insured;
 - iii. Telephone number or e-mail address for contact with the Life Insured;
 - iv. Type of test required by the Life Insured.
 - b) Log in using the link sent to the e-mail address or telephone number to the individual account of the Life Insured, created on the Platform by the Medical Partner on the basis of the data referred to in point a) hereinbefore;
 - c) Accept Medical Partner's regulations and privacy policy available on the Platform prior to the date of medical services indicated in § 5 Section 1. If the Life Insured does not log in to the individual account referred to in b) hereinbefore prior to the date of the arranged medical services, they will be asked on the phone to accept the regulations and privacy policy.
3. Laboratory tests shall be delivered in the facilities designated by the Medical Partner.
4. Internal medicine physician and diabetologist shall be selected randomly by the IT system of the Medical Partner – the service will be delivered once the internal medicine physician or diabetologist has been approved by the Life Insured.
5. The Life Insured should disclose to the internal medicine physician and diabetologist any information and circumstances that may be relevant to the medical services provided, whether in the form of Telemedicine Consultation, and should also share the copies of necessary medical records and test results. Failure to disclose information or share medical records may result in the inability to provide medical services. The Life Insured shall be liable for any misrepresentation or non-disclosure which had or could have had impact on the performance of the medical service.
6. Each diagnostic test for Diabetes and each Telemedicine Consultation with internal medicine physician or diabetologist, referred to in § 5 Section 1 hereinbefore, can be used by the Life Insured once during each 12-month period of coverage, without a referral.
7. Within 24 hours from Telemedicine Consultation held, the Life Insured may ask follow-up questions to the physician who consulted the Life Insured, on the chat.
8. Service delivery waiting times are as follows:

Background information for Group Insurance Rider Terms and Conditions in respect of Surgical Operations of the Life Insured, extending the scope of coverage provided under the Group Life Insurance General Terms and Conditions

Type of information	Provision
1. Statutory requirements for the payment of insurance claim and other benefits or the cash value.	§ 1 Clause 2; § 3 in connection with § 2; § 4 in connection with § 2; § 6 Clause 1–2 and Clause 6–8 in connection with § 2.
2. Liability limitations and exclusions authorizing the Insurer not to pay the claims and other benefits or to reduce their value.	§ 1 Clause 2; § 4 in connection with § 2; § 5 in connection with § 2; § 6 Clause 3–5 in connection with § 2.

GROUP INSURANCE RIDER TERMS AND CONDITIONS IN RESPECT OF SURGICAL OPERATIONS OF THE LIFE INSURED

§ 1. GENERAL PROVISIONS

- The provisions of these Group Insurance Rider Terms and Conditions in respect of Surgical Operations of the Life Insured, approved by the Unum Management Board Resolution No. 3/08/2022 of August 9, 2022 and comes into effect as of September 15, 2022, (hereinafter referred to as the '**SO Rider Conditions**'), apply to the Rider extending the scope of insurance coverage provided pursuant to Group Life Insurance General Terms and Conditions (hereinafter referred to as the '**GTCs**').
- In the matters not provided for under these SO Rider Conditions, the provisions of the GTCs, the Policy and generally applicable laws and regulations shall apply.

§ 2. DEFINITIONS

- The terms used in these SO Rider Conditions shall be defined as per the GTCs, subject to Section 2 hereunder.
- For the purpose of the Rider executed on the basis of SO Rider Conditions, the following definitions are introduced:
 - Disease** – condition or abnormality that causes disturbances in the functioning of bodily organs regardless of anyone's volition, of pathological origin and diagnosable by a qualified medical practitioner;
 - Accident** – sudden event resulting solely from an external cause, not related to the volition or health status of the Life Insured, which is the only cause of Detriment to Health of the Life Insured and does not arise from any physical or mental impairment of the Life Insured. Heart attack, stroke, cerebral hemorrhage, poisoning, or any other disease or infection (including acute ones) shall not be defined as an Accident;
 - Surgical Operation** – surgical procedure performed on the Life Insured in connection with a Disease or physical bodily injury resulting from an Accident. We may only be held liable for the cases specified in the Table of Surgical Operations;
 - Pharmaceutical Benefit** – additional Benefit deliverable to the Life Insured in the event of a Surgical Operation listed

in the Table of Surgical Operations, subject to § 6 Section 6 herein;

- Table of Surgical Operations** – table which specifies the types of Surgical Operations, together with the corresponding Benefit amounts expressed in percentage of the Sum Insured, representing an integral part of SO Rider Conditions.

§ 3. INSURABLE EVENT

- The Insurable Event covered under the Rider executed on the basis of SO Rider Conditions is defined as a Surgical Operation performed on the Life Insured during the term of our liability under the Rider executed on the basis of SO Rider Conditions.
- The scope of coverage under this Rider may be enhanced with Pharmaceutical Benefit, as duly acknowledged in the Policy.

§ 4. EFFECTIVE TERM OF OUR LIABILITY

- Our liability for the Life Insured comes into force as of the effective date of coverage of the Life Insured under the Rider executed on the basis of SO Rider Conditions, with the provision that if the Insurable Event occurs within three months directly following the above-said date, our liability shall be limited to an event resulting from an Accident which occurs during the term of our liability under this Rider (Waiting Period). Should there be an extension of coverage, referred to in § 3 Section 2, our liability for the extended coverage shall come into force as of the effective date of such extended coverage of the Life Insured. The rules governing commencement and termination of our liability are set forth in the GTCs, unless stated otherwise in the Policy.
- If the Sum Insured is upgraded during the term of our liability for the Life Insured under the Rider executed on the basis of SO Rider Conditions, our liability in respect of Surgical Operation of the Life Insured that does not result from an Accident shall be limited, in the first three months following the date of such an upgrade, to the Sum Insured in effect prior to the date of the upgrade (Waiting Period).

§ 5. LIMITATIONS AND EXCLUSIONS OF OUR LIABILITY

1. The Benefit under the Rider executed on the basis of SO Rider Conditions shall not be paid out if the Surgical Operation resulted from:
 - a) War operations, active participation of the Life Insured in the acts of terror or riots;
 - b) Suicide attempted by the Life Insured, self-mutilation or mutilation at one's own request by the Life Insured, irrespective of their state of mind;
 - c) Plastic or cosmetic surgery, with the exception of treatment of consequences of Accidents taking place during the term of our liability for the Life Insured under the Rider executed on the basis of SO Rider Conditions;
 - d) Traffic Accident caused by the Life Insured in a state after alcohol consumption or in the state of alcohol intoxication, after the use of under the influence of drugs, intoxicating substances, psychotropic substances, alternative measures or new psychoactive substances within the meaning of the Polish Law against Substance Abuse (except for the substances taken under the direction of a qualified medical practitioner), which contributed to the Traffic Accident;
 - e) Diseases resulting from HIV infection;
 - f) An illegal act with statutory characteristics of intentional crime committed by the Life Insured, which has been established by a final court decision;
 - g) Military service in any country or participation in the operations of armed forces.

§ 6. BENEFIT PAYMENT

1. Benefit payment rules and criteria are regulated in § 16 of the GTCs, subject to the provisions of this paragraph.
2. Upon the Insurable Event referred to in § 3, we shall pay to the Life Insured the Benefit in respect of Surgical Operation equivalent to the percentage value, specified in the Table of Surgical Operations, of the Sum Insured in force as of the date of the Surgical Operation performed on the Life Insured, set out in the Policy, subject to § 4.
3. Irrespective of the number of Surgical Operations performed within 1 year, counting from the date of the first of those Surgical Operations, if the need to perform Surgical Operations was related to the same cause, i.e., the same Disease or the same Accident, we shall pay the Benefit in respect of one Surgical Operation only – the one that generates the highest Benefit according to the Table of Surgical Operations. The aforementioned provision does not apply to Surgical Operations performed on paired organs due to the same Disease or the same Accident.
4. In the event that more than one Surgical Operation is performed on the Life Insured within three consecutive days, we shall pay the Benefit for one Surgical Operation only – the one that generates the highest Benefit according to the Table of Surgical Operations.
5. If more than one Surgical Operation listed in the Table of Surgical Operations is performed while in the Operating Room, then, irrespective of the number of Surgical Operations performed, we shall pay the Benefit in respect of one Surgical Operation only – the one that generates the highest Benefit according to the Table of Surgical Operations.
6. In the event that a Surgical Operation is performed in the Life Insured with the Benefit equivalent to at least 40% of the Sum Insured, and provided that the scope of coverage has been enhanced with Pharmaceutical Benefit referred to in § 3 Section 2, we will pay to the Life Insured the Pharmaceutical Benefit in the amount in effect as of the date of the Surgical Operation, set out in the Policy.
7. The Benefit will be paid out once we receive and approve the complete set of documents required for the determination of our liability pursuant to SO Rider Conditions.
8. We will determine the right to the Benefit under the Rider executed on the basis of SO Rider Conditions based on:
 - a) Properly completed Claim Form;
 - b) Duplicate copy of ID document of the Life Insured;
 - c) Duplicate copy of medical records of the Life Insured (including medical history, descriptions of test results, operation descriptions);
 - d) Documents with a description of the circumstances of the

- accident issued by the institution that conducts the proceedings (e.g., the police, prosecutor's office);
- e) Other records required to determine legitimacy of the claim – upon our request.

Background information for Group Insurance Rider Terms and Conditions in respect of Surgical Operations of the Life Insured due to an Accident, extending the scope of coverage provided under the Group Life Insurance General Terms and Conditions

Type of information	Provision
1. Statutory requirements for the payment of insurance claim and other benefits or the cash value.	§ 1 Clause 2; § 3 in connection with § 2; § 4 in connection with § 2; § 6 Clause 1–2 and Clause 6–8 in connection with § 2.
2. Liability limitations and exclusions authorizing the Insurer not to pay the claims and other benefits or to reduce their value.	§ 1 Clause 2; § 5 in connection with § 2; § 6 Clause 3–5 in connection with § 2.

GROUP INSURANCE RIDER TERMS AND CONDITIONS IN RESPECT OF SURGICAL OPERATIONS OF THE LIFE INSURED DUE TO AN ACCIDENT

§ 1. GENERAL PROVISIONS

- The provisions of these Group Insurance Rider Terms and Conditions in respect of Surgical Operations of the Life Insured due to an Accident, approved by way of Unum Management Board Resolution No. 3/08/2022 of August 9, 2022 and comes into effect as of September 15, 2022, (hereinafter referred to as the 'ASO Rider Conditions'), apply to the Rider extending the scope of insurance coverage provided pursuant to Group Life Insurance General Terms and Conditions (hereinafter referred to as the 'GTCs').
- In the matters not provided for under these ASO Rider Conditions, the provisions of the GTCs, the Policy and generally applicable laws and regulations shall apply.

§ 2. DEFINITIONS

- The terms used in these ASO Rider Conditions shall be defined as per the GTCs, subject to Section 2 hereunder.
- For the purpose of the Rider executed on the basis of ASO Rider Conditions, the following definitions are introduced:
 - Accident** – sudden event resulting solely from an external cause, not related to the volition or health status of the Life Insured, which is the only cause of Detriment to Health of the Life Insured and does not arise from any physical or mental impairment of the Life Insured. Heart attack, stroke, cerebral hemorrhage, poisoning, or any other disease or infection (including acute ones) shall not be defined as an Accident;
 - Surgical Operation** – surgical procedure performed on the Life Insured in connection with physical bodily injury resulting from an Accident. We may only be held liable for the cases specified in the Table of Surgical Operations;
 - Pharmaceutical Benefit** – additional Benefit deliverable to the Life Insured in the event of a Surgical Operation listed in the Table of Surgical Operations, subject to § 6 Section 6 herein;
 - Table of Surgical Operations** – a table which specifies the types of Surgical Operations, together with the corresponding Benefit amounts expressed in percentage of the Sum

Insured, representing an integral part of ASO Rider Conditions.

§ 3. INSURABLE EVENT

- The Insurable Event covered under the Rider executed on the basis of ASO Rider Conditions is defined as a Surgical Operation performed on the Life Insured due to an Accident during the term of our liability under the Rider executed on the basis of ASO Rider Conditions.
- The scope of coverage under this Rider may be enhanced with the Pharmaceutical Benefit, as duly acknowledged in the Policy.

§ 4. EFFECTIVE TERM OF OUR LIABILITY

- Our liability for the Life Insured comes into force as of the effective date of coverage of the Life Insured under the Rider executed on the basis of ASO Rider Conditions. Should there be an extension of coverage, referred to in § 3 Section 2, our liability for the extended coverage shall come into force as of the effective date of such extended coverage of the Life Insured. The rules governing commencement and termination of our liability are set forth in the GTCs, unless stated otherwise in the Policy.

§ 5. LIMITATIONS AND EXCLUSIONS OF OUR LIABILITY

- The Benefit under the Rider executed on the basis of ASO Rider Conditions shall not be paid out if the Surgical Operation resulted from:
 - War operations, active participation of the Life Insured in the acts of terror or riots;
 - Plastic or cosmetic surgery, with the exception of treatment of consequences of Accidents taking place during the term of our liability for the Life Insured under the Rider executed on the basis of ASO Rider Conditions;
 - Traffic Accident caused by the Life Insured in a state after alcohol consumption or in the state of alcohol intoxication, after the use of under the influence of drugs, intoxicating substances, psychotropic substances, alternative measures or new psychoactive substances within the meaning of the

Polish Law against Substance Abuse (except for the substances taken under the direction of a qualified medical practitioner), which contributed to the Traffic Accident.

§ 6. BENEFIT PAYMENT

1. Benefit payment rules and criteria are regulated in § 16 of the GTCs, subject to the provisions of this paragraph.
2. Upon the Insurable Event referred to in § 3, we shall pay to the Life Insured the Benefit in respect of Surgical Operation due to an Accident, equivalent to the percentage value, specified in the Table of Surgical Operations, of the Sum Insured in force as of the date of the Surgical Operation performed on the Life Insured, set out in the Policy.
3. Irrespective of the number of Surgical Operations performed within 1 year, counting from the date of the first of those Surgical Operations, if the need to perform Surgical Operations was related to the same cause, i.e., the same Accident, we shall pay the Benefit in respect of one Surgical Operation only – the one that generates the highest Benefit according to the Table of Surgical Operations. The aforementioned provision does not apply to Surgical Operations performed on paired organs due to the same Accident.
4. In the event that more than one Surgical Operation is performed on the Life Insured within three consecutive days, we shall pay the Benefit for one Surgical Operation only – the one that generates the highest Benefit according to the Table of Surgical Operations.
5. If more than one Surgical Operation listed in the Table of Surgical Operations is performed while in the Operating Room, then, irrespective of the number of Surgical Operations performed, we shall pay the Benefit in respect of one Surgical Operation only – the one that generates the highest Benefit according to the Table of Surgical Operations.
6. In the event that a Surgical Operation is performed in the Life Insured with the Benefit equivalent to at least 40% of the Sum Insured, and provided that the scope of coverage has been enhanced with Pharmaceutical Benefit referred to in § 3 Section 2, we will pay to the Life Insured the Pharmaceutical Benefit in the amount in effect as of the date of the Surgical Operation, set out in the Policy.
7. The Benefit will be paid out once we receive and approve the complete set of documents required for the determination of our liability pursuant to ASO Rider Conditions.
8. We will determine the right to the Benefit under the Rider executed on the basis of ASO Rider Conditions based on:
 - a) Properly completed Claim Form;
 - b) Duplicate copy of ID document of the Life Insured;
 - c) Duplicate copy of medical records of the Life Insured;
 - d) Documents with a description of the circumstances of the accident issued by the institution that conducts the proceedings (e.g., the police, prosecutor's office);
 - e) Other records required to determine legitimacy of the claim – upon our request.

Background information for Group Insurance Rider Terms and Conditions in respect of Hospitalization of the Life Insured, extending the scope of coverage provided under the Group Life Insurance General Terms and Conditions.

Type of information	Provision
1. Statutory requirements for the payment of insurance claim and other benefits or the cash value.	§ 1 Clause 2; § 3 in connection with § 2; § 4 in connection with § 2; § 6 Clause 1–5 and Clause 8–14 in connection with § 2; § 7 Clause 1–6 and Clause 8 in connection with § 2.
2. Liability limitations and exclusions authorizing the Insurer not to pay the claims and other benefits or to reduce their value.	§ 1 Clause 2; § 4 in connection with § 2; § 5 in connection with § 2; § 6 Clause 4–7 in connection with § 2; § 7 Clause 7 in connection with § 2.

GROUP INSURANCE RIDER TERMS AND CONDITIONS IN RESPECT OF HOSPITALIZATION OF THE LIFE INSURED

§ 1. GENERAL PROVISIONS

- The provisions of these Group Insurance Rider Terms and Conditions in respect of Hospitalization of the Life Insured, approved by the Unum Management Board Resolution No. 3/08/2022 of August 9, 2022 and comes into effect as of September 15, 2022, (hereinafter referred to as the 'HIR Conditions'), apply to the Rider extending the scope of insurance coverage provided pursuant to Group Life Insurance General Terms and Conditions (hereinafter referred to as the 'GTCs').
- In the matters not provided for under these HIR Conditions, the provisions of the GTCs, the Policy and generally applicable laws and regulations shall apply.

§ 2. DEFINITIONS

- The terms used in these HIR Conditions shall be defined as per the GTCs, subject to Section 2 hereunder.
- For the purpose of the Rider executed on the basis of HIR Conditions, the following definitions are introduced:
 - Operating Center** – an entity that works with us to organize and deliver medical and assistance services;
 - Disease** – condition or abnormality that causes disturbances in the functioning of bodily organs regardless of anyone's volition, of pathological origin and diagnosable by a qualified medical practitioner;
 - Oncological Disease** – defined as follows:
 - Only such **Malignant Tumor** that means the presence of one or more malignant tumors characterized by uncontrolled growth, spread of malignant cells, and invasion and destruction of normal tissue, including leukemia, lymphatic system tumors and Hodgkin's Disease. For the

Benefit to be due, the presence of Malignant Tumor must be evidenced in a histopathology test result by a physician specializing in oncology or pathomorphology.

The following malignant tumors are excluded from coverage:

- Tumors described as carcinoma in situ (including cervical dysplasia CIN-1, CIN-2, CIN-3), or those histologically described as pre-invasive;
- Any skin neoplasia, unless there is evidence of metastases to other organs or unless the tumor is a malignant melanoma more than 1.5 mm thick according to histological examination or categorized as above invasive class 3 according to Clark's classification;
- Kaposi's sarcoma and other tumors connected with HIV or AIDS;
- Prostate cancer stage below T2N0M0 or Gleason score below 7;
- Papillary micro-carcinoma of the thyroid histologically described as microcarcinoma.

With regard to the Malignant Tumor, the date of the diagnosis shall be defined as the date of histological test specimen collection;

- Only such **Low Malignant Potential (LPM) Tumor** that is early-stage cancer whose stage or low degree of malignancy give rise to a good prognosis and which requires specialized oncological treatment: surgical treatment or radiotherapy, or chemotherapy. The following are included in coverage:
 - Precancerous lesion with cervical dysplasia CIN-3, which requires surgery;
 - Borderline ovarian cancer requiring chemotherapy

- or surgery;
- c. Myeloproliferative, myelodysplastic, myeloproliferative-dysplastic syndrome requiring hematological treatment;
 - d. Papillary micro-carcinoma of the thyroid histologically described as microcarcinoma, requiring surgery;
 - e. Any LMP or borderline tumor according to histopathology report, requiring surgery or chemotherapy/radiotherapy.
- LPM Tumor must be evidenced in histopathology report. With regard to LPM Tumor, the date of the diagnosis shall be defined as the date of histological test specimen collection;
- d) **Accident** – sudden event resulting solely from an external cause, not related to the volition or health status of the Life Insured, which is the only cause of Hospitalization of the Life Insured and does not arise from any physical or mental impairment of the Life Insured. Heart attack, stroke, cerebral hemorrhage, poisoning, or any other disease or infection (including acute ones) shall not be defined as an Accident;
 - e) **ICU Stay** – staying at an intensive care unit, intensive therapy department or a separate intensive monitoring room, supervised by physicians specializing in intensive care and anesthesiology, providing round-the-clock specialized medical and nursing care, furnished with specialized equipment, with round-the-clock monitoring and support of vital functions, dedicated to patients in a life-threatening condition;
 - f) **Sanatorium Stay** – staying in a Sanatorium based on a referral issued by a health insurance physician and acknowledged by the regional branch of the National Health Fund in Poland, as a follow-up of Hospitalization of the Life Insured in respect of which the Benefit is due;
 - g) **Hospitalization** – a documented stay in a hospital, on a constant and continuous basis, with the purpose to maintain, restore or improve health of the Life Insured. One day of Hospitalization is defined as one calendar day, with the first day of Hospitalization defined as the date of admission to the Hospital and the last day of Hospitalization defined as the date of discharge from the Hospital. The following shall not be regarded as Hospitalization: hospital visit the sole purpose of which was rehabilitation (except for the cases when such Hospitalization involves the first-time rehabilitation associated with the treatment following a stroke or heart attack), visits at rehabilitation department or day care unit;
 - h) **Vehicle** – means of transport authorized and intended for:
 - i. Road traffic operation - within the meaning of the Polish Road Traffic Law, with the exception of quads, bicycles, bicycle trailers, electric scooters, personal transport devices;
 - ii. Rail traffic operation to carry persons or goods;
 - iii. Inland waterway traffic operation - within the meaning of the Inland Waterways Act, and maritime traffic within the meaning of the Maritime Code;
 - iv. Air traffic operation as a passenger aircraft of a licensed airline operator;
 - i) **Convalescence** – period of medical leave that continues uninterrupted for at least 7 days and is based on a relevant certificate issued by the Hospital, directly following Hospitalization that continued for at least 7 days in respect of which the Benefit is due;
 - j) **Sanatorium** – health spa facility located in a health resort, operating pursuant to the applicable legal provisions, dedicated to chronic disease treatment or rehabilitation, patient rehabilitation and prevention of recurrence, complications or exacerbations of chronic diseases with the convalescents, making use of natural healing properties of therapeutic minerals and natural climate conditions available locally;
 - k) **Force Majeure** – external, unforeseeable and unpreventable event that precludes or delays service delivery by the Operating Center;
 - l) **Hospital** – public or non-public inpatient health care facility, operating pursuant to the applicable legal provisions, with the purpose to provide round-the-clock care and treatment for sick patients, with adequate diagnostic and therapeutic resources, employing medical personnel so as to ensure continuous care by at least one nurse and one physician, and keeping full medical records of each patient in compliance with applicable regulations. The following facilities shall not be included in the definition of a Hospital: a welfare home, a geriatric care facility, a hospice, any rehab facility for those addicted to alcohol or other substances, convalescence center, rehabilitation center, sanatorium facility, spa facility, preventive care facility, sanatorium hospital, spa hospital, resort facility, nursing home;
 - m) **Outpatient Services** – additional Benefits including medical consultations as well as laboratory and diagnostic tests provided in properly equipped, permanent premises, in the circumstances that do not call for inpatient and round-the-clock service delivery, deliverable to the Life Insured in the event of Hospitalization of the Life Insured that continued uninterrupted for at least 7 days;
 - n) **Pharmacy Benefit** – additional Benefit payable to the Life Insured in the event of Hospitalization of the Life Insured, subject to § 6 Section 11 herein;
 - o) **Stroke** – cerebrovascular accident which results in neurological deficit lasting more than 24 hours, including thrombosis, bleeding or embolism with material of extra-cranial origin. Stroke diagnosis must be confirmed with the imaging evidence such as CT (Computed Tomography), MRI (Magnetic Resonance Imaging) or PET (Positron Emission Tomography). Cerebral symptoms due to migraine, cerebral injury resulting from trauma or hypoxia, vascular disease affecting the eye or optic nerve, and ischemic disease of the vestibular system, shall be excluded from the scope of coverage. With regard to the Stroke, the date of the diagnosis shall be defined as the date on which preliminary diagnosis was made by a physician specializing in neurology;
 - p) **Traffic Accident** – a sudden event, triggered exclusively by an external cause and not related to the volition or health status of the Life Insured, which involves a moving Vehicle and is the only cause of Hospitalization of the Life Insured and which does not arise from any physical or mental impairment of the Life Insured. Traffic Accident definition includes an accident occurring when the Life Insured was not moving in a Vehicle but was hit by a Vehicle;
 - q) **Accident at Work** – an Accident in which the Life Insured was involved and which originated:
 - i. In course of or in connection with the ordinary duties included in the job description of the Life Insured and consistent with the nature of the job or resulting from the supervisors' orders, performed by the Life Insured for the Employer under an employment contract or a civil law contract;
 - ii. In course of or in connection with the hereinbefore-said duties performed by the Life Insured for the Employer even without any order;
 - iii. During the time when the Life Insured was on duty traveling between Employer's registered office and the location where the Life Insured performed their professional duties under employment contract or civil law contract;
 - iv. During a business trip in the circumstances other than those referred to in indents i., ii., iii. iv. hereinbefore, unless the accident was caused by the conduct of the Life Insured which was unrelated to their duties.
- Accident at Work shall be acknowledged with the official Occupational Safety and Health report, drawn up in conformity with applicable legal provisions governing benefits in respect of accidents at work. An event occurring when traveling to or from work shall not be regarded as an Accident at Work.
- r) **Heart Attack** – partial myocardial necrosis arising from inadequate blood supply to the myocardial muscle. The Life Insured shall be entitled to the Benefit subject to the presence of elevated myocardial damage biomarkers (above the upper limit of the normal range) and at least two of the three symptoms listed below:
 - i. Distinctive clinical symptoms of ischemia (chest pain, inter alia);
 - ii. New ECG changes suggestive of myocardial infarction;
 - iii. New abnormalities in segmental myocardial contractility in imaging test results (e.g., echocardiogram).

A diagnosed stable or unstable coronary heart disease without the features of a definitive heart attack shall be excluded from the scope of coverage. With regard to the Heart Attack, the date of the diagnosis shall be defined as the day on which the diagnosis was made by a physician specializing in cardiology.

§ 3. INSURABLE EVENT

1. The Insurable Event covered under the Rider executed on the basis of HIR Conditions consist in Hospitalization of the Life Insured which started and continued during the effective term of our liability under this Rider. Coverage is restricted to Hospitalization resulting from the causes set out in the Policy.
2. The scope of coverage under this Rider can be enhanced with:
 - a) ICU Stay of the Life Insured which started and continued during the effective term of our liability under this Rider,
 - b) Convalescence of the Life Insured which started and continued during the effective term of our liability under this Rider,
 - c) Sanatorium Stay of the Life Insured which started and continued during the effective term of our liability under this Rider,
 - d) Pharmacy Benefit,
 - e) Outpatient Services,
 as acknowledged in the Policy.

§ 4. EFFECTIVE TERM OF OUR LIABILITY

1. Our liability for the Life Insured shall come into force as of the effective date of coverage of the Life Insured under the Rider executed on the basis of HIR Conditions, with the provision that if the Insurable Event occurs within one month from the above-said date, our liability shall be limited only and exclusively to events resulting from an Accident that occurred during the effective term of our liability under this Rider (Waiting Period). Should there be an extension of coverage, referred to in § 3 Section 2, our liability for the extended coverage shall come into force as of the effective date of such extended coverage of the Life Insured. The rules governing commencement and termination of our liability are set forth in the GTCs, unless stated otherwise in the Policy.
2. If the Sum Insured is upgraded during the effective term of our liability for the Life Insured under the Rider executed on the basis of HIR Conditions, our liability in respect of Hospitalization of the Life Insured that does not result from an Accident shall be limited, within one month from the date of such an upgrade, to the Sum Insured in effect prior to the date of the upgrade (Waiting Period).

§ 5. LIMITATIONS AND EXCLUSIONS OF OUR LIABILITY

1. The Benefit under the Rider executed on the basis of HIR Conditions is not payable when Hospitalization of the Life Insured or the ICU Stay of the Life Insured resulted from:
 - a) War operations, active participation of the Life Insured in the acts of terror or riots;
 - b) Suicide attempted by the Life Insured, self-mutilation or mutilation at one's own request by the Life Insured, irrespective of their state of mind;
 - c) Illegal act with statutory characteristics of intentional crime committed by the Life Insured, which has been established by a final court decision;
 - d) Traffic Accident or Accident at Work caused by the Life Insured in a state after alcohol consumption or in the state of alcohol intoxication, after the use of under the influence of drugs, intoxicating substances, psychotropic substances, alternative measures or new psychoactive substances within the meaning of the Polish Law against Substance Abuse (except for the substances taken under the direction of a qualified medical practitioner), which contributed to the Traffic Accident or the an Accident at Work;
 - e) Diseases resulting from HIV infection;
 - f) Plastic or cosmetic surgery, with the exception of treatment of consequences of Accidents taking place during the term of our liability for the Life Insured under the Rider executed on the basis of HIR Conditions;
 - g) Military service of the Life Insured in any country or participation of the Life Insured in the operations of armed forces;
 - h) Regular check-ups or other medical checks performed on

the Life Insured when there are no objective symptoms of impaired health condition, and laboratory diagnostics or X-ray tests, except for the tests and examinations performed in connection with a Disease diagnosed in prior medical tests and examinations;

- i) Treatment of health problems induced by the use of drugs, intoxicating substances, psychotropic substances, alternative measures or new psychoactive substances within the meaning of the Polish Law against Substance Abuse (except for the substances taken under the direction of a qualified medical practitioner);
 - j) Treatment of the Diseases caused by alcohol abuse.
2. We are not liable for delays in the performance of Outpatient Services or for non-performance or ill performance of Outpatient Services resulting from strikes, civil unrest, acts of terrorism, acts of war, effects of radioactivity, epidemics, pandemics, as well as mobility restrictions imposed by decisions of administrative authorities and resulting from Force Majeure.

§ 6. BENEFIT PAYMENT

1. Benefit payment rules and criteria are regulated in § 16 of the GTCs, subject to the provisions of this paragraph.
2. Upon the Insurable Event referred to in § 3 Section 1, we will pay to the Life Insured, in a given Insurance Year, the Benefit in respect of the Rider executed on the basis of HIR Conditions for each day of Hospitalization started by the Life Insured, in the amount of the Sum Insured (hereinafter: Day Rate) in force as of the first day of Hospitalization of the Life Insured, subject to § 4 and Section 3 and Section 7 hereunder.
3. When Hospitalization resulted from a Disease (or Heart Attack, or Stroke, or Oncological Disease), we shall pay the Benefit provided that Hospitalization continued for more than 1 day (1 date change).
4. The amount of the Day Rate per one day of Hospitalization of the Life Insured, depending on the cause of such Hospitalization, is defined in the Policy.
5. When Hospitalization of the Life Insured resulted from an Accident, a Traffic Accident, an Accident at Work, Heart Attack or Stroke occurring prior to the effective date of coverage of the Life Insured under the Rider executed on the basis of HIR Conditions, and also when Hospitalization of the Life Insured resulted from Oncological Disease diagnosed prior to the effective date of coverage of the Life Insured under the Rider executed on the basis of HIR Conditions, for each day of such Hospitalization we shall pay to the Life Insured the Benefit equivalent to the amount of the Day Rate specified in respect of Hospitalization of the Life Insured due to a Disease.
6. When Hospitalization of the Life Insured resulted concurrently from an Accident (or a Traffic Accident, or an Accident at Work) and a Disease (or Heart Attack or Stroke or Oncological Disease), the amount of the Benefit payable under the Rider executed on the basis of HIR Conditions shall be determined on the basis of the Day Rate relevant for the Hospitalization of the Life Insured due to the cause for which the amount of the Day Rate provided for in the Policy is the highest.
7. When Hospitalization of the Life Insured resulted from the treatment of mental diseases or behavioral disorders as per the ICD, the Benefit shall be paid out, at the maximum, for 30 days of Hospitalization of the Life Insured in each Insurance Year.
8. If the scope of coverage under this Rider is enhanced with the ICU Stay of the Life Insured, upon the Insurable Event referred to in § 3 Section 2 Clause a) we shall pay to the Life Insured, in accordance with the model of Benefit payment set out in the Policy:
 - a) The Lumpsum Benefit, regardless of the number of days of ICU Stay, in the amount of the Sum Insured payable in respect of the ICU Stay provided for in the Policy in effect as of the first day of ICU Stay of the Life Insured, or
 - b) The Benefit in respect of each day of ICU Stay of the Life Insured, but in any case, for not more than 5 consecutive days, in the amount equivalent to the Day Rate in respect of ICU Stay provided for in the Policy in effect as of the first day of the ICU Stay of the Life Insured.
 The above-said Benefit is payable on an additional basis and irrespective of any other Benefits payable under the HIR Conditions.
9. If the scope of coverage under this Rider is enhanced with

Convalescence of the Life Insured, upon the Insurable Event referred to in § 3 Section 2 Clause b) we shall pay to the Life Insured, in accordance with the model of Benefit payment set out in the Policy:

- a) The Lumpsum Benefit, regardless of the number of days of Convalescence, in the amount of the Sum Insured payable in respect of the Convalescence provided for in the Policy in effect as of the first day of Convalescence of the Life Insured, or
 - b) The Benefit in respect of each day of Convalescence of the Life Insured, but in any case, for not more than 30 consecutive days, in the amount equivalent to the Day Rate in respect of Convalescence provided for in the Policy in effect as of the first day of the Convalescence of the Life Insured.
10. If the scope of coverage under this Rider is enhanced with Sanatorium Stay of the Life Insured, upon the Insurable Event referred to in § 3 Section 2 Clause c) we shall pay to the Life Insured - once in a given Insurance Year - the Benefit in respect of the Sanatorium Stay of the Life Insured in the amount of the Sum Insured in respect of Sanatorium Stay in effect as of the first day of Sanatorium Stay, set forth in the Policy, provided that the Benefit in respect of Hospitalization of the Life Insured is payable.
11. If the scope of coverage under this Rider is enhanced with Pharmacy Benefit, in the event of Hospitalization of the Life Insured, referred to in § 3 Section 1 of the Rider, under which the Benefit is due, we shall pay to the Life Insured - regardless of the cause of Hospitalization - one Pharmacy Benefit in the amount in effect as of the first day of Hospitalization of the Life Insured, set forth in the Policy. In a given Insurance Year, Pharmacy Benefit can be paid to the Life Insured after not more than three Hospitalizations of the Life Insured, which started and continued in a given Insurance Year.
12. When Hospitalization of the Life Insured started prior to the effective date of coverage for the Life Insured under the Rider executed on the basis of HIR Conditions and continued uninterrupted on the effective date of coverage for the Life Insured under this Rider, and the following conditions are met, jointly:
- a) Directly prior to enrollment in this Rider, the Life Insured was covered under the Previous Group Insurance Contract, and Hospitalization of the Life Insured was included in their scope of coverage;
 - b) The coverage provided to the Life Insured under the Previous Group Insurance Contract had been terminated on the eve of enrollment in this Rider;
 - c) The Policyholder has provided us with information about the scope of coverage provided to the Life Insured together with the sums insured and confirmation of termination of the Previous Group Insurance Contract,
- we shall pay to the Life Insured the Benefit in respect of, only and exclusively, the period of Hospitalization falling after the effective date of our coverage for the Life Insured, in the amount equivalent to the Day Rate in effect as of the first day of Hospitalization of the Life Insured.
13. The Benefit will be paid out once we receive and approve the complete set of documents required for the determination of our liability pursuant to HIR Conditions.
14. We will determine the right to the Benefit under the Rider executed on the basis of HIR Conditions based on:
- a) Properly completed Claim Form;
 - b) Duplicate copy of ID document of the Life Insured;
 - c) Duplicate copy of medical records of the Life Insured;
 - d) Duplicate copy of medical leave certificate issued by the Hospital;
 - e) Duplicate copy of documents with a description of the circumstances of the accident issued by the institution that conducts the proceedings (e.g., the police, prosecutor's office);
 - f) Other records required to determine legitimacy of the claim - upon our request.

§ 7. DELIVERY OF OUTPATIENT SERVICES

1. Outpatient Services are provided through the Operating Center, accessible through a hotline number provided in the Certificate. The cost of connection with the hotline as per the pricelist of telecommunication services operator.
2. In the event of Hospitalization of the Life Insured that continued for at least 7 days, if the scope of coverage under this Rider was

enhanced with Outpatient Services referred to in § 3 Section 2 Clause e), we will organize and pay for the Outpatient Services, including:

- a) Consultations with specialist physicians (internal medicine physician, orthopedist, surgeon, ophthalmologist, neurologist, diabetologist, oncologist, cardiologist, pulmonologist, gynecologist);
 - b) Laboratory tests (hematology tests, coagulation testing, glucose testing, lipid panel, sodium, potassium, urea, creatinine, protein, general urinalysis, liver tests - transaminases, bilirubin) - on the basis of a medical referral issued by the attending specialist physician or documented medical orders;
 - c) Diagnostic tests (X-ray, MRI, CT, ultrasound imaging, incl. echocardiography, ECG, spirometry) - on the basis of a medical referral issued by the attending specialist physician or documented medical orders.
3. To access the Outpatient Services referred to in Section 2 hereinbefore, one should contact the Operating Center. While on the phone, the Life Insured should provide the following details:
- a) Name and Surname of the Life Insured;
 - b) PESEL number of the Life Insured or, when no PESEL number assigned, the date of birth of the Life Insured;
 - c) Telephone number or e-mail address for contact with the Life Insured.
4. With regard to one Insurable Event referred to in § 3 Section 1, the Life Insured is entitled to not more than 15 Outpatient Services, at the maximum, with the provision that each medical consultation listed in Section 2 Clause a), and each diagnostic procedure listed in Section 2 Clause c), represents one Outpatient Service. Laboratory tests referred to in Section 2 Clause b), on one referral, represent one Outpatient Service, irrespective of test number and type.
5. Medical consultations, laboratory test and diagnostic procedures are held at medical facilities designated by the Operating Center.
6. The following service delivery waiting times are applicable:
- a) Up to 1 Business Day from the date of contact with the Operating Center - in the case of laboratory tests;
 - b) Up to 2 Business Days from the date of contact with the Operating Center - in the case of consultations with an internal medicine physician;
 - c) Up to 5 Business Days from the date of contact with the Operating Center - in the case of consultations with other physicians listed in § 7 Section 2 Clause a) and in the case of diagnostic procedures: X-ray, ultrasound, incl. echocardiography, ECG, spirometry;
 - d) Within 10 Business Days from the date of contact with the Operating Center - in the case of MRI or CT scan; unless a later date is indicated by the Life Insured.
7. Our liability does not cover medical services deliverable outside the territory of the Republic of Poland.
8. The cost of Outpatient Services provided in accordance with HIR Conditions is payable directly to the medical entities or facilities that deliver the service.

Background information for Group Insurance Rider Terms and Conditions in respect of Medical Rehabilitation following Hospitalization of the Life Insured, extending the scope of coverage provided under the Group Life Insurance General Terms and Conditions and under the Group Insurance Rider Terms and Conditions in respect of Hospitalization of the Life Insured

Type of information	Provision
1. Statutory requirements for the payment of insurance claim and other benefits or the cash value.	§ 1 Clause 2; § 3 in connection with § 2; § 4 in connection with § 2; § 6 Clause 1–2 and Clause 4–5 in connection with § 2.
2. Liability limitations and exclusions authorizing the Insurer not to pay the claims and other benefits or to reduce their value.	§ 1 Clause 2; § 5 in connection with § 2; § 6 Clause 3 in connection with § 2.

GROUP INSURANCE RIDER TERMS AND CONDITIONS IN RESPECT OF MEDICAL REHABILITATION FOLLOWING HOSPITALIZATION OF THE LIFE INSURED

§ 1. GENERAL PROVISIONS

- The provisions of these Group Insurance Rider Terms and Conditions in respect of Medical Rehabilitation following Hospitalization of the Life Insured, approved by way of Unum Management Board Resolution No. 3/08/2022 of August 9, 2022 and comes into effect as of September 15, 2022, (hereinafter referred to as the '**MEDREH Rider Conditions**'), apply to the Rider extending the scope of insurance coverage provided pursuant to Group Life Insurance General Terms and Conditions (hereinafter referred to as the '**GTCs**') and Group Insurance Rider Terms and Conditions in respect of Hospitalization of the Life Insured (hereinafter referred to as the '**HIR Conditions**').
- In the matters not provided for under these MEDREH Rider Conditions, the provisions of the GTCs, HIR Conditions, the Policy and generally applicable laws and regulations shall apply.

§ 2. DEFINITIONS

- The terms used in these MEDREH Conditions shall be defined as per the GTCs and HIR Conditions, subject to Section 2 hereunder.
- For the purpose of the Rider executed on the basis of MEDREH Rider Conditions, the following definitions are introduced:
 - Accident** – sudden event resulting solely from an external cause, not related to the volition or health status of the Life Insured, which is the only cause of Hospitalization and Medical Rehabilitation of the Life Insured and does not arise from any physical or mental impairment of the Life Insured. Heart attack, stroke, cerebral hemorrhage, poisoning, or any other disease or infection (including acute ones) shall not be defined as an Accident;
 - Rehabilitation Facility** – health care unit operating pursuant to the applicable legal provisions, designed to offer medical rehabilitation services on an outpatient or inpatient basis, at the premises adapted specifically for that purpose and equipped with adequate infrastructure, employing qualified

rehabilitation personnel and at least one physician. The definition of Rehabilitation Facility shall not include a welfare home, a hospice, a spa resort or any substance abuse rehab facility for those addicted to alcohol or other substances;

- Medical Rehabilitation** – integral part of follow-up treatment after Hospitalization of the Life Insured, aimed to mitigate the physical or mental consequences of a Disease or Accident and to help the Life Insured recover their full or maximum physical or mental wellbeing, carried out in a Rehabilitation Facility or in a Hospital rehabilitation department, provided that it was initiated before the end of the 3rd month, counting from the end of the Hospitalization of the Life Insured in respect of which the Life Insured was entitled to the Benefit. The definition of Medical Rehabilitation shall include rehabilitation procedures performed on the Life Insured in accordance with a referral issued by a physician specializing in rehabilitation in line with a pre-agreed rehabilitation schedule, the accomplishment of which was acknowledged with the final assessment of rehabilitation outcomes issued by a physician specializing in rehabilitation;
- Hospital** – public or non-public inpatient health care facility, operating pursuant to the applicable legal provisions, with the purpose to provide round-the-clock care and treatment for sick patients, with adequate diagnostic and therapeutic resources, employing medical personnel so as to ensure continuous care by at least one nurse and one physician, and keeping full medical records of each patient in compliance with applicable regulations. The following facilities shall not be included in the definition of a Hospital: a welfare home, a geriatric care facility, a hospice, any rehab facility for those addicted to alcohol or other substances, convalescence center, rehabilitation center, sanatorium facility, spa facility, preventive care facility, sanatorium hospital, spa hospital, resort facility, nursing home.

§ 3. INSURABLE EVENT

1. The Insurable Event covered under the Rider executed on the basis of MEDREH Rider Conditions shall be defined as Medical Rehabilitation of the Life Insured which was initiated and continued during the term of our liability for the Life Insured under the Rider executed on the basis of MEDREH Rider Conditions.

§ 4. EFFECTIVE TERM OF OUR LIABILITY

1. Our liability for the Life Insured shall come into force as of the effective date of coverage of the Life Insured under the Rider executed on the basis of MEDREH Rider Conditions. The rules governing commencement and termination of our liability are set forth in the GTCs, unless stated otherwise in the Policy.

§ 5. LIMITATIONS AND EXCLUSIONS OF OUR LIABILITY

1. The Benefit under the Rider executed on the basis of MEDREH Rider Conditions is not payable when Medical Rehabilitation of the Life Insured resulted from:
 - a) Suicide attempted by the Life Insured, self-mutilation or mutilation at one's own request, irrespective of their state of mind;
 - b) An illegal act with statutory characteristics of intentional crime committed by the Life Insured, which has been established by a final court decision;
 - c) Traffic Accident caused by the Life Insured in a state after alcohol consumption or in the state of alcohol intoxication, after the use of under the influence of drugs, intoxicating substances, psychotropic substances, alternative measures or new psychoactive substances within the meaning of the Polish Law against Substance Abuse (except for the substances taken under the direction of a qualified medical practitioner), which contributed to the Traffic Accident;
 - d) Medical experiment or medical intervention performed on the Life Insured without supervision of physician or other authorized personnel;
 - e) Diseases resulting from HIV infection;
 - f) Military service of the Life Insured in any country or participation of the Life Insured in the operations of armed forces;
 - g) Hostilities, active participation of the Life Insured in the acts of terror or riots.
2. Moreover, the Benefit under the Rider executed on the basis of MEDREH Rider Conditions shall not be paid out if:
 - a) Medical Rehabilitation referral was issued for the Life Insured or the decision regarding the Medical Rehabilitation of the Life Insured was made prior to the effective date of our coverage for the Life Insured under the Rider executed on the basis of MEDREH Rider Conditions;
 - b) Medical Rehabilitation of the Life Insured involved some emergency procedures, in particular, within the framework of emergency care provided by emergency rescue services (resuscitation ambulance service, accident response ambulance service).

§ 6. BENEFIT PAYMENT

1. Benefit payment rules and criteria are regulated in § 16 of the GTCs, subject to the provisions of this paragraph.
2. Upon the Insurable Event referred to in § 3, we shall pay to the Life Insured the Benefit in respect of the Rider executed on the basis of REHMED Rider Conditions in the amount of the Sum Insured in force as of the first day of Medical Rehabilitation, set out in the Policy, subject to Section 3 hereunder.
3. In a given Insurance Year, the Benefit under the Rider executed on the basis of MEDREH Rider Conditions shall be payable, at the maximum, in respect of three cases of Medical Rehabilitation of the Life Insured following Hospitalization of the Life Insured in respect of which the Benefit is payable.
4. The Benefit will be paid out once we receive and approve the complete set of documents required for the determination of our liability pursuant to MEDREH Rider Conditions.
5. We will determine the right to the Benefit under the Rider executed on the basis of MEDREH Rider Conditions based on:
 - a) Properly completed Claim Form;
 - b) Duplicate copy of medical records testifying to the diagnosis and the course of treatment to date (e.g., hospital treatment information charts for the period preceding rehabilitation,

first aid reports – when Medical Rehabilitation of the Life Insured results from personal injury, etc.);

- c) Duplicate copy of medical referral for Medical Rehabilitation of the Life Insured;
- d) Hospital treatment information charts for the period preceding Medical Rehabilitation of the Life Insured which was followed by Medical Rehabilitation of the Life Insured;
- e) Other records required to determine legitimacy of the claim – upon our request.

Background information for Group Insurance Rider Terms and Conditions in respect of Medical Rehabilitation following Accident-related Hospitalization of the Life Insured, extending the scope of coverage provided under the Group Life Insurance General Terms and Conditions and under the Group Insurance Rider Terms and Conditions in respect of Hospitalization of the Life Insured

Type of information	Provision
1. Statutory requirements for the payment of insurance claim and other benefits or the cash value.	§ 1 Clause 2; § 3 in connection with § 2; § 4 in connection with § 2; § 6 Clause 1–2 and Clause 4–5 in connection with § 2.
2. Liability limitations and exclusions authorizing the Insurer not to pay the claims and other benefits or to reduce their value.	§ 1 Clause 2; § 5 in connection with § 2; § 6 Clause 3 in connection with § 2.

GROUP INSURANCE RIDER TERMS AND CONDITIONS IN RESPECT OF MEDICAL REHABILITATION FOLLOWING ACCIDENT-RELATED HOSPITALIZATION OF THE LIFE INSURED

§ 1. GENERAL PROVISIONS

- The provisions of these Group Insurance Rider Terms and Conditions in respect of Medical Rehabilitation following Accident-related Hospitalization of the Life Insured, approved by way of Unum Management Board Resolution No. 3/08/2022 of August 9, 2022 and comes into effect as of September 15, 2022, (hereinafter referred to as the '**AREH Rider Conditions**'), apply to the Rider extending the scope of insurance coverage provided pursuant to Group Life Insurance General Terms and Conditions (hereinafter referred to as the '**GTCs**') and Group Insurance Rider Terms and Conditions in respect of Hospitalization of the Life Insured (hereinafter referred to as the '**HIR Conditions**').
- In the matters not provided for under these AREH Rider Conditions, the provisions of the GTCs, HIR Conditions, the Policy and generally applicable laws and regulations shall apply.

§ 2. DEFINITIONS

- The terms used in these AREH Rider Conditions shall be defined as per the GTCs and HIR Conditions, subject to Section 2 hereunder.
- For the purpose of the Rider executed on the basis of AREH Rider Conditions, the following definitions are introduced:
 - Accident** – sudden event resulting solely from an external cause, not related to the volition or health status of the Life Insured, which is the only cause of Hospitalization and Medical Rehabilitation of the Life Insured and does not arise from any physical or mental impairment of the Life Insured. Heart attack, stroke, cerebral hemorrhage, poisoning, or any other disease or infection (including acute ones) shall not be defined as an Accident;
 - Rehabilitation Facility** – health care unit operating pursuant to the applicable legal provisions, designed to offer medical rehabilitation services on an outpatient or inpatient basis, at the premises adapted specifically for that purpose and equipped with adequate infrastructure,

employing qualified rehabilitation personnel and at least one physician. The definition of Rehabilitation Facility shall not include a welfare home, a hospice, a spa resort or any substance abuse rehab facility for those addicted to alcohol or other substances;

- Accident-related Medical Rehabilitation** – integral part of follow-up treatment after Accident-related Hospitalization of the Life Insured, aimed to mitigate the physical or mental consequences of the Accident and help the Life Insured recover their full or maximum physical or mental wellbeing, as possible, carried out in a Rehabilitation Facility or in a Hospital rehabilitation department, provided that it was initiated before the end of the 3rd month, counting from the end of the Accident-related Hospitalization of the Life Insured in respect of which the Life Insured was entitled to the Benefit. The definition of Accident-related Medical Rehabilitation shall include rehabilitation procedures performed on the Life Insured in accordance with a referral issued by a physician specializing in rehabilitation in line with a pre-agreed rehabilitation schedule, the accomplishment of which was acknowledged with the final assessment of rehabilitation outcomes issued by a physician specializing in rehabilitation;
- Hospital** – public or non-public inpatient health care facility, operating pursuant to the applicable legal provisions, with the purpose to provide round-the-clock care and treatment for sick patients, with adequate diagnostic and therapeutic resources, employing medical personnel so as to ensure continuous care by at least one nurse and one physician, and keeping full medical records of each patient in compliance with applicable regulations. The following facilities shall not be included in the definition of a Hospital: a welfare home, a geriatric care facility, a hospice, any rehab facility for those addicted to alcohol or other substances, convalescence center, rehabilitation center, sanatorium facility, spa

facility, preventive care facility, sanatorium hospital, spa hospital, resort facility, nursing home.

§ 3. INSURABLE EVENT

1. The Insurable Event covered under the Rider executed on the basis of AREH Rider Conditions shall be defined as Accident-related Medical Rehabilitation of the Life Insured which was initiated and continued during the term of our liability for the Life Insured under the Rider executed on the basis of AREH Rider Conditions.

§ 4. EFFECTIVE TERM OF OUR LIABILITY

1. Our liability for the Life Insured shall come into force as of the effective date of coverage of the Life Insured under the Rider executed on the basis of AREH Rider Conditions. The rules governing commencement and termination of our liability are set forth in the GTCs, unless stated otherwise in the Policy.

§ 5. LIMITATIONS AND EXCLUSIONS OF OUR LIABILITY

1. The Benefit under the Rider executed on the basis of AREH Rider Conditions is not payable when Accident-related Medical Rehabilitation of the Life Insured resulted from:
 - a) Hostilities, active participation of the Life Insured in the acts of terror or riots;
 - b) Suicide attempted by the Life Insured, self-mutilation or mutilation at one's own request, irrespective of their state of mind
 - c) An illegal act with statutory characteristics of intentional crime committed by the Life Insured, which has been established by a final court decision;
 - d) Traffic Accident caused by the Life Insured in a state after alcohol consumption or in the state of alcohol intoxication, after the use of under the influence of drugs, intoxicating substances, psychotropic substances, alternative measures or new psychoactive substances within the meaning of the Polish Law against Substance Abuse (except for the substances taken under the direction of a qualified medical practitioner), which contributed to the Traffic Accident;
 - e) Military service of the Life Insured in any country or participation of the Life Insured in the operations of armed forces.
2. Moreover, the Benefit under the Rider executed on the basis of AREH Rider Conditions shall not be paid out if the referral for Accident-related Medical Rehabilitation was issued for the Life Insured or the decision regarding the Accident-related Medical Rehabilitation of the Life Insured was made prior to the effective date of our coverage for the Life Insured under the Rider executed on the basis of AREH Rider Conditions.

§ 6. BENEFIT PAYMENT

1. Benefit payment rules and criteria are regulated in § 16 of the GTCs, subject to the provisions of this paragraph.
2. Upon the Insurable Event referred to in § 3, we shall pay to the Life Insured the Benefit in respect of the Rider executed on the basis of AREH Rider Conditions in the amount of the Sum Insured in force as of the first day of Accident-related Medical Rehabilitation, set out in the Policy, subject to Section 3 hereunder.
3. In a given Insurance Year, the Benefit under the Rider executed on the basis of AREH Rider Conditions shall be payable, at the maximum, in respect of three cases of Accident-related Medical Rehabilitation of the Life Insured following Hospitalization of the Life Insured in respect of which the Benefit is payable.
4. The Benefit will be paid out once we receive and approve the complete set of documents required for the determination of our liability pursuant to AREH Rider Conditions.
5. We will determine the right to the Benefit under the Rider executed on the basis of AREH Rider Conditions based on:
 - a) Properly completed Claim Form;
 - b) Duplicate copy of medical records testifying to the diagnosis and the course of treatment to date (e.g., hospital treatment information charts for the period preceding rehabilitation, first aid reports, etc.);
 - c) Duplicate copy of medical referral for Accident-related Medical Rehabilitation of the Life Insured;
 - d) Hospital treatment information charts for the period preceding Accident-related Medical Rehabilitation of the Life

Insured which was followed by Accident-related Medical Rehabilitation of the Life Insured;

- e) Other records required to determine legitimacy of the claim – upon our request.

Background information for Group Insurance Rider Terms and Conditions in respect of Medical and Assistance Services resulting from an Accident of the Life Insured, extending the scope of coverage provided under the Group Life Insurance General Terms and Conditions

Type of information	Provision
1. Statutory requirements for the payment of insurance claim and other benefits or the cash value.	§ 1 Clause 2; § 3 in connection with § 2; § 4 in connection with § 2; § 5 in connection with § 2; § 7 Clause 1–3 and Clause 5–8 in connection with § 2.
2. Liability limitations and exclusions authorizing the Insurer not to pay the claims and other benefits or to reduce their value.	§ 1 Clause 2; § 6 in connection with § 2; § 7 Clause 4 in connection with § 2.

GROUP INSURANCE RIDER TERMS AND CONDITIONS IN RESPECT OF MEDICAL AND ASSISTANCE SERVICES RESULTING FROM AN ACCIDENT OF THE LIFE INSURED

§ 1. GENERAL PROVISIONS

- The provisions of these Group Insurance Rider Terms and Conditions in respect of Medical and Assistance Services Resulting from an Accident of the Life Insured, approved by way of Unum Management Board Resolution No. 3/08/2022 of August 9, 2022 and comes into effect as of September 15, 2022, (hereinafter referred to as the '**ASA Rider Conditions**'), apply to the Rider extending the scope of insurance coverage provided pursuant to Group Life Insurance General Terms and Conditions (hereinafter referred to as the '**GTCs**').
- In the matters not provided for under these ASA Rider Conditions, the provisions of the GTCs, HIR Conditions, the Policy and generally applicable laws and regulations shall apply.

§ 2. DEFINITIONS

- The terms used in these ASA Rider Conditions shall be defined as per the GTCs, subject to Section 2 hereunder.
- For the purpose of the Rider executed on the basis of ASA Rider Conditions, the following definitions are introduced:
 - Operating Center** – an entity that works with us to organize and deliver medical and assistance services;
 - Chronic Disease:**
 - Health condition diagnosed with the Life Insured prior to their effective date of coverage under this Rider, characterized by slow progression and long-term course, or
 - Health condition continuously or periodically treated on an outpatient basis or causing Hospitalization of the Life Insured in the period of 12 months directly preceding the effective date of coverage of the Life Insured under this Rider;

- Accident** – sudden event resulting solely from an external cause, not related to the volition or health status of the Life Insured, which is the only cause of Hospitalization and Medical Rehabilitation of the Life Insured and does not arise from any physical or mental impairment of the Life Insured. Heart attack, stroke, cerebral hemorrhage, poisoning, or any other disease or infection (including acute ones) shall not be defined as an Accident;
- Force Majeure** – an external, unforeseeable and unpreventable event that precludes or delays service delivery by the Operating Center.

§ 3. INSURABLE EVENT

- The Insurable Event covered under the Rider executed on the basis of ASA Rider Conditions shall be defined as an Accident of the Life Insured which occurred during the term of our liability for the Life Insured under the Rider executed on the basis of this Rider.

§ 4. EFFECTIVE TERM OF OUR LIABILITY

- Our liability for the Life Insured shall come into force as of the effective date of coverage of the Life Insured under the Rider executed on the basis of ASA Rider Conditions. The rules governing commencement and termination of our liability are set forth in the GTCs, unless stated otherwise in the Policy.

§ 5. SCOPE OF MEDICAL AND ASSISTANCE SERVICES APPLICABLE IN THE EVENT OF ACCIDENT OF THE LIFE INSURED

- Upon the Insurable Event, we will arrange for and cover the cost of Medical and Assistance Services resulting from an Accident of the Life Insured, including:

Medical and Assistance Services resulting from an Accident of the Life Insured	Quantitative limit per one Insurable Event
a) CT scan – on the basis of a medical referral issued by the attending specialist physician or documented medical indications/recommendations.	25 services indicated in points a)-p)
b) MRI – on the basis of a medical referral issued by the attending specialist physician or documented medical indications/recommendations.	
c) Ultrasound – on the basis of a medical referral issued by the attending specialist physician or documented medical indications/recommendations.	
d) Laboratory tests – on the basis of a medical referral issued by the attending specialist physician or documented medical indications/recommendations.	
e) Outpatient procedures (including other radiological examinations) – on the basis of a medical referral issued by the attending specialist physician or documented medical indications/recommendations.	
f) Delivery of drugs or rehabilitation equipment – on the basis of documented medical indications/recommendations.	
g) Purchase of rehabilitation equipment – on the basis of documented medical indications/recommendations.	
h) Psychological counselling following hospitalization.	
i) Fitness coach consultations – on the basis of documented medical indications/recommendations.	
j) Physiotherapist consultation – on the basis of a medical referral issued by the attending specialist physician or documented medical indications/recommendations.	
k) Visits of a specialist physician (orthopedist, surgeon, neurosurgeon) or psychotherapist, following hospitalization – on the basis of a medical referral issued by the attending specialist physician or documented medical indications/recommendations.	
l) Medical transportation to the medical facility.	
l) Medical transportation from the medical facility	
m) Visit of an internal medicine physician.	
n) Cost reimbursement for an unattended sporting event (marathon, triathlon, race, etc.).	
o) Purchase or rental of orthopedic appliances and other types of aids – on the basis of documented medical indications/recommendations.	
p) Accommodation for a parent in the event of hospitalization of a child.	
q) Arrangements and payment for the rehabilitation process – on the basis of a medical referral issued by the attending specialist physician or documented medical indications/recommendations.	40 procedures
r) Nurse assistance, following hospitalization – on the basis of documented medical indications/recommendations.	up to 5 days
s) Home assistance (when no other member of the household is available).	up to 5 days (4 hours each)
t) Care over children and dependents.	up to 5 days

§ 6. LIMITATIONS AND EXCLUSIONS OF OUR LIABILITY

1. The Benefit under the Rider executed on the basis of ASA Rider Conditions is not payable when the Accident of the Life Insured resulted from:

- a) Willful misconduct or gross negligence;
 - b) Illegal act with statutory characteristics of intentional crime committed by the Life Insured, which has been established by a final court decision; or attempt of such crime made by the Life Insured;
 - c) Deliberate self-mutilation, attempted suicide;
 - d) Hostilities, martial law, emergency law, nuclear explosion, spills, pollution, contamination, nuclear reaction, contamination caused by nuclear weapons or radioactivity;
 - e) Treatment that is experimental or not evidence-based;
 - f) Procedures performed for aesthetic indications, regardless of the reason;
 - g) Routine or restorative dental treatment, whether performed by a dentist or facial-maxillofacial surgeon;
 - h) Congenital defects;
 - i) HIV or sexually transmitted diseases, AIDS;
 - j) Chronic conditions;
 - k) Non-compliance with the recommendations of the physician attending to the Life Insured in connection with treatment due to the Insurable Event;
 - l) Competitive or professional sports, understood as regular or intensive training combined with participation in competitions, events or conditioning and training camps, also within the framework of membership in sports clubs, unions and organizations, regardless of potential profits or lack thereof;
 - m) Natural disasters;
 - n) Biological or chemical materials, substances or components used to put human life or health in danger;
 - o) Traffic Accident caused by the Life Insured in a state after alcohol consumption or in the state of alcohol intoxication, after the use of under the influence of drugs, intoxicating substances, psychotropic substances, alternative measures or new psychoactive substances within the meaning of the Polish Law against Substance Abuse (except for the substances taken under the direction of a qualified medical practitioner), which contributed to the Traffic Accident;
 - p) Military service of the Life Insured in any country or participation of the Life Insured in the operations of armed forces;
 - q) Emergency Medical Rehabilitation of the Life Insured, in particular, within the framework of emergency care provided by emergency rescue services (resuscitation ambulance service, accident response ambulance service).
2. Cost of the following items is excluded from coverage:
 - a) Medical and assistance services delivered outside the territory of the Republic of Poland;
 - b) Treatment of injuries and diseases resulting from wars, hostilities, armed conflicts, riots, civil commotion, coups d'état, acts of terror, insurrection, strikes, chemical or radioactive contamination, impact of nuclear materials, burning of nuclear fuel, asbestosis.
 3. We are not liable for delays in the performance of medical and assistance services or for non-performance or ill performance of medical and assistance services resulting from strikes, civil unrest, acts of terrorism, acts of war, effects of radioactivity, epidemics, pandemics, as well as mobility restrictions imposed by decisions of administrative authorities and resulting from Force Majeure.

§ 7. SERVICE DELIVERY

1. Medical and assistance services are provided through the Operating Center, accessible through a hotline number provided in the Certificate. The cost of connection with the hotline as per the pricelist of telecommunication services operator.
2. To access medical and assistance services in case of Accident of the Life Insured, one should contact the Operating Center. While on the phone, the Life Insured should provide the following details:
 - a) Name and Surname of the Life Insured;
 - b) PESEL number of the Life Insured or, when no PESEL number assigned, the date of birth of the Life Insured;
 - c) Telephone number for contact with the Life Insured;
 - d) Date of the Accident of the Life Insured;
 - e) Description of the event and type of assistance required.
3. When the Insurable Event is not reported, the service will be considered once the Life Insured has submitted complete

documentation necessary to establish the validity of the claim, i.e., the records testifying to the cause and scope of medical assistance provided or regarding other costs covered by the insurance, as well as copies of receipts and proofs of payment.

4. When the Life Insured has made their own service arrangements, the Operating Center reserves the right to pay a benefit in the amount corresponding to the costs incurred if the services were arranged by the Operating Center.
5. The following service delivery waiting times are applicable:
 - a) Within 5 Business Days from the date of contact with the Operating Center - in the case of visits of a physician, psychological counselling following hospitalization, fitness coach consultation, physiotherapist consultation;
 - b) Within 1 Business Day from the date of contact with the Operating Center - in the case of other medical and assistance services, unless a later date is indicated by the Life Insured.
6. If the connection with the physician cannot be made or takes too long, and health or well-being of the Life Insured deteriorates, the Life Insured should immediately seek help from another medical facility. In the event of a sudden deterioration of health or well-being, the Life Insured should immediately contact the emergency number 112 to call an ambulance or visit the nearest medical facility.
7. If our liability for the requested service is not acknowledged, the Operating Center will communicate with the Life Insured within 3 Business Days, at the maximum, from the receipt of the medical documents specified by the Operating Center, to inform the Life Insured about the negative decision and explain why the service is undue.
8. The cost of medical and assistance services provided in accordance with ASA Rider Conditions is payable directly to the medical entities or facilities that deliver the service.

Background information for Group Insurance Rider Terms and Conditions in respect of Telemedicine Consultations with a Psychologist for Depression or Schizophrenia Diagnosis, extending the scope of coverage provided under the Group Life Insurance General Terms and Conditions

Type of information	Provision
1. Statutory requirements for the payment of insurance claim and other benefits or the cash value.	§ 1 Clause 2; § 3 in connection with § 2; § 4 in connection with § 2; § 5 in connection with § 2; § 7 Clause 1–4 and Clause 6–8 in connection with § 2.
2. Liability limitations and exclusions authorizing the Insurer not to pay the claims and other benefits or to reduce their value.	§ 1 Clause 2; § 6 in connection with § 2; § 7 Clause 5 in connection with § 2.

GROUP INSURANCE RIDER TERMS AND CONDITIONS IN RESPECT OF TELEMEDICINE CONSULTATIONS WITH A PSYCHOLOGIST FOR DEPRESSION OR SCHIZOPHRENIA DIAGNOSIS

§ 1. GENERAL PROVISIONS

- The provisions of these Group Insurance Rider Terms and Conditions in respect of Telemedicine Consultations with a Psychologist for Depression or Schizophrenia Diagnosis, approved by way of Unum Management Board Resolution No. 3/08/2022 of August 9, 2022 and comes into effect as of September 15, 2022, (hereinafter referred to as the '**TDS Rider Conditions**'), apply to the Rider extending the scope of insurance coverage provided pursuant to Group Life Insurance General Terms and Conditions (hereinafter referred to as the '**GTCs**').
- In the matters not provided for under these TDS Rider Conditions, the provisions of the GTCs, HIR Conditions, the Policy and generally applicable laws and regulations shall apply.

§ 2. DEFINITIONS

- The terms used in these TDS Rider Conditions shall be defined as per the GTCs, subject to Section 2 hereunder.
- For the purpose of the Rider executed on the basis of TDS Rider Conditions, the following definitions are introduced:
 - Depression** – mental disorder diagnosed by a psychiatrist, including the appropriate ICD code;
 - Telemedicine Consultations** – medical services provided via ICT or remote communication systems by the Medical Partner. Telemedicine Consultations may be delivered via chat, teleconference or videoconference;
 - Medical Partner** – an entity that works with us to organize and deliver medical services, including the Telemedicine Consultations;
 - Platform** – web app or mobile app in the ICT system to facilitate Medical Services, including Telemedicine Consultations, deliverable by the Medical Partner;
 - Schizophrenia** – mental disorder diagnosed by a psychiatrist, including the appropriate ICD code;
 - Force Majeure** – an external, unforeseeable and unpreventable

event that precludes or delays service delivery by the Medical Partner.

§ 3. INSURABLE EVENT

- The Insurable Event covered under the Rider executed on the basis of TDS Rider Conditions is defined as Depression or Schizophrenia diagnosed with the Life Insured during the effective term of coverage of the Life Insured under this Rider and confirmed in a certificate issued by a physician or in other medical records.

§ 4. EFFECTIVE TERM OF OUR LIABILITY

- Our liability for the Life Insured shall come into force as of the effective date of coverage of the Life Insured under the Rider executed on the basis of TDS Rider Conditions. Telemedicine Consultations in the event of Depression and Schizophrenia diagnosis are deliverable during the effective term of coverage of the Life Insured under this Rider. The rules governing commencement and termination of our liability are set forth in the GTCs, unless stated otherwise in the Policy.

§ 5. TELEMEDICINE CONSULTATIONS WITH A PSYCHOLOGIST

- Upon the Insurable Event, we will arrange and pay for 12 Telemedicine Consultations with a psychologist in respect of one Insurable Event. Each Telemedicine Consultation is equivalent to individual counselling session lasting 60-minutes.

§ 6. LIMITATIONS AND EXCLUSIONS OF OUR LIABILITY

- We are not liable for delays in the performance of Medical Services and Telemedicine Consultations or for non-performance or ill performance of Medical Services and Telemedicine Consultations resulting from strikes, civil unrest, acts of terrorism, acts of war, effects of radioactivity, epidemics, pandemics, as well as mobility restrictions imposed by decisions of administrative authorities and resulting from Force Majeure.

§ 7. SERVICE DELIVERY

1. Telemedicine Consultations with a psychologist are provided through the Medical Partner, accessible through a hotline number provided in the Certificate. The cost of connection with the hotline as per the pricelist of telecommunication services operator.
2. To access Telemedicine Consultations with a psychologist, one should:
 - a) Contact the Medical Partner via the hotline and provide the following details:
 - i. Name and Surname of the Life Insured;
 - ii. PESEL number of the Life Insured or, when no PESEL number assigned, the date of birth of the Life Insured;
 - iii. Telephone number for contact with the Life Insured;
 - iv. Type of consultation requested.
 - b) Log in using the link sent to the e-mail address or telephone number to the individual account of the Life Insured, created on the Platform by the Medical Partner on the basis of the data referred to in point a) hereinbefore;
 - c) Accept Medical Partner's regulations and privacy policy available on the Platform prior to the appointed date of medical services. If the Life Insured does not log in to the individual account referred to in b) hereinbefore prior to the date of the appointed date of medical services, they will be asked to accept the regulations and privacy policy on the phone.
3. For the first consultation, a psychologist will be selected randomly by the IT system of the Medical Partner – the service will be delivered once the psychologist has been approved by the Life Insured. Subsequent Telemedicine Consultations will be attended by the same psychologist as the first Telemedicine Consultation, subject to availability.
4. The Life Insured should disclose to the psychologist any information and circumstances that may be relevant to the medical services provided, including as Telemedicine Consultation, and should also share the copies of necessary medical records and test results. Failure to disclose information or share medical records may result in the inability to provide medical services. The Life Insured shall be liable for any misrepresentation or non-disclosure which had or could have had impact on the performance of the medical service.
5. Telemedicine Consultation can be used by the Life Insured within 6 months from the date of contact with the Medical Partner.
6. Within 24 hours from Telemedicine Consultation held, the Life Insured may ask follow-up questions to the psychologist who consulted the Life Insured, on the chat.
7. The waiting time for Telemedicine Consultation with a psychologist is up to 3 Business Days from the date of contact with the Medical Partner, unless the Life Insured indicates a later date.
8. The cost of medical and assistance services provided in accordance with TDS Rider Conditions is payable directly to the medical entities or facilities that deliver the service.

Background information for Group Insurance Rider Terms and Conditions in respect of Telemedicine Consultations, extending the scope of coverage provided under the Group Life Insurance General Terms and Conditions

Type of information	Provision
1. Statutory requirements for the payment of insurance claim and other benefits or the cash value.	§ 1 Clause 2; § 3 in connection with § 2; § 4 in connection with § 2; § 5 in connection with § 2; § 7 in connection with § 2.
2. Liability limitations and exclusions authorizing the Insurer not to pay the claims and other benefits or to reduce their value.	§ 1 Clause 2; § 6 in connection with § 2.

GROUP INSURANCE RIDER TERMS AND CONDITIONS IN RESPECT OF TELEMEDICINE CONSULTATIONS

§ 1. GENERAL PROVISIONS

- The provisions of these Group Insurance Rider Terms and Conditions in respect of Telemedical Consultations, approved by way of Unum Management Board Resolution No. 3/08/2022 of August 9, 2022 and comes into effect as of September 15, 2022, (hereinafter referred to as the **TMC Rider Conditions**), apply to the Rider extending the scope of insurance coverage provided pursuant to Group Life Insurance General Terms and Conditions (hereinafter referred to as the **GTCs**).
- In the matters not provided for under these TMC Rider Conditions, the provisions of the GTCs, HIR Conditions, the Policy and generally applicable laws and regulations shall apply.

§ 2. DEFINITIONS

- The terms used in these TMC Rider Conditions shall be defined as per the GTCs, subject to Section 2 hereunder.
- For the purpose of the Rider executed on the basis of TMC Rider Conditions, the following definitions are introduced:
 - Telemedicine Consultations** – medical services provided via ICT or remote communication systems by the Medical Partner. Telemedicine Consultations may be delivered via chat, teleconference or videoconference;
 - Medical Partner** – an entity that works with us to organize and deliver medical services, including the Telemedicine Consultations;
 - Platform** – web app or mobile app in the ICT system to facilitate Medical Services, including Telemedicine Consultations, deliverable by the Medical Partner;
 - Force Majeure** – an external, unforeseeable and unpreventable event that precludes or delays service delivery by the Medical Partner.

§ 3. INSURABLE EVENT

- The Insurable Event covered under the Rider executed on the basis of TMC Rider Conditions is defined as disease symptoms presenting with the Life Insured or preventive measures applied by the Life Insured in order to avoid the onset of such disease in the future, which occurred during the effective term of coverage of the Life Insured under this Rider.

§ 4. EFFECTIVE TERM OF OUR LIABILITY

- Our liability for the Life Insured shall come into force as of the effective date of coverage of the Life Insured under the Rider executed on the basis of TMC Rider Conditions. Telemedicine Consultations are deliverable during the effective term of coverage of the Life Insured under this Rider. The rules governing commencement and termination of our liability are set forth in the GTCs, unless stated otherwise in the Policy

§ 5. TELEMEDICINE CONSULTATIONS

- Upon the Insurable Event, we will arrange and pay for medical services in the form of Telemedicine Consultations with physicians representing the following medical fields:
 - Internal medicine;
 - Allergology;
 - General surgery;
 - Vascular surgery;
 - Dermatology;
 - Diabetology;
 - Endocrinology;
 - Gynecology;
 - Cardiology;
 - Sports medicine;
 - Neurology;
 - Ophthalmology;
 - Oncology;
 - Orthopedics;
 - Otolaryngology;
 - Pulmonology;
 - Traumatology;
 - Urology;
 - Venereology.
- Telemedicine Consultations include:
 - Anamnesis;
 - Diagnosis;
 - Recommendations, including referral for diagnostic tests;
 - Drug recommendations;
 - Prescription.

§ 6. LIMITATIONS AND EXCLUSIONS OF OUR LIABILITY

1. We are not liable for delays in the performance of Telemedicine Consultations or for non-performance or ill performance of Telemedicine Consultations resulting from strikes, civil unrest, acts of terrorism, acts of war, effects of radioactivity, epidemics, pandemics, as well as mobility restrictions imposed by decisions of administrative authorities and resulting from Force Majeure.

§ 7. SERVICE DELIVERY

1. Telemedicine Consultations are provided through the Medical Partner, whose Platform address and hotline number are provided in the Certificate. The cost of connection with the hotline as per the pricelist of telecommunication services operator.
2. To make an appointment for Telemedicine Consultations via the hotline, one should:
 - a) Contact the Medical Partner via the hotline and provide the following details:
 - i. Name and Surname of the Life Insured;
 - ii. PESEL number of the Life Insured or, when no PESEL number assigned, the date of birth of the Life Insured;
 - iii. Telephone number for contact with the Life Insured;
 - iv. Type of test or consultation requested.
 - b) Log in using the link sent to the e-mail address or telephone number to the individual account of the Life Insured, created on the Platform by the Medical Partner on the basis of the data referred to in point a) hereinbefore;
 - c) Accept Medical Partner's regulations and privacy policy available on the Platform prior to the appointed date of medical services referred to in § 5 Section 1. If the Life Insured does not log in to the individual account referred to in b) hereinbefore prior to the date of the appointed date of medical services, they will be asked to accept the regulations and privacy policy on the phone.
3. To make an appointment for Telemedicine Consultations via the Platform, one should:
 - a) Create personal account of the Life Insured on the Platform of the Medical Partner and provide the following details:
 - i. Name and Surname of the Life Insured;
 - ii. PESEL number of the Life Insured or, when no PESEL number assigned, the date of birth of the Life Insured;
 - iii. Voucher code (PESEL number or the date of birth when no PESEL number assigned);
 - iv. E-mail address or telephone number for contact with the Life Insured.
 - b) Create personal password;
 - c) Accept Medical Partner's regulations and privacy policy available on the Platform;
 - d) Once the personal account of the Life Insured has been activated by the Medical Partner – select the requested Telemedicine Consultation from those listed in § 5 Section 1, including the mode and time of such Telemedicine Consultation.
4. The physician to run the Telemedicine Consultation shall be selected randomly by the IT system of the Medical Partner – the service will be delivered once the physician has been approved by the Life Insured.
5. The Life Insured should disclose to the physician any information and circumstances that may be relevant to the medical services provided, including as Telemedicine Consultation, and should also share the copies of necessary medical records and test results. Failure to disclose information or share medical records may result in the inability to provide medical services. The Life Insured shall be liable for any misrepresentation or non-disclosure which had or could have had impact on the performance of the medical service.
6. The unlimited Telemedicine Consultations referred to in § 5 Section 1 are available to the Life Insured without a referral.
7. Within 24 hours from Telemedicine Consultation held, the Life Insured may ask follow-up questions to the physician who consulted the Life Insured, on the chat.
8. If the connection with the physician cannot be made or takes too long, and health or well-being of the Life Insured deteriorates, the Life Insured should immediately seek help from another medical facility. In the event of a sudden deterioration of health or well-being, the Life Insured should immediately contact the

emergency number 112 to call an ambulance or visit the nearest medical facility.

9. Service delivery waiting time is as follows:
 - a) Within 4 hours from the date of contact with the Medical Partner – in the case of Telemedicine Consultation with internal medicine physician;
 - b) Within 3 Business Days from the date of contact with the Medical Partner – in the case of Telemedicine Consultation with physicians representing other medical fields, as listed in § 5 Section 1, unless the Life Insured indicates a later date.
10. The cost of medical and assistance services provided in accordance with TMC Rider Conditions is payable directly to the medical entities or facilities that deliver the service.

Background information for Group Insurance Rider Terms and Conditions in respect of Death of the Spouse or Partner, extending the scope of coverage provided under the Group Life Insurance General Terms and Conditions

Type of information	Provision
1. Statutory requirements for the payment of insurance claim and other benefits or the cash value.	§ 1 Clause 2; § 3 in connection with § 2; § 4 in connection with § 2; § 6 in connection with § 2.
2. Liability limitations and exclusions authorizing the Insurer not to pay the claims and other benefits or to reduce their value.	§ 1 Clause 2; § 4 in connection with § 2; § 5 in connection with § 2.

GROUP INSURANCE RIDER TERMS AND CONDITIONS IN RESPECT OF DEATH OF THE SPOUSE OR PARTNER

§ 1. GENERAL PROVISIONS

- The provisions of these Group Insurance Rider Terms and Conditions in respect of Death of the Spouse or Partner, approved by way of Unum Management Board Resolution No. 3/08/2022 of August 9, 2022 and comes into effect as of September 15, 2022, (hereinafter referred to as the 'DSP Rider Conditions'), apply to the Rider extending the scope of insurance coverage provided pursuant to Group Life Insurance General Terms and Conditions (hereinafter referred to as the 'GTCs')
- In the matters not provided for under these DSP Rider Conditions, the provisions of the GTCs, the Policy and generally applicable laws and regulations shall apply.

§ 2. DEFINITIONS

- The terms used in these DSP Rider Conditions shall be defined as per the GTCs, subject to Section 2 hereunder.
- For the purpose of the Rider executed on the basis of DSP Rider Conditions, the following definitions are introduced:
 - Accident** – sudden event resulting solely from an external cause, not related to the volition or health status of the Spouse or Partner, which is the only cause of death of the Spouse or Partner and does not arise from any physical or mental impairment of the Spouse or Partner. Heart attack, stroke, cerebral hemorrhage, poisoning, or any other disease or infection (including acute ones) shall not be defined as an Accident.

§ 3. INSURABLE EVENT

- The Insurable Event covered under the Rider executed on the basis of DSP Rider Conditions is defined as Death of the Spouse or Partner during the term of our liability under the Rider executed on the basis of DSP Conditions.

§ 4. EFFECTIVE TERM OF OUR LIABILITY

- Our liability for the Life Insured comes into force as of the effective date of coverage of the Life Insured under the Rider executed on the basis of DSP Rider Conditions, with the provision that if the Insurable Event occurs within six months directly following the hereinbefore-said date, our liability shall be limited to an event resulting from an Accident which occurs during the term of our liability under this Rider (Waiting Period). The rules governing commencement and termination of our liability

are set forth in the GTCs, unless stated otherwise in the Policy.

- If the Sum Insured is upgraded during the term of our liability for the Life Insured under the Rider executed on the basis of DSP Rider Conditions, our liability in respect of death of the Spouse or Partner that does not result from an Accident shall be limited, in the first six months following the date of such an upgrade, to the Sum Insured in effect prior to the date of the upgrade (Waiting Period).

§ 5. LIMITATIONS AND EXCLUSIONS OF OUR LIABILITY

- The Benefit under the Rider executed on the basis of DSP Conditions shall not be paid out if Death of the Spouse or Partner resulted from:
 - Hostilities, active participation of the Spouse or Partner in the acts of terror or riots;
 - Suicide committed by the Spouse or Partner - irrespective of their state of mind - within 2 years following the effective date of insurance coverage under the Rider executed on the basis of DSP Rider Conditions.

§ 6. BENEFIT PAYMENT

- Benefit payment rules and criteria are regulated in § 16 of the GTCs, subject to the provisions of this paragraph.
- Upon the Insurable Event referred to in § 3, we shall pay to the Life Insured the Benefit under the Rider executed on the basis of DSP Rider Conditions in the amount of the Sum Insured set out in the Policy effect as of the date of death of the Spouse or Partner, subject to § 4.
- The Benefit will be paid out once we receive and approve the complete set of documents required for the determination of our liability pursuant to DSP Rider Conditions.
- We will determine the right to the Benefit under the Rider executed on the basis of DSP Rider Conditions based on:
 - Properly completed Claim Form;
 - Duplicate copy of ID document of the Life Insured;
 - Short form Death Certificate of the Spouse or Partner;
 - Death Statistical Chart or, if unavailable, other medical documentation certifying to the cause of death;
 - Other records required to determine legitimacy of the claim – upon our request.

Background information for Group Insurance Rider Terms and Conditions in respect of Accidental Death of the Spouse or Partner, extending the scope of coverage provided under the Group Life Insurance General Terms and Conditions

Type of information	Provision
1. Statutory requirements for the payment of insurance claim and other benefits or the cash value.	§ 1 Clause 2; § 3 in connection with § 2; § 4 in connection with § 2; § 6 in connection with § 2.
2. Liability limitations and exclusions authorizing the Insurer not to pay the claims and other benefits or to reduce their value.	§ 1 Clause 2; § 5 in connection with § 2.

GROUP INSURANCE RIDER TERMS AND CONDITIONS IN RESPECT OF ACCIDENTAL DEATH OF THE SPOUSE OR PARTNER

§ 1. GENERAL PROVISIONS

- The provisions of these Group Insurance Rider Terms and Conditions in respect of Accidental Death of the Spouse or Partner, approved by way of Unum Management Board Resolution No. 3/08/2022 of August 9, 2022 and comes into effect as of September 15, 2022, (hereinafter referred to as the 'ADSP Rider Conditions'), apply to the Rider extending the scope of insurance coverage provided pursuant to Group Life Insurance General Terms and Conditions (hereinafter referred to as the 'GTCs').
- In the matters not provided for under these ADSP Rider Conditions, the provisions of the GTCs, the Policy and generally applicable laws and regulations shall apply.

§ 2. DEFINITIONS

- The terms used in these ADSP Rider Conditions shall be defined as per the GTCs, subject to Section 2 hereunder.
- For the purpose of the Rider executed on the basis of ADSP Rider Conditions, the following definitions are introduced:
 - Accident** – sudden event resulting solely from an external cause, not related to the volition or health status of the Spouse or Partner, which is the only cause of death of the Spouse or Partner and does not arise from any physical or mental impairment of the Spouse or Partner. Heart attack, stroke, cerebral hemorrhage, poisoning, or any other disease or infection (including acute ones) shall not be defined as an Accident.

§ 3. INSURABLE EVENT

- Insurable Event covered under the Rider executed on the basis of ADSP Rider Conditions is defined as Accidental Death of the Spouse or Partner, provided that the following conditions are met, jointly:
 - The only and direct cause of death was the bodily injury resulting from the Accident of the Spouse or Partner;
 - Death of the Spouse or Partner occurred within one year from the date of the Accident;
 - Accident and death of the Spouse and Partner occurred during the term of our liability under the Rider executed on the basis of ADSP Rider Conditions.

§ 4. EFFECTIVE TERM OF OUR LIABILITY

- Our liability for the Life Insured comes into force on the day on which the coverage for such Life Insured under the Rider

executed on the basis of ADSP Rider Conditions comes into effect. The rules governing commencement and termination of our liability are set forth in the GTCs, unless stated otherwise in the Policy.

§ 5. LIMITATIONS AND EXCLUSIONS OF OUR LIABILITY

- The Benefit under the Rider executed on the basis of ADSP Rider Conditions shall not be paid out if Accidental Death of the Spouse or Partner resulted from:
 - Hostilities, active participation of the Spouse or Partner in the acts of terror or riots;
 - Traffic Accident caused by the Spouse or Partner in a state after alcohol consumption or in the state of alcohol intoxication, after the use of under the influence of drugs, intoxicating substances, psychotropic substances, alternative measures or new psychoactive substances within the meaning of the Polish Law against Substance Abuse (except for the substances taken under the direction of a qualified medical practitioner), which contributed to the Traffic Accident.

§ 6. BENEFIT PAYMENT

- Benefit payment rules and criteria are regulated in § 16 of the GTCs, subject to the provisions of this paragraph.
- Upon the Insurable Event referred to in § 3, we shall pay to the Life Insured the Benefit under the Rider executed on the basis of ADSP Rider Conditions equivalent to the Sum Insured in force as of the date of the Accident, set forth in the Policy.
- The Benefit will be paid out once we receive and approve the complete set of documents required for the determination of our liability pursuant to ADSP Rider Conditions.
- We will determine the right to the Benefit under the Rider executed on the basis of ADSP Rider Conditions based on:
 - Properly completed Claim Form;
 - Duplicate copy of ID document of the Life Insured;
 - Short form Death Certificate of the Spouse or Partner;
 - Death Statistical Chart or, if unavailable, other medical documentation certifying to the cause of death;
 - Documents with a description of the circumstances of the accident issued by the institution that conducts the proceedings (e.g., the police, prosecutor's office) – provided they are in the possession of the claimant;
 - Other records required to determine legitimacy of the claim – upon our request.

Background information for Group Insurance Rider Terms and Conditions in respect of death of the Spouse or Partner due to Traffic Accident, extending the scope of coverage provided under the Group Life Insurance General Terms and Conditions

Type of information	Provision
1. Statutory requirements for the payment of insurance claim and other benefits or the cash value.	§ 1 Clause 2; § 3 in connection with § 2; § 4 in connection with § 2; § 6 in connection with § 2.
2. Liability limitations and exclusions authorizing the Insurer not to pay the claims and other benefits or to reduce their value.	§ 1 Clause 2; § 5 in connection with § 2.

GROUP INSURANCE RIDER TERMS AND CONDITIONS IN RESPECT OF DEATH OF THE SPOUSE OR PARTNER DUE TO TRAFFIC ACCIDENT

§ 1. GENERAL PROVISIONS

- The provisions of these Group Insurance Rider Terms and Conditions in respect of Death of the Spouse or Partner due to Traffic Accident, approved by way of Unum Management Board Resolution No. 3/08/2022 of August 9, 2022 and comes into effect as of September 15, 2022, (hereinafter referred to as the '**DSPTA Rider Conditions**'), apply to the Rider extending the scope of insurance coverage provided pursuant to Group Life Insurance General Terms and Conditions (hereinafter referred to as the '**GTCs**').
- In the matters not provided for under these DSPTA Rider Conditions, the provisions of the GTCs, the Policy and generally applicable laws and regulations shall apply.

§ 2. DEFINITIONS

- The terms used in these DSPTA Rider Conditions shall be defined as per the GTCs, subject to Section 2 hereunder.
- For the purpose of the Rider executed on the basis of DSPTA Rider Conditions, the following definitions are introduced:
 - Vehicle** – means of transport authorized and intended for:
 - Road traffic - within the meaning of the Polish Road Traffic Law, with the exception of quads, bicycles, bicycle trailers, electric scooters, personal transport devices;
 - Rail traffic to carry persons or goods;
 - Inland waterway traffic - within the meaning of Polish Inland Waterways Act, and maritime traffic within the meaning of Polish Maritime Code;
 - Air traffic as a passenger aircraft of a licensed airline operator;
 - Traffic Accident** – sudden event resulting solely from an external cause, not related to the volition or health status of the Spouse or Partner, which involves a moving Vehicle and is the only cause of death of the Spouse or Partner and does not arise from any physical or mental impairment of the Spouse or Partner. Traffic Accident definition includes an accident occurring when the Spouse or Partner was not moving in a Vehicle but was hit by a Vehicle.

§ 3. INSURABLE EVENT

- Insurable Event covered under the Rider executed on the basis of DSPTA Rider Conditions is defined as Death of the Spouse or Partner due to Traffic Accident, provided that the following conditions are met, jointly:

- The only and direct cause of death was the bodily injury resulting from Traffic Accident of the Spouse or Partner;
- Death of the Spouse or Partner occurred within one year from the date of Traffic Accident;
- The Traffic Accident of the Spouse or Partner as well as the death of the Spouse and Partner occurred during the term of our liability under the Rider executed on the basis of DSPTA Rider Conditions.

§ 4. EFFECTIVE TERM OF OUR LIABILITY

- Our liability for the Life Insured comes into force on the day on which the coverage for such Life Insured under the Rider executed on the basis of DSPTA Rider Conditions comes into effect. The rules governing commencement and termination of our liability are set forth in the GTCs, unless stated otherwise in the Policy.

§ 5. LIMITATIONS AND EXCLUSIONS OF OUR LIABILITY

- The Benefit under the Rider executed on the basis of DSPTA Rider Conditions shall not be paid out if Death of the Spouse or Partner due to Traffic Accident resulted from:
 - Hostilities, active participation of the Spouse or Partner in the acts of terror or riots;
 - The Spouse or Partner driving a Vehicle without proper licenses, or driving a vehicle not authorized for road, water or air traffic under applicable regulations;
 - An illegal act with statutory characteristics of intentional crime committed by the Spouse or Partner, which has been established by a final court decision;
 - The Spouse or Partner being in a state after alcohol consumption or in the state of alcohol intoxication, after the use of under the influence of drugs, intoxicating substances, psychotropic substances, alternative measures or new psychoactive substances within the meaning of the Polish Law against Substance Abuse (except for the substances taken under the direction of a qualified medical practitioner), which contributed to the Traffic Accident.

§ 6. BENEFIT PAYMENT

- Benefit payment rules and criteria are regulated in § 16 of the GTCs, subject to the provisions of this paragraph.
- Upon the Insurable Event referred to in § 3, we will pay to the

Life Insured the Benefit under the Rider executed on the basis of DSPTA Rider Conditions in the amount of the Sum Insured in effect as of the date of the Traffic Accident of the Spouse or Partner, set out in the Policy.

3. The Benefit will be paid out once we receive and approve the complete set of documents required for the determination of our liability pursuant to DSPTA Rider Conditions.
4. We will determine the right to the Benefit under the Rider executed on the basis of DSPTA Rider Conditions based on:
 - a) Properly completed Claim Form;
 - b) Duplicate copy of ID document of the Life Insured;
 - c) Short form Death Certificate of the Spouse or Partner;
 - d) Death Statistical Chart or, if unavailable, other medical documentation certifying to the cause of death;
 - e) Documents with a description of the circumstances of the accident issued by the institution that conducts the proceedings (e.g., the police, prosecutor's office);
 - f) Other records required to determine legitimacy of the claim – upon our request.

Background information for Group Insurance Rider Terms and Conditions in respect of death of the Spouse or Partner due to Heart Attack or Stroke, extending the scope of coverage provided under the Group Life Insurance General Terms and Conditions

Type of information	Provision
1. Statutory requirements for the payment of insurance claim and other benefits or the cash value.	§ 1 Clause 2; § 3 in connection with § 2; § 4 in connection with § 2; § 6 in connection with § 2.
2. Liability limitations and exclusions authorizing the Insurer not to pay the claims and other benefits or to reduce their value.	§ 1 Clause 2; § 5 in connection with § 2.

GROUP INSURANCE RIDER TERMS AND CONDITIONS IN RESPECT OF DEATH OF THE SPOUSE OR PARTNER DUE TO HEART ATTACK OR STROKE

§ 1. GENERAL PROVISIONS

- The provisions of these Group Insurance Rider Terms and Conditions in respect of Death of the Spouse or Partner due to Heart Attack or Stroke, approved by way of Unum Management Board Resolution No. 3/08/2022 of August 9, 2022 and comes into effect as of September 15, 2022, (hereinafter referred to as the 'HASDSP Rider Conditions'), apply to the Rider extending the scope of insurance coverage provided pursuant to Group Life Insurance General Terms and Conditions (hereinafter referred to as the 'GTCs').
- In the matters not provided for under these HASDSP Rider Conditions, the provisions of the GTCs, the Policy and generally applicable laws and regulations shall apply.

§ 2. DEFINITIONS

- The terms used in these HASDSP Rider Conditions shall be defined as per the GTCs, subject to Section 2 hereunder.
- For the purpose of the Rider executed on the basis of HASDSP Rider Conditions, the following definitions are introduced:
 - Death due to Stroke** – death resulting from a stroke put in the death certificate or autopsy report or other medical records as the primary cause of death of the Spouse or Partner. Stroke must be confirmed in medical records;
 - Death due to Heart Attack** – death resulting from a heart attack put in the death certificate or autopsy report or other medical records as the primary cause of death of the Spouse or Partner. Heart attack must be confirmed in medical records.

§ 3. INSURABLE EVENT

- Insurable Event covered under the Rider executed on the basis of HASDSP Rider Conditions is defined as Death of the Spouse or Partner due to a Heart Attack or Death of the Spouse or Partner due to a Stroke, provided that the following conditions are met, jointly:
 - Death due to a Heart Attack or Death due to a Stroke resulted directly and exclusively from a heart attack or a stroke, respectively;
 - The heart attack or the stroke as well as the death of the Spouse and Partner occurred during the term of our liability under the Rider executed on the basis of HASDSP Rider Conditions.

§ 4. EFFECTIVE TERM OF OUR LIABILITY

- Our liability for the Life Insured comes into force on the day on which the coverage for such Life Insured under the Rider executed on the basis of HASDSP Rider Conditions comes into effect. The rules governing commencement and termination of our liability are set forth in the GTCs, unless stated otherwise in the Policy.

§ 5. LIMITATIONS AND EXCLUSIONS OF OUR LIABILITY

- The Benefit under the Rider executed on the basis of HASDSP Rider Conditions shall not be payable if Death of the Spouse or Partner due to a Heart Attack or Death of the Spouse or Partner due to a Stroke resulted from hostilities, active participation of the Spouse or Partner in the acts of terror or riots.
- The Benefit under the Rider executed on the basis of HASDSP Rider Conditions shall not be payable if Death of the Spouse or Partner due to a Heart Attack or Death of the Spouse or Partner due to a Stroke resulted from a heart attack or a stroke, respectively, associated by cause-and-effect to a health condition diagnosed with the Spouse or Partner or in connection with which diagnostics or treatment continued or was initiated with the Spouse or Partner during the period of two years prior to the effective date of coverage provided by us to the Spouse or Partner under the Rider executed on the basis of HASDSP Rider Conditions, subject to Sections 2 and 3 hereinafter.
- If the Insurable Event occurs after three years from the effective date of coverage provided by us to the Life Insured under the Rider executed on the basis of HASDSP Rider Conditions, the provisions of Section 3 hereinbefore shall not apply.
- Provided that the following conditions are met, jointly:
 - Directly prior to enrollment in the Rider executed on the basis of HASDSP Rider Conditions, the Life Insured was covered under the Previous Group Insurance Contract, and death of the spouse or partner due to heart attack or stroke was included in their scope of coverage;
 - The coverage provided to the Life Insured under the Previous Group Insurance Contract had been terminated on the eve of enrollment in this Rider;
 - The Policyholder has provided us with information about the scope of coverage provided to the Life Insured together with

the sums insured and confirmation of termination of the Previous Group Insurance Contract, the provisions of Section 2 hereinbefore shall not apply.

§ 6. BENEFIT PAYMENT

1. Benefit payment rules and criteria are regulated in § 16 of the GTCs, subject to the provisions of this paragraph.
2. Upon the Insurable Event referred to in § 3, we will pay to the Life Insured the Benefit under the Rider executed on the basis of HASDSP Rider Conditions, equivalent to the Sum Insured in force as of the date of the heart attack diagnosis or the stroke diagnosis, as set forth in the Policy.
3. The Benefit will be paid out once we receive and approve the complete set of documents required for the determination of our liability pursuant to HASDSP Rider Conditions.
4. We will determine the right to the Benefit under the Rider executed on the basis of HASDSP Rider Conditions based on:
 - a) Properly completed Claim Form;
 - b) Duplicate copy of ID document of the Life Insured;
 - c) Short form Death Certificate of the Spouse or Partner;
 - d) Death Statistical Chart or, if unavailable, other medical documentation certifying to the cause of death (e.g., autopsy report, ambulance team report);
 - e) Other records required to determine legitimacy of the claim – upon our request.

Background information for Group Insurance Rider Terms and Conditions in respect of Accidental Detriment to Health of the Spouse or Partner, extending the scope of coverage provided under the Group Life Insurance General Terms and Conditions

Type of information	Provision
1. Statutory requirements for the payment of insurance claim and other benefits or the cash value.	§ 1 Clause 2; § 3 in connection with § 2; § 4 in connection with § 2; § 6 Clause 1–3 and Clause 9–14 in connection with § 2.
2. Liability limitations and exclusions authorizing the Insurer not to pay the claims and other benefits or to reduce their value.	§ 1 Clause 2; § 5 in connection with § 2; § 6 Clause 4–8 and Clause 15 in connection with § 2. The provisions laid down in the Table of Standards for the Percentage Appraisal of Permanent Detriment to the Health (Table of Standards), starting from the words IMPORTANT NOTE, included: – In the Introduction to the Table of Standards, – After Clauses 82 and 112 in the Table of Standards.

GROUP INSURANCE RIDER TERMS AND CONDITIONS IN RESPECT OF ACCIDENTAL DETRIMENT TO HEALTH OF THE SPOUSE OR PARTNER

§ 1. GENERAL PROVISIONS

- The provisions of these Group Insurance Rider Terms and Conditions in respect of Accidental Detriment to Health of the Spouse or Partner, approved by way of Unum Management Board Resolution No. 3/08/2022 of August 9, 2022 and comes into effect as of September 15, 2022, (hereinafter referred to as the 'ADHSP Rider Conditions'), apply to the Rider extending the scope of insurance coverage provided pursuant to Group Life Insurance General Terms and Conditions (hereinafter referred to as the 'GTCs').
- In the matters not provided for under these ADHSP Rider Conditions, the provisions of the GTCs, the Policy and generally applicable laws and regulations shall apply.

§ 2. DEFINITIONS

- The terms used in these ADHSP Rider Conditions shall be defined as per the GTCs, subject to Section 2 hereunder.
- For the purpose of the Rider executed on the basis of ADHSP Rider Conditions, the following definitions are introduced:
 - Accident** – sudden event resulting solely from an external cause, not related to the volition or health status of the Spouse or Partner, which is the only cause of Detriment to Health of the Spouse or Partner and does not arise from any physical or mental impairment of the Spouse or Partner.

Heart attack, stroke, cerebral hemorrhage, poisoning, or any other disease or infection (including acute ones) shall not be defined as an Accident;

- Detriment to Health** – physical loss of or permanent damage to an organ, system or limb function, as well as a Fracture. Only the cases referred to in the Table of Standards are covered;
- Table of Standards** – Table of Standards for the Percentage Appraisal of Detriment to the Health, which represents an integral part of ADHSP Rider Conditions;
- Fracture** – broken continuity of the bone resulting from a trauma that exceeds the elasticity of bone tissue, verified with medical diagnosis, not resulting in a permanent loss of organ, system or limb function.

§ 3. INSURABLE EVENT

- Insurable Event covered under the Rider executed on the basis of ADHSP Rider Conditions is defined as Accidental Detriment to Health of the Spouse or Partner, provided that the following conditions are met, jointly:
 - The only and direct cause of Detriment to Health of the Spouse or Partner was the Accident;
 - Detriment to Health of the Spouse or Partner originated within one year from the date of the Accident;

- c) The Accident resulting in the Detriment to Health of the Spouse or Partner occurred during the term of our liability under the Rider executed on the basis of ADHSP Rider Conditions.

§ 4. EFFECTIVE TERM OF OUR LIABILITY

1. Our liability for the Life Insured comes into force on the day on which the coverage for such Life Insured under the Rider executed on the basis of ADHSP Rider Conditions comes into effect. The rules governing commencement and termination of our liability are set forth in the GTCs, unless stated otherwise in the Policy.

§ 5. LIMITATIONS AND EXCLUSIONS OF OUR LIABILITY

1. The Benefit under the Rider executed on the basis of ADHSP Rider Conditions is not payable if the Accident resulting in the Detriment to Health of the Spouse or Partner resulted from:
 - a) Hostilities, active participation of the Spouse or Partner in the acts of terror or riots;
 - b) Suicide attempted by the Spouse or Partner, self-mutilation or mutilation at one's own request, irrespective of their state of mind;
 - c) An illegal act with statutory characteristics of intentional crime committed by the Spouse or Partner, which has been established by a final court decision;
 - d) Traffic Accident caused by the Spouse or Partner in a state after alcohol consumption or in the state of alcohol intoxication, after the use of under the influence of drugs, intoxicating substances, psychotropic substances, alternative measures or new psychoactive substances within the meaning of the Polish Law against Substance Abuse (except for the substances taken under the direction of a qualified medical practitioner), which contributed to the Traffic Accident.

§ 6. BENEFIT PAYMENT

1. Benefit payment rules and criteria are regulated in § 16 of the GTCs, subject to the provisions of this paragraph.
2. Upon the Insurable Event referred to in § 3, we shall pay to the Beneficiary the Benefit under the Rider executed on the basis of ADHSP Rider Conditions, calculated on the basis of the percentage of Detriment to Health specified in the Table of Standards and the Sum Insured in force as of the date of the Accident, set out in the Policy, subject to Section 9 hereunder.
3. The type and degree of the Accidental Detriment to Health of the Spouse or Partner will be determined in line with the Table of Standards upon completion of the therapeutic process and the rehabilitation period – if it is required that they be completed so that the type and degree of the Detriment to Health can be determined – but, in any case, not later than within 2 years from the date of the Accident.
4. In the event of the Detriment to Health of the Spouse or Partner resulting from one Accident and involving several organs, systems or limbs, we will pay to the Life Insured the Benefit not greater than 100% of the Detriment to Health.
5. In the event of a multifocal limb injury, we will pay to the Life Insured the Benefit not greater than the amount of the Benefit which would be payable in respect of the Detriment to Health of the Spouse or Partner representing, respectively, the loss of a part of a limb or the entire limb.
6. In the event of Accidental Detriment to Health of the Spouse or Partner involving an organ, system or limb the function of which had been impaired prior to such Accident, and that fact affected the determination of the degree of Detriment to Health after the Accident, the type and degree of Detriment to Health shall be determined by way of analysis as a difference between the impairment of such an organ, system or limb before and after the Accident.
7. In the event of the Detriment to Health resulting from an overload (making an abrupt movement or lifting a load), causing the effect where the Detriment to Health is superimposed on pre-existing degenerative changes with the Spouse or Partner, the type and degree of Detriment to Health shall be determined by way of analysis of the health status before the trauma as well as the causative agent and traumatic mechanism. Under such circumstances, the degree of Detriment to Health shall be

determined taking into account the impact of the degenerative changes.

8. The Benefit in respect of the Detriment to Health of the Spouse or Partner shall be reduced in proportion to any amounts payable or paid already in respect of the Detriment to Health resulting from that same Accident on a prior basis, as per the terms of the Rider executed on the basis of ADHSP Rider Conditions.
9. In the event of the Detriment to Health of the Spouse or Partner we will pay to the Life Insured the Benefit of 1% of the Sum Insured for each 1% of Detriment to Health of the Spouse or Partner.
10. In the event of anatomical loss of a limb, we will determine the legitimacy of the claim as regards the incontestable portion of the Benefit without waiting for the completion of the therapeutic process and the rehabilitation period.
11. The Benefit will be paid out once we receive and approve the complete set of documents required for the determination of our liability pursuant to ADHSP Rider Conditions.
12. We will determine the right to the Benefit under the Rider executed on the basis of ADHSP Conditions Rider based on:
 - a) Properly completed Claim Form;
 - b) Duplicate copy of ID document of the Life Insured;
 - c) Duplicate copy of ID document of the Spouse or Partner;
 - d) Medical records testifying to the first aid, therapy and rehabilitation;
 - e) Duplicate copy of documents with a description of the circumstances of the accident of the Spouse or Partner issued by the institution that conducts the proceedings (e.g., the police, prosecutor's office);
 - f) Written statement by the Spouse or Partner to confirm that they consent to the processing of their personal data and their written consent for us to obtain, at the request of a physician authorized by us, information from the health care providers who provided health care services to the Spouse or Partner - including medical records concerning the circumstances related to the determination of the right to the Benefit;
 - g) Other records required to determine legitimacy of the claim – upon our request.
13. With the purpose to determine the right to and the amount of the Benefit under the Rider executed on the basis of ADHSP Rider Conditions, we may refer the Spouse or Partner for medical examinations the scope of which shall be specified by us in the referrals, with the exception of genetic tests. Medical examinations shall be carried out in medical facilities or doctor surgeries indicated by us. The cost of medical examinations shall be covered by us.
14. Under the circumstances referred to in Section 13 hereinbefore, the right to the Benefit shall be determined based on the opinion of a medical practitioner authorized by us, issued on the basis of a complete set of documents required for the determination of our liability referred to in Section 12 hereinbefore, and based on the results of examinations referred to in Section 13 hereinbefore.
15. If the Spouse or Partner refuses to subject himself/herself to the examinations referred to in Section 13 hereinbefore, we may decline to pay to the Life Insured a Benefit under the Rider executed on the basis of the ADHSP Rider Conditions.

Background information for Group Insurance Rider Terms and Conditions in respect of Accidental Detriment to Health of the Spouse or Partner with Progressive Payment, extending the scope of coverage provided under the Group Life Insurance General Terms and Conditions

Type of information	Provision
1. Statutory requirements for the payment of insurance claim and other benefits or the cash value.	§ 1 Clause 2; § 3 in connection with § 2; § 4 in connection with § 2; § 6 Clause 1–3 and 9–13 in connection with § 2.
2. Liability limitations and exclusions authorizing the Insurer not to pay the claims and other benefits or to reduce their value.	§ 1 Clause 2; § 5 in connection with § 2; § 6 Clause 4–8 and Clause 14 in connection with § 2. The provisions laid down in the Table of Standards for the Percentage Appraisal of Permanent Detriment to the Health (Table of Standards), starting from the words IMPORTANT NOTE, included: – In the Introduction to the Table of Standards, – After Clauses 82 and 112 in the Table of Standards.

GROUP INSURANCE RIDER TERMS AND CONDITIONS IN RESPECT OF ACCIDENTAL DETRIMENT TO HEALTH OF THE SPOUSE OR PARTNER WITH PROGRESSIVE PAYMENT

§ 1. GENERAL PROVISIONS

- The provisions of these Group Insurance Rider Terms and Conditions in respect of Accidental Detriment to Health of the Spouse or Partner with Progressive Payment, approved by way of Unum Management Board Resolution No. 3/08/2022 of August 9, 2022 and comes into effect as of September 15, 2022, (hereinafter referred to as the 'ADHSPP Rider Conditions'), apply to the Rider extending the scope of insurance coverage provided pursuant to Group Life Insurance General Terms and Conditions (hereinafter referred to as the 'GTCs').
- In the matters not provided for under these ADHSPP Rider Conditions, the provisions of the GTCs, the Policy and generally applicable laws and regulations shall apply.

other disease or infection (including acute ones) shall not be defined as an Accident;

- Detriment to Health** – physical loss of or permanent damage to an organ, system or limb function, as well as a Fracture. Only the cases referred to in the Table of Standards are covered;
- Table of Standards** – Table of Standards for the Percentage Appraisal of Detriment to the Health, which represents an integral part of ADHSPP Conditions;
- Fracture** – broken continuity of the bone resulting from a trauma that exceeds the elasticity of bone tissue, verified with medical diagnosis, not resulting in a permanent loss of organ, system or limb function.

§ 2. DEFINITIONS

- The terms used in these ADHSPP Rider Conditions shall be defined as per the GTCs, subject to Section 2 hereunder.
- For the purpose of the Rider executed on the basis of ADHSPP Rider Conditions, the following definitions are introduced:
 - Accident** – sudden event resulting solely from an external cause, not related to the volition or health status of the Spouse or Partner, which is the only cause of Detriment to Health of the Spouse or Partner and does not arise from any physical or mental impairment of the Spouse or Partner. Heart attack, stroke, cerebral hemorrhage, poisoning, or any

§ 3. INSURABLE EVENT

- Insurable Event covered under the Rider executed on the basis of ADHSPP Rider Conditions is defined as Detriment to Health of the Spouse or Partner, provided that the following conditions are met, jointly:
 - The only and direct cause of Detriment to Health of the Spouse or Partner was the Accident;
 - Detriment to Health of the Spouse or Partner originated within one year from the date of the Accident;
 - The Accident resulting in the Detriment to Health of the Spouse or Partner occurred during the term of our liability

under the Rider executed on the basis of ADHSPP Rider Conditions.

§ 4. EFFECTIVE TERM OF OUR LIABILITY

- Our liability for the Life Insured comes into force on the day on which the coverage for such Life Insured under the Rider executed on the basis of ADHSPP Rider Conditions comes into effect. The rules governing commencement and termination of our liability are set forth in the GTCs, unless stated otherwise in the Policy.

§ 5. LIMITATIONS AND EXCLUSIONS OF OUR LIABILITY

- The Benefit under the Rider executed on the basis of ADHSPP Rider Conditions is not payable if the Accident resulting in the Detriment to Health of the Spouse or Partner resulted from:
 - Hostilities, active participation of the Spouse or Partner in the acts of terror or riots;
 - Suicide attempted by the Spouse or Partner, self-mutilation or mutilation at one's own request, irrespective of their state of mind;
 - An illegal act with statutory characteristics of intentional crime committed by the Spouse or Partner, which has been established by a final court decision;
 - Traffic Accident caused by the Spouse or Partner in a state after alcohol consumption or in the state of alcohol intoxication, after the use of under the influence of drugs, intoxicating substances, psychotropic substances, alternative measures or new psychoactive substances within the meaning of the Polish Law against Substance Abuse (except for the substances taken under the direction of a qualified medical practitioner), which contributed to the Traffic Accident.

§ 6. BENEFIT PAYMENT

- Benefit payment rules and criteria are regulated in § 16 of the GTCs, subject to the provisions of this paragraph.
- Upon the Insurable Event referred to in § 3, we will pay to the Beneficiary the Benefit under the Rider executed on the basis of ADHSPP Rider Conditions, calculated on the basis of the percentage of Detriment to Health of the Spouse or Partner specified in the Table of Standards and the Sum Insured in force as of the date of the Accident of the Spouse or Partner, set out in the Policy, in accordance with the formula hereunder.
If, as a result of one Accident, the Spouse or Partner suffers Detriment to Health totaling:
 - Between 0.5% and 20% - we will pay a Benefit of 1% of the Sum Insured for each 1% of Detriment to Health,
 - Between 20.5% and 50% - we will pay a Benefit of 2% of the Sum Insured for each 1% of Detriment to Health,
 - Between 50.5% and 80% - we will pay a Benefit of 3% of the Sum Insured for each 1% of Detriment to Health,
 - Between 80.5% and 100% - we will pay a Benefit of 4% of the Sum Insured for each 1% of Detriment to Health.
- The type and degree of the Detriment to Health of the Spouse or Partner will be determined in line with the Table of Standards upon completion of the therapeutic process and the rehabilitation period – if it is required that they be completed so that the type and degree of the Detriment to Health can be determined – but, in any case, not later than within 2 years from the date of the Accident.
- In the event of the Detriment to Health of the Spouse or Partner resulting from one Accident and involving several organs, systems or limbs, we will pay to the Life Insured the Benefit not greater than 100% of the Detriment to Health.
- In the event of a multifocal limb injury, we will pay to the Life Insured the Benefit not greater than the amount of the Benefit which would be payable in respect of the Detriment to Health of the Spouse or Partner representing, respectively, the loss of a part of a limb or the entire limb.
- In the event of Accidental Detriment to Health of the Spouse or Partner involving an organ, system or limb the function of which had been impaired prior to such Accident, and that fact affected the determination of the degree of Detriment to Health of the Spouse or Partner after the Accident, the type and degree of Detriment to Health of the Spouse or Partner shall be determined by way of analysis as a difference between the impairment of

such an organ, system or limb before and after the Accident.

- In the event of the Detriment to Health of the Spouse or Partner resulting from an overload (making an abrupt movement or lifting a load), causing the effect where the Detriment to Health of the Spouse or Partner is superimposed on pre-existing degenerative changes with the Spouse or Partner, the type and degree of Detriment to Health of the Spouse or Partner shall be determined by way of analysis of the health status before the trauma as well as the causative agent and traumatic mechanism. Under such circumstances, the degree of Detriment to Health of the Spouse or Partner shall be determined taking into account the impact of the degenerative changes on the degree of the Detriment to Health.
- The Benefit in respect of the Detriment to Health of the Spouse or Partner shall be reduced in proportion to any amounts payable or paid already in respect of the Detriment to Health resulting from that same Accident on a prior basis, as per the terms of the Rider executed on the basis of ADHSPP Rider Conditions.
- In the event of anatomical loss of a limb, we will determine the legitimacy of the claim as regards the incontestable portion of the Benefit without waiting for the completion of the therapeutic process and the rehabilitation period.
- The Benefit will be paid out once we receive and approve the complete set of documents required for the determination of our liability pursuant to ADHSPP Rider Conditions.
- We will determine the right to the Benefit under the Rider executed on the basis of ADHSPP Rider Conditions based on:
 - Properly completed Claim Form;
 - Duplicate copy of ID document of the Life Insured;
 - Duplicate copy of ID document of the Spouse or Partner;
 - Duplicate copy of a valid short form marriage certificate (in the event of Detriment to Health of the Spouse);
 - Medical records testifying to the first aid, therapy and rehabilitation;
 - Duplicate copy of documents with a description of the circumstances of the accident of the Spouse or Partner issued by the institution that conducts the proceedings (e.g., the police, prosecutor's office);
 - Written statement by the Spouse or Partner to confirm that they consent to the processing of their personal data and their written consent for us to obtain, at the request of a physician authorized by us, information from the health care providers who provided health care services to the Spouse or Partner – including medical records concerning the circumstances related to the determination of the right to the Benefit;
 - Other records required to determine legitimacy of the claim – upon our request.
- With the purpose to determine the right to and the amount of the Benefit under the Rider executed on the basis of ADHSPP Rider Conditions, we may refer the Spouse or Partner for medical examinations the scope of which shall be specified by us in the referrals, with the exception of genetic tests. Medical examinations shall be carried out in medical facilities or doctor surgeries indicated by us. The cost of medical examinations shall be covered by us.
- Under the circumstances referred to in Section 12 hereinbefore, the right to the Benefit shall be determined based on the opinion of a medical practitioner authorized by us, issued on the basis of a complete set of documents required for the determination of our liability referred to in Section 11 hereinbefore, and based on the results of examinations referred to in Section 12 hereinbefore.
- If the Spouse or Partner refuses to subject himself/herself to the examinations referred to in Section 12 hereinbefore, we may decline to pay the Benefit under the Rider executed on the basis of the ADHSPP Rider Conditions.

Background information for Group Insurance Rider Terms and Conditions in respect of Dread Disease of the Spouse or Partner, extending the scope of coverage provided under the Group Life Insurance General Terms and Conditions

Type of information	Provision
1. Statutory requirements for the payment of insurance claim and other benefits or the cash value.	§ 1 Clause 2; § 5 in connection with § 2, § 3 and § 4; § 6 in connection with § 2, § 3 and § 4; § 8 Clause 1–3, Clause 5 and Clause 8–12 in connection with § 2, § 3 and § 4; § 9 Clause 1–8 in connection with § 2, § 3 and § 4.
2. Liability limitations and exclusions authorizing the Insurer not to pay the claims and other benefits or to reduce their value.	§ 1 Clause 2; § 6 in connection with § 2, § 3 and § 4; § 7 in connection with § 2, § 3 and § 4; § 8 Clause 4, Clause 6–7 and Clause 13 in connection with § 2, § 3 and § 4; § 9 Clause 9 in connection with § 2, § 3 and § 4.

GROUP INSURANCE RIDER TERMS AND CONDITIONS IN RESPECT OF DREAD DISEASE OF THE SPOUSE OR PARTNER

§ 1. GENERAL PROVISIONS

- The provisions of these Group Insurance Rider Terms and Conditions in respect of Dread Disease of the Spouse or Partner, approved by way of Unum Management Board Resolution No. 3/08/2022 of August 9, 2022 and comes into effect as of September 15, 2022, (hereinafter referred to as the 'DDRSP Conditions'), apply to the Rider extending the scope of insurance coverage provided pursuant to Group Life Insurance General Terms and Conditions (hereinafter referred to as the 'GTCs')
- In the matters not provided for under these DDRSP Conditions, the provisions of the GTCs, the Policy and generally applicable laws and regulations shall apply.

§ 2. DEFINITIONS

- The terms used in these DDRSP Conditions shall be defined as per the GTCs, unless otherwise defined by the these DDRSP Conditions.
- For the purpose of the Rider executed on the basis of DDRSP Conditions, the following definitions are introduced:
 - Operating Center** – an entity that works with us to organize and deliver medical and assistance services;
 - Communicable Disease** – any of the events defined in § 4;
 - Accident** – sudden event resulting solely from an external cause, not related to the volition or health status of the Spouse or Partner, which is the only cause of Detriment to Health of the Spouse or Partner and does not arise from any physical or mental impairment of the Spouse or Partner. Heart attack, stroke, cerebral hemorrhage, poisoning, or any other disease or infection (including acute ones) shall not be defined as an Accident;

- Dread Disease** – any of the events defined in § 3;
- Force Majeure** – external, unforeseeable and unpreventable event that precludes or delays the delivery Medical Services by the Operating Center;
- Medical Service** – a Service that involves diagnostic tests and medical consultations in case of suspected disease or the need to carry out any of the surgical operations referred to in § 3 of this Rider to the Spouse or Partner;
- Pharmaceutical Benefit** – an additional Benefit deliverable to the Life Insured in the event of a Dread Disease presenting in the Spouse or Partner, which shall mean a diagnosis of any of the diseases with the Spouse or Partner or performance of any of the surgical operations referred to in § 3 of this Rider to the Spouse or Partner, subject to § 8 Section 8 herein.

§ 3. DREAD DISEASES OF THE SPOUSE OR PARTNER

Only such diseases that were diagnosed with the Spouse or Partner and only such surgical operations that were performed on the Spouse or Partner during the effective term of coverage of the Life Insured provided by us under the Rider executed on the basis of DDRSP Conditions and meet the definitions set out hereinafter shall be regarded as the Dread Diseases of the Spouse or Partner included in the coverage:

- Only such **Bacterial Meningitis** that means an acute inflammation of the meninges caused by a bacterial infection. Bacterial Meningitis diagnosis should be confirmed with a general examination of cerebrospinal fluid and a positive result of cerebrospinal fluid culture.
- Only such **Bacterial Endocarditis** that means a non-nosocomial Infective Endocarditis (IE) on native valves and requires

hospitalization. Cases of this disease diagnosed in persons with implanted artificial heart valves, with an implanted pacemaker or cardioverter defibrillator, or after heart surgery, are excluded from coverage.

3. Only such **Cerebral Hydatid Disease** that means a lesion in the brain consisting of single or multiple Echinococcus tapeworm larvae. For the Benefit to be due, the diagnosis must be evidenced with the result of a parasitology or histopathology test of the brain lesion removed during a surgical procedure.
4. Only such **Blindness (loss of eyesight)** that means complete loss of sight in both eyes (resulting from a disease or Accident). The Benefit shall be due provided that a physician specializing in eye diseases has confirmed a total and permanent Loss of Sight in both eyes, and on condition that the loss of eyesight continued with the Spouse or Partner for at least 6 months.
5. Only such **Creutzfeldt-Jakob Disease** that means a neurodegenerative disease of the central nervous system clinically recognized by a neurologist, leading to a degenerative spongiform encephalopathy resulting in a rapidly progressive dementia confirmed by psychological testing and mobility disorders resulting in an inability to live independently, with Barthel Index score below 80.
6. Only such **Crohn's Disease** that means a chronic, non-specific, granulomatous inflammatory disease of the bowel. For the Benefit to be due, the disease must result in fistula formation, intestinal obstruction or intestinal perforation in the Spouse or Partner, and the diagnosis must have been evidenced with distinctive histopathology features.
7. Only such **Huntington's Disease (Huntington's chorea)** that means a genetically conditioned, progressive neurodegenerative disorder of the brain. For the Benefit to be due, the diagnosis of the Spouse or Partner must be made by a physician specializing in neurology on the basis of clinical symptoms (including the presence of involuntary, uncontrolled chorea and dementia) and a distinctive result of brain imaging examinations: computed tomography or magnetic resonance (CT or MRI).
8. Only such **Motor Neuron Disease** that means a progressive degeneration of corticospinal tracts with atrophy of anterior horn cells or damage of bulbar efferent neurons. Motor Neuron Disease includes spinal muscular atrophy/SMA, progressive bulbar palsy/PBP, amyotrophic lateral sclerosis/ALS, and primary lateral sclerosis/PLS. Benefit shall be payable if the Motor Neuron Disease causes neurological deficit resulting in the permanent and irreversible inability of the Spouse or Partner to:
 - a) Move indoors from room to room on level surfaces, or
 - b) Feed oneself once the meal has been prepared and served.
9. Only such **Parkinson's Disease** that means a slowly progressive degenerative disease of the central nervous system resulting from atrophy of the cells of substantia nigra in the midbrain. Unequivocal diagnosis of Parkinson's Disease must be confirmed by a physician specializing in neurology on the basis of the presence of progressive and permanent neurological deficits that cannot be corrected through pharmacological treatment. Additionally, the ADL assessment ('the Activities of Daily Living') must confirm that the Life Insured cannot perform at least three of the six ADL items listed hereunder:
 - a) The ability to wash in the bath or shower, unaided (including getting into and out of the bath or shower) or wash satisfactorily by other means;
 - b) The ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
 - c) The ability to move from a bed to an upright chair or wheelchair and vice versa;
 - d) The ability to move indoors from room to room on level surfaces;
 - e) The ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
 - f) The ability to feed oneself once the meal has been prepared and served.

Parkinson's Disease caused by medications or toxic substances shall be out of scope of coverage
10. Only such **Severe Burns** that mean third degree tissue injury caused by thermal, chemical or electrical agents to at least 20%

of the body surface area as measured by the rule of nines.

11. Only such **Muscular Dystrophy** that means a group of genetic degenerative conditions characterized by striated muscle degeneration without affecting the nervous system. The Benefit shall be due if the Spouse or Partner has been diagnosed with Muscular Dystrophy causing neurological deficit resulting in a permanent and irreversible inability of the Spouse or Partner to move indoors from room to room on level surfaces.
12. Only such **Benign Spinal Cord Tumor** that means a histologically benign tumor of the spinal cord or spinal meninges, requiring neurosurgery or causing permanent neurological loss in the Spouse or Partner. The diagnosis should be confirmed unequivocally by imaging or histopathological examination. The following are not covered: malignant tumors, cysts, granulomas, abscesses, hematomas, vascular malformations, epidural tumors, tumors located within the vertebrae, intervertebral disc prolapse, degenerative changes, discopathy, spinal injuries.
13. Only such **Benign (Non-Malignant) Brain Tumor** that means a life-threatening, benign tumor in cerebral tissue, with distinctive symptoms of increased intracranial pressure such as swelling of the optic disc (papilledema), epileptic seizures or neurological deficits. Coverage shall include pituitary tumors and brain cysts that require neurosurgical removal, otherwise resulting in a permanent neurological deficit. The Benign (Non-Malignant) Brain Tumor diagnosis must be confirmed by a physician specializing in neurology or neurosurgery, with evidence from the results of imaging techniques such as CT, MRI or PET.
Pituitary tumors and cysts that do not require neurosurgical removal, abscesses, granulomas, malformations in or of the arteries or veins of the brain, hematomas or tumors of the spine shall be out of scope of coverage
With regard to the Benign (Non-Malignant) Brain Tumor, the date of the diagnosis shall be defined as the date on which preliminary diagnosis was made by a physician specializing in neurology or neurosurgery.
14. Only such **Massive Pulmonary Embolism** that means a medical condition that requires removal of fresh thrombus from the pulmonary trunk and/or from the right or left pulmonary artery by way of incision (surgical embolectomy) in an urgent procedure due to the aforesaid embolism.
15. Only such **Aplastic Anemia** that means an irreversible bone marrow failure resulting in anemia, neutropenia and thrombocytopenia. Aplastic Anemia diagnosis must be based on a bone marrow biopsy result. For the Benefit to be due, at least two of the following three criteria in the Spouse or Partner must be met:
 - a) Absolute neutrophil count of 500 per cubic millimeter or less,
 - b) Absolute reticulocyte count of 20 000 per cubic millimeter or less,
 - c) Platelet count of 20 000 per cubic millimeter or less.
16. Only such **Kidney Failure** that means the end stage renal failure presenting chronic and irreversible failure of both kidneys, as a result of which renal dialysis or renal transplant is required. With regard to the Kidney Failure, the date of the diagnosis shall be defined as the date on which dialysis is initiated or renal transplant is performed.
17. Only such **Malignant Neoplasm** that means the presence of one or more malignant tumors characterized by uncontrolled growth, spread of malignant cells, invasion and destruction of normal tissue, including leukemia, lymphatic system tumors and Hodgkin's Disease. For the Benefit to be due, the presence of Malignant Neoplasm in the Spouse or Partner must be evidenced in a histopathology test result.
The following malignant neoplasms are excluded from coverage:
 - a) Tumors described as carcinoma in situ (including cervical dysplasia CIN-1, CIN-2, CIN-3), or those histologically described as pre-invasive;
 - b) Any skin neoplasia, unless there is evidence of metastases to other organs or unless the tumor is a malignant melanoma more than 1.5 mm thick according to histological examination or categorized as invasive above class 3 according to Clark's classification;
 - c) Kaposi's sarcoma and other tumors associated with HIV or AIDS;
 - d) Prostate cancer described as less advanced than T2N0M0 or Gleason Score below 7;

- e) Papillary micro-carcinoma of the thyroid histologically described as microcarcinoma.
- With regard to the Malignant Neoplasm, the date of the diagnosis shall be defined as the date of histological test specimen collection.
18. Only such **Tick-Borne Viral Encephalitis** that means a disease transmitted by ticks and confirmed in the examination of cerebrospinal fluid, with a variety of neurological symptoms and requiring hospitalization. Tick-Borne Viral Encephalitis diagnosis should be unequivocally confirmed by a physician specializing in neurology, with the assignment of a relevant ICD code included in the hospital treatment information chart.
 19. Only such **Coronary Artery Surgery** that means coronary artery bypass grafting performed by a physician specializing in cardio-surgery, to repair stenosis or obstruction of at least one coronary artery, by way of open chest surgery, excluding such interventions as percutaneous angioplasty, vascular catheterization and laser therapy.
 20. Only such **Abdominal Aortic Prosthesis Surgery** that means a blood vessel graft to replace a malfunctioning abdominal aorta in the Spouse or Partner. The need for the surgery must be confirmed by a physician specializing in cardiology. The scope of coverage shall not include:
 - a) surgery of coronary artery damaged in an Accident;
 - b) surgeries on the branches of the aorta;
 - c) interventions that consist in artery grafting without opening the abdominal cavity.
 21. Only such **Thoracic Aortic Prosthesis Surgery** that means a blood vessel graft to replace a malfunctioning thoracic aorta in the Spouse or Partner. The need for the surgery must be confirmed by a physician specializing in cardiology. The scope of coverage shall not include:
 - a) surgery of coronary artery damaged in an Accident;
 - b) surgeries on the branches of the aorta;
 - c) interventions that consist in artery grafting without opening the chest.
 22. Only such **Heart Valve Surgery** that means an open-heart surgery to completely replace one or more cardiac valves damaged due to the defects which manifested themselves in the Spouse or Partner after the effective date of our liability for the Life Insured under the Rider executed on the basis of DDRSP Conditions.
 23. Only such **Disabling Primary Pulmonary Hypertension** that means a pathological increase of pulmonary artery pressure due to structural or functional changes of the lung or pulmonary circulation abnormalities leading to right ventricular enlargement. For the Benefit to be due, the disease of the Spouse or Partner must result in a permanent and irreversible functional impairment equivalent to at least Class 4 of NYHA classification of circulatory failure. There must be proof that pulmonary pressure of the Spouse or Partner has remained above 30mm Hg for a period of at least six months.
 24. Only such **Fulminant Hepatitis** that means a sub-massive or massive necrosis of liver cells (hepatocytes) by a Hepatitis virus, leading precipitously to liver failure. The Benefit shall be due to the Life Insured if the Spouse or Partner is diagnosed with all of the symptoms below:
 - a) A rapidly decreasing liver size,
 - b) Necrosis involving the entire lobules, leaving only a collapsed reticular framework, and
 - c) Rapid deterioration of liver function tests (increased activity of enzymes indicative of hepatocyte damage), and the Spouse or Partner test results are as follows:
 - i. Liver function test shows massive parenchymal liver disease, and
 - ii. There are objective signs of portosystemic encephalopathy.
 25. Only such **Paralysis (palsy)** that means a total (0o or 1o according to Lovett scale) and permanent loss of function of two or more limbs as a result of an Accident or spinal cord disease. A limb is defined as the complete arm (upper limb) or the complete leg (lower limb). The Benefit shall be due to the Life Insured if the diagnosis of the Spouse or Partner is confirmed by a physician specializing in neurology, upon completion of the therapeutic process and the rehabilitation period.
 26. Only such **Major Head Injury** that means an Accidental head injury caused by an external physical force, resulting in a neurological deficit causing a permanent and irreversible inability of the Spouse or Partner to:
 - a) Move indoors from room to room on level surfaces, or
 - b) Feed oneself once the meal has been prepared and served, or
 - c) Communicate with others verbally by speech.
 The Life Insured becomes eligible for the Benefit upon completion of the therapeutic process and the rehabilitation period of the Spouse or Partner.
 27. Only such **Chronic Respiratory Failure** that means the end stage respiratory failure characterized by occurrence of all of the following conditions:
 - a) Dyspnea at rest confirmed by medical records;
 - b) Proof of necessary and permanent oxygen therapy applicable for at least 8 hours/day continuously for at least 3 months.
 Qualification for home oxygen therapy should be confirmed by a certificate from a physician specializing in lung diseases, internal medicine or anesthesiology and intensive care.
 28. Only such **Chronic Liver Failure** that means the end stage liver failure of the Spouse or Partner with increasing jaundice which, in the medical opinion of a physician, will not improve in the future and results in ascites or encephalopathy. Alcoholic cirrhosis or alcoholic liver failure shall be excluded from the scope of coverage.
 29. Only such **Brain Abscess** that means a focal inflammation of the brain with the presence of a well-demarcated collection of pus. The Benefit shall be due if the diagnosis of the Spouse or Partner is made on the basis of the clinical picture and a distinctive result of brain CT with contrast (hypodense inflammatory infiltrate enhanced by contrast administration, abscess capsule well saturated with contrast agent, and externally located hypodense zone of cerebral edema). The Benefit can also be payable on the basis of surgical removal of the lesion subsequently described in histopathology examination as a Brain Abscess.
 30. Only such **Sepsis** that means a generalized inflammatory response formed in the course of bacterial infection, with the presence of microorganisms in the blood stream and with multiple organ failure. Multiple organ failure is defined as a condition in which there is malfunctioning of two or more organs or systems such as the central nervous system, circulatory system, respiratory system, hematopoietic system, kidneys, liver. Sepsis diagnosis in the Spouse or Partner must be confirmed in hospital treatment records.
 31. Only such **Multiple Sclerosis** that means an inflammatory process within the central nervous system, with demyelination foci diffused throughout the central nervous system, evidenced with the presence in the Spouse or Partner of at least two of the three irreversible neurological deficits listed hereunder:
 - a) Paresis of limbs,
 - b) Gait disorders confirmed in neurological examination,
 - c) The need to use a wheelchair.
 Multiple Sclerosis must be confirmed by a physician specializing in neurology no sooner than after 6 months from the date of initial diagnosis. The ultimate diagnosis of Multiple Sclerosis must be evidenced with the results of imaging techniques such as the MRI or CT. Diseases of nervous system resulting from other reasons (e.g., cerebral vessel disorders, bacterial or viral infections) shall be excluded from the scope of coverage. With regard to Multiple Sclerosis, the date of diagnosis shall be the date on which the initial diagnosis is made by a physician specializing in neurology.
 32. Only such **Coma** that means a state of unconsciousness of the Spouse or Partner with no reaction to external or internal stimuli, persisting continuously for at least 96 hours and requiring the use of life support system. The Benefit shall be due to the Life Insured provided that the Spouse or Partner has been diagnosed with permanent neurological deficits in effect for at least 6 months. The coverage excludes conditions resulting from the use of medication, e.g., a medically-induced coma.
 33. Only such **Tetanus** that means treatment in hospital conditions due to an acute infectious disease evidenced in medical records, with a generalized clinical course, caused by the neurotoxin

produced by *Clostridium tetani*.

34. Only such **Major Organ Transplant** that means an organ transplant from a donor to the Spouse or Partner of kidney, liver, heart, lung, pancreas or bone marrow.
35. Only such **Scleroderma** that means progressive systemic scleroderma, a connective tissue disease, clearly confirmed by biopsy and serology, with progressive diffuse fibrosis in the skin, blood vessels and internal organs. At least one organ must be affected: kidney, lung or heart. The diagnosis must be made by a rheumatologist or dermatologist. The following are not covered: various forms of Localized Scleroderma (e.g., linear, bullous, plaque), eosinophilic fasciitis, CREST syndrome, scleroderma-like syndromes in the course of various metabolic diseases, keloid.
36. Only such **Stroke** that means an acute cerebrovascular accident resulting in neurological symptoms and permanent damage, resulting only and exclusively from vascular causes understood as occlusion or loss of continuity of the cerebral vessel wall. Stroke diagnosis of the Spouse or Partner should be evidenced with CT or MRI results.
Neurological symptoms and permanent damage are defined as follows:
 - a) Limb paralysis and paresis;
 - b) Extrapyramidal and cerebellar syndromes;
 - c) Stroke-induced epilepsy;
 - d) Central cranial nerve damage;
 - e) Speech disorders;
 - f) Encephalopathy (neurological and mental disorders caused by organic brain damage).Encephalopathy diagnosis must be confirmed with the presence of a neurological and mental deficit and evidenced by a psychiatric or neuropsychological examination (with the score below 16 points on the Mini-Mental Status Examination Scale) and a neurological examination, as well as changes in Computed Tomography or Magnetic Resonance imaging.
The presence of any of the above permanent neurological symptoms or deficits must be confirmed six weeks after the date of disease diagnosis, at the earliest.
With regard to a Stroke, the date of the diagnosis shall be the date on which the initial diagnosis is made by a physician specializing in neurology.
The following shall not be defined as a Stroke:
 - a) Transient ischemic attacks (TIA);
 - b) Reversible ischemic neurological deficit (RIND);
 - c) Traumatic brain damage (traumatic hemorrhages);
 - d) Hypoxic brain injury (e.g., from cardiac or respiratory arrest);
 - e) A stroke diagnosed as experienced in the past, e.g., based on CT or MRI;
 - f) Consequences of a decompression sickness;
 - g) Vascular pathology causing visual impairment (including optic nerve or retinal infarction) or vestibular disorders.
37. Only such **Loss of Limbs** that means a complete and permanent loss of function of two or more limbs or the severance of two or more limbs above the wrist or ankle due to Accident or disease. The Life Insured becomes eligible for the Benefit upon completion of the therapeutic process and the rehabilitation period of the Spouse or Partner.
38. Only such **Loss of Speech** that means complete and irrecoverable loss of speech that lasts for at least 12 months. Loss of Speech diagnosis must be confirmed by a specialist E.N.T. physician on the basis of the presence of vocal fold disease or trauma, or by a physician specializing in neurology on the basis of the presence of aphasia resulting from a disease or trauma. The loss of speech caused by mental disorders shall not be included in the scope of coverage.
39. Only such **Loss of Independent Existence** that means a condition resulting from a Disease or Accident whereby the Spouse or Partner has been totally unable to perform (whether aided or unaided) at least three of the following six Activities of Daily Living for a period of at least six months:
 - a) The ability to wash in the bath or shower, unaided (including getting into and out of the bath or shower) or wash satisfactorily by other means;
 - b) The ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;

- c) The ability to move from a bed to an upright chair or wheelchair and vice versa;
- d) The ability to move indoors from room to room on level surfaces;
- e) The ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
- f) The ability to feed oneself once the meal has been prepared and served.

The condition referred to above must be confirmed by a physician as permanent.

40. Only such **Loss of Hearing (Deafness)** that means a complete and irrecoverable loss of the ability to receive acoustic stimuli in both ears in result of a disease or Accident. Total Loss of Hearing shall be defined as an auditory threshold of more than 90 dB (decibels). The Benefit shall not be payable if, in the opinion of a specialist E.N.T. physician, the application of a medicinal device (e.g., a hearing aid) or an implant could result in partial or total restoration of hearing of the Spouse or Partner (with auditory threshold shifted to ≤ 90 dB).
41. Only such **Hepatitis B** that means chronic viral hepatitis presenting for longer than 6 months, diagnosed during the effective term of coverage, provided that all of the criteria hereunder are met, jointly:
 - a) Biopsy-confirmed liver fibrosis equal to or higher than F2 on the METAVIR scale or elastography above 7kPa;
 - b) Presence of serum HBV DNA of more than 2000 virus copies/ml, continuously or periodically, over a period of 6 months;
 - c) Presence of HBs antigen;
 - d) Elevated ALT and AST levels, continuously or periodically, over a period of 6 months.
42. Only such **Hepatitis C** that means chronic hepatitis presenting for longer than 6 months, diagnosed during the effective term of coverage, provided that all of the criteria hereunder are met, jointly:
 - a) Biopsy-confirmed liver fibrosis equal to or higher than F2 on the METAVIR scale or elastography above 7kPa;
 - b) Presence of serum HCV RNA of more than 2000 virus copies/ml, continuously or periodically, over a period of 6 months;
 - c) Elevated ALT and AST levels, continuously or periodically, over a period of 6 months;
 - d) Clinical signs of liver failure with one or more of the following: jaundice, ascites, esophageal varices.
43. Only such **Ulcerative Colitis** that means an acute fulminant ulcerative colitis with life threatening electrolyte disturbances and complications in the form of intestinal distention and a risk of intestinal perforation. With this type, lesions involve the entire colon and are accompanied with severe bloody diarrhea and systemic symptoms, and the treatment is frequently surgical and involves total colectomy and ileostomy. Ulcerative Colitis diagnosis of the Spouse or Partner must be evidenced with histopathology examination results, and the treatment should involve colectomy and ileostomy surgery.
44. Only such **Advanced Dementia (including Alzheimer's Disease)** that means the diagnosis of the Alzheimer's Disease or other persistent mental function dementia in the Spouse or Partner. Alzheimer's Disease is a progressive degenerative disease of the brain characterized by diffuse atrophic lesions throughout the cerebral cortex with distinctive histopathology changes. Dementia is a set of organic mental disorders characterized by a general impairment of intellectual abilities involving impairment of memory, judgment and abstract thinking, as well as personality changes. The Benefit shall be payable if all of the following conditions are fulfilled in the Spouse or Partner:
 - a) Permanent and irreversible brain function damage;
 - b) Significant cognitive impairment due to Alzheimer's disease or another form of dementia, evidenced with the results of standardized diagnostic tests;
 - c) The Spouse or Partner requires continuous supervision to prevent self-harm or doing harm to other people.There must be a cause-and-effect relationship between the Alzheimer's Disease or another form of dementia and the dysfunctions referred to above.
45. Only such **Infected Pancreatic Necrosis** that means pancreatic necrosis (necrotic pancreatitis), i.e., aggressive form of acute

pancreatitis involving total or partial necrosis of the pancreas and bacterial infection of necrotic changes. For the Benefit to be payable, pancreatic necrosis of the Spouse or Partner must be evidenced with CT results and infection must be confirmed with a positive result of bacteriology examination of the specimen obtained through fine needle aspiration biopsy (FNA) of the pancreas.

46. Only such **Occupationally Acquired HIV** that means an infection with the Human Immunodeficiency Virus (HIV) where the virus is acquired in consequence of:

- Occupational handling of blood or other body fluids by the Spouse or Partner;
- An injury of the Spouse or Partner inflicted in connection with their occupation.

The following conditions must be fulfilled for the Benefit to be payable:

- The infection originated when the Spouse or Partner worked in his/her profession included in the list of professions hereunder and after the effective date of insurance coverage provided to the Life Insured under the Rider executed on the basis of DDRSP Conditions;
- HIV seroconversion took place within six months from the incident;
- The Spouse or Partner presents a negative result of a test for HIV infection (HIV virus or antibodies to HIV virus) made within five days from the reported incident;
- HIV virus or HIV antibodies were detected in the Spouse or Partner within 12 months from the incident.

List of professions:

Doctors and dentists	Nurses
Laboratory personnel	Ancillary hospital personnel
Medical and dental assistants	Paramedics and other members of medical rescue services or emergency rescue units
Midwives	Firefighters
Police officers	Prison guards

Whenever there are applicable work regulations put in place that provide for occupational accidents, the accident must be reported in line with the applicable work regulations or other provisions applicable to the profession and endorsed by the employer.

47. Only such **HIV through Blood Transfusion** that means that the Spouse or Partner has been infected with the Human Immunodeficiency Virus (HIV):

- Through a blood transfusion received during the period of insurance coverage provided to the Life Insured under the Rider executed on the basis of DDSP Conditions, provided that there is a final court verdict indicating that the institution which provided the transfusion is liable, or that the medical records, drafted in accordance with medical standards applicable to that medical condition, were presented to confirm that blood transfusion was received and that HIV infection was incurred during such transfusion, and that
- The HIV-infected individual is not a hemophiliac. Infection in any other manner, including infection by sexual transmission or intravenous drug use, shall be excluded from coverage. We reserve the right to access the blood samples of the Spouse or Partner and to be able to test those blood samples on an independent basis.

48. Only such **Encephalitis** that means inflammation of the brain tissue (cerebral hemispheres, brainstem or cerebellum) resulting in significant complications lasting for at least six weeks with the Spouse or Partner and including permanent neurological deficit. Permanent neurological deficit may include mental retardation, emotional lability, blindness, deafness, speech disorders, hemiplegia or tetraplegia (paralysis). The neurological deficit must cause a permanent and irreversible inability of the Spouse or Partner to:

- Move indoors from room to room on level surfaces,
- Feed oneself once the meal has been prepared and served or
- Communicate with others verbally by speech.

49. Only such **Heart Attack** that means partial myocardial necrosis arising from inadequate blood supply. The Life Insured shall be entitled to the Benefit subject to the presence in the Spouse or Partner of elevated myocardial damage biomarkers (above the upper limit of the normal range) and at least two of the three symptoms listed hereunder:

- Distinctive clinical symptoms of ischemia (chest pain, inter alia);
- New ECG changes suggestive of myocardial infarction;
- New abnormalities in segmental myocardial contractility in imaging test results (e.g., echocardiogram).

A diagnosed stable or unstable coronary artery disease without features of a definitive heart attack shall be excluded from the scope of coverage. With regard to the Heart Attack, the date of the diagnosis shall be defined as the day on which the diagnosis was made by a physician specializing in cardiology.

50. Only such **Short Bowel Syndrome** that means an irreversible condition following resection or loss of physiological function (due to a disease or Accident) of the small intestine, in full or in part, resulting in such a severe impairment of absorption that the patient cannot sustain himself/herself on normal nutrition and parenteral nutrition must be administered. The Benefit shall be payable if the diagnosis the Spouse or Partner and the fact that the condition is irreversible are confirmed by a physician specializing in gastroenterology on the basis of anamnesis (confirmation of the cause – disease or trauma, presence of chronic diarrhea), examination (cachexia and dehydration), and additional tests (blood and urine).

51. Only such **Gas Gangrene** that means a severe wound infection (caused by *Clostridium perfringens*, *Clostridium novyi*, *Clostridium septicum*, *Clostridium heamoliticum* or *Clostridium sordelli* bacteria) involving gas formation in tissues and accompanied by edema, necrosis and general symptoms of toxemia.

52. Only such **Granulomatosis** with polyangiitis (formerly, Wegener's Granulomatosis) that means a systemic autoimmune disease causing necrotizing vasculitis affecting small and medium-sized blood vessels, characterized by formation of granulomas and the presence of c-ANCA antibodies, with the presence of at least one of the following: end-stage renal failure treated with dialysis, end-stage respiratory failure treated with chronic oxygen therapy, vision loss, hearing loss. The disease must be diagnosed according to the criteria of the American Rheumatological Society.

53. Only such **Minimally Invasive Aortic Valve Replacement** that means a surgery without extracorporeal circulation (without full sternotomy) and with transluminal access with the purpose to completely replace at least one heart valve damaged due to defects which manifested themselves in the Spouse or Partner after the effective date on which we covered the Life Insured under the Rider executed on the basis of DDRSP Conditions.

54. Only such **Minimally Invasive Coronary Artery Surgery** that means a surgery, performed by a physician specializing in cardio-surgery, which involves coronary artery bypass grafting with the purpose to correct the stenosis or occlusion of at least one coronary artery, without opening the chest, i.e., without full sternotomy. Endovascular procedures shall be excluded from the scope of coverage.

55. Only such **Lupus Erythematosus** that means an autoimmune disease with renal involvement confirmed by histopathological examination as above grade III glomerulonephritis according to the WHO classification.

56. Only such **Stroke without Permanent Neurological Damage** that means an acute cerebrovascular accident with neurological damage and symptoms that persist for at least 48 hours, resulting only and exclusively from vascular causes understood as occlusion or loss of continuity of a cerebral vessel wall. Stroke diagnosis should be evidenced with CT or MRI results. Neurological damage and symptoms are defined as follows:

- Limb paralysis and paresis;
- Extrapyramidal and cerebellar syndromes;
- Stroke-induced epilepsy;
- Central cranial nerve damage;
- Speech disorders;
- Encephalopathy (neurological and mental disorders caused by organic brain damage).

Encephalopathy diagnosis must be confirmed with the presence

of a neurological and mental deficit and evidenced by a psychiatric or neuropsychological examination (with the score below 16 points on the Mini-Mental Status Examination Scale) and a neurological examination, as well as changes in Computed Tomography or Magnetic Resonance imaging.

For the Benefit to be payable, it is not required that the above permanent neurological symptoms or deficits persist in the Spouse or Partner for six weeks after the date of disease diagnosis.

With regard to the Stroke without Permanent Neurological Damage, the date of the diagnosis shall be the date of the cerebrovascular accident confirmed by a physician specializing in neurology.

The following shall not be defined as a Stroke without Permanent Neurological Damage:

- a) Transient ischemic attacks (TIA);
 - b) Traumatic brain damage (traumatic hemorrhages);
 - c) Hypoxic brain injury (e.g., from cardiac or respiratory arrest);
 - d) A stroke diagnosed as experienced in the past, e.g., based on CT or MRI tests;
 - e) Consequences of a decompression sickness.
57. Only such **Early-Stage Multiple Sclerosis** that means an inflammatory process within the central nervous system, with demyelination foci diffused throughout the central nervous system. Early-Stage Multiple Sclerosis must be evidenced with the results of imaging techniques such as the MRI or CT. Diseases of nervous system resulting from other reasons (e.g., cerebral vessel disorders, bacterial or viral infections) shall be excluded from the scope of coverage. For the Early-Stage Multiple Sclerosis Benefit to be payable, the presence of the permanent and irreversible neurological deficits in the Spouse or Partner is not required. With regard to the Early-Stage Multiple Sclerosis, the date of the diagnosis shall be the date on which the initial diagnosis is made by a physician specializing in neurology.
58. Only such **Coronary Angioplasty** that means the treatment of coronary artery disease where a narrowing or blockage in one or more coronary arteries is opened in a procedure involving percutaneous dilatation of a coronary artery using a balloon, catheter, laser or other devices inserted into the vessel.

§ 4. OTHER COMMUNICABLE DISEASES OF THE SPOUSE OR PARTNER

A Communicable Disease of the Spouse or Partner covered by our liability is defined, only and exclusively, as communicable diseases diagnosed in the Spouse or Partner during the period of coverage for the Life Insured under the executed on the basis of DDRSP Conditions with the scope of coverage enhanced with Communicable Diseases of the Spouse or Partner, provided that the definitions hereunder are met:

1. Only such **Lyme Disease** manifesting itself as Erythema migrans that involves the organs in the form of arthritis or myocarditis, or neuroborreliosis, or chronic atrophic dermatitis of the extremities, with proof of IgM specific antibodies acc. to the Elisa and Western Blot tests.
2. Only such **Cholera** that means an acute infectious disease caused by toxigenic *Vibrio cholerae*. The diagnosis must be based on clinical symptoms (vomiting or diarrhea) confirmed by a specialist physician and proof of the presence of the virus in microbiological or immunological test results.
3. Only such **Typhoid Fever** that means an acute systemic infectious disease caused by the typhoid bacillus (*Salmonella typhi*). The diagnosis must be based on the isolation of *Salmonella typhi* from clinical specimens from a person with prolonged fever and at least one of the following comorbid symptoms:
 - a) Headaches,
 - b) Relative bradycardia,
 - c) Cough,
 - d) Diarrhea, constipation, abdominal pain.
 Asymptomatic cases of *Salmonella typhi* or *Salmonella paratyphi* are excluded from coverage.
4. Only such **Dengue Fever** that means an acute disease caused by the dengue virus, characterized by high fever in a person who, in the opinion of a specialist physician, has been diagnosed with at least two of the following clinical signs and symptoms: headache, extra-ocular pain, muscle pain, joint pain, rash, hemorrhagic

symptoms, leukopenia. Clinical diagnosis must be confirmed by at least one of the following laboratory techniques:

- a) Dengue virus isolated from the serum,
 - b) Confirmation of genetic material by PCR,
 - c) Confirmation of IgM specific antibodies.
5. Only such **Tuberculosis** that means an infectious disease caused by acid-fast mycobacteria of the *Mycobacterium Tuberculosis* Complex, diagnosed by a pulmonologist on the basis of clinical symptoms, microbiological tests (genetic tests, culture, smear or solid culture), imaging tests (X-ray or CT of the chest), IGRA tests, requiring the implementation of anti-tubercular treatment. TB in persons with HIV infection, alcohol abuse or treated with immunosuppressive drugs is excluded from coverage.
6. Only such **Malaria** that means a parasitic disease caused by *Plasmodium* protozoa. The diagnosis must be based on the presence of fever in a person diagnosed with:
 - a) Malaria spores in capillary blood smears,
 - b) Malaria spore antigen in immunochromatographic tests.
7. Only such **Schistosomiasis** that means an acute disease caused by *Schistosoma* parasites, which requires hospital treatment and which is characterized by fever, abdominal pain, hepatosplenomegaly or central nervous system involvement. The diagnosis must be confirmed by a physician on the basis of the clinical course of the disease and laboratory tests.
8. Only such **Rabies** that means an acute infectious disease requiring hospitalization, with clinical course characterized by acute encephalomyelitis, diagnosed on the basis of characteristic symptoms and detection of Rabies virus in samples of material collected from skin, saliva, cerebrospinal fluid or detection of specific antibodies in blood plasma or cerebrospinal fluid.
9. Only such **Yellow Fever** that means an acute infectious disease caused by *Flaviviridae* virus. Clinical diagnosis must be based on confirmed visit to the region where Yellow Fever cases have been suspected or confirmed, within one week prior to the onset of the disease, and with jaundice or bleeding from multiple sites found in a person with fever by a specialist physician. Clinical diagnosis must be confirmed by at least one of the following laboratory techniques:
 - a) Yellow Fever virus isolated in clinical material,
 - b) Yellow Fever virus nucleic acid detected,
 - c) Yellow Fever virus antigen detected, presence of Yellow Fever virus specific antibodies.

§ 5. INSURABLE EVENT

1. The Insurable Event covered under the Rider executed on the basis of DDRSP Conditions is defined as any of the Dread Disease presenting itself with the Spouse or Partner, which means that the Spouse or Partner is diagnosed with any of the diseases listed in § 3 or that any of the surgical operations listed in § 3 is performed on the Spouse or Partner during the effective term of coverage of the Life Insured under a Rider executed on the basis of DDRSP Conditions. Insurable Event must be confirmed in medical records testifying to the diagnostic and therapeutic process.
2. The scope of coverage under this Rider can be extended with:
 - a) Communicable Diseases of the Spouse or Partner listed in § 4 hereinbefore and diagnosed during the effective term of coverage of the Life Insured under this Rider,
 - b) Pharmaceutical Benefit in the event of any of the Dread Diseases listed in § 3 hereinbefore, and
 - c) Medical Services in the event that any of the Dread Diseases listed in § 3 is suspected with the Spouse or Partner or any of the surgical operations listed in § 3 is performed on the Spouse or Partner, as duly confirmed in the Policy.

§ 6. EFFECTIVE TERM OF OUR LIABILITY

1. Our liability for the Life Insured comes into force as of the effective date of coverage of the Life Insured under the Rider executed on the basis of DDRSP Conditions, with the provision that if the Insurable Event occurs within three months directly following the hereinbefore-said date, our liability shall be limited to an event resulting from an Accident of the Spouse or Partner which occurs during the term of our liability under this Rider (Waiting Period). Should there be an extension of coverage,

referred to in § 5 Section 2, our liability for the extended coverage shall come into force as of the effective date of such extended coverage of the Life Insured. The rules governing commencement and termination of our liability are set forth in the GTCs, unless stated otherwise in the Policy.

2. If the Sum Insured is upgraded during the term of our liability for the Life Insured under the Rider executed on the basis of DDRSP Rider Conditions, our liability in respect of Dread Disease of the Spouse or Partner that does not result from an Accident shall be limited, in the first three months following the date of such an upgrade, to the Sum Insured in effect prior to the date of the upgrade (Waiting Period).

§ 7. LIMITATIONS AND EXCLUSIONS OF OUR LIABILITY

1. The Benefit under the Rider executed on the basis of DDRSP Conditions shall not be paid out if the Dread Disease of the Spouse or Partner or the Communicable Disease of the Spouse or Partner resulted from:
 - a) Hostilities, active participation of the Spouse or Partner in the acts of terror or riots;
 - b) Suicide attempted by the Spouse or Partner, self-mutilation or mutilation at one's own request by the Spouse or Partner, irrespective of state of mind of the Spouse or Partner;
 - c) An illegal act with statutory characteristics of intentional crime committed by the Spouse or Partner, which has been established by a final court decision;
 - d) Traffic Accident caused by the Spouse or Partner in a state after alcohol consumption or in the state of alcohol intoxication, after the use of under the influence of drugs, intoxicating substances, psychotropic substances, alternative measures or new psychoactive substances within the meaning of the Polish Law against Substance Abuse (except for the substances taken under the direction of a qualified medical practitioner), which contributed to the Traffic Accident;
 - e) HIV infection, except for events referred to in § 3 Section 46 and Section 47.
2. The Benefit under the Rider executed on the basis of DDRSP Conditions shall not be payable in the event of a Dread Disease of the Spouse or Partner or the Communicable Disease of the Spouse or Partner in connection with which diagnostics or treatment continued or was initiated with the Spouse or Partner during the period of two years prior to the effective date of coverage provided by us to the Life Insured under the Rider executed on the basis of DDRSP Conditions, subject to Sections 4 and 5 hereinafter.
3. The Benefit under the Rider executed on the basis of DDRSP Conditions shall not be payable if a Dread Disease of the Spouse or Partner or the Communicable Disease of the Spouse or Partner was associated by cause-and-effect to a health condition diagnosed with the Spouse or Partner or in connection with which diagnostics or treatment continued or was initiated with the Spouse or Partner during the period of two years prior to the effective date of coverage provided by us to the Life Insured under the Rider executed on the basis of DDRSP Conditions, subject to Sections 4 and 5 hereinafter.
4. If the Insurable Event occurs after three years from the effective date of coverage provided by us to the Life Insured under the Rider executed on the basis of DDRSP Conditions, the provisions of Section 2 and Section 3 hereinbefore shall not apply.
5. Provided that the following conditions are met, jointly:
 - a) Directly prior to enrollment in the Rider executed on the basis of DDRSP Conditions, the Life Insured was covered under the Previous Group Insurance Contract, and Dread diseases of the Spouse or Partner were included in their scope of coverage;
 - b) The coverage provided to the Life Insured under the Previous Group Insurance Contract had been terminated on the eve of enrollment in this Rider;
 - c) The Policyholder has provided us with information about the scope of coverage provided to the Life Insured together with the sums insured and confirmation of termination of the Previous Group Insurance Contract,
 the provisions of Section 2 and Section 3 hereinbefore shall not apply.

6. We are not liable for delays in the performance of Medical Services or for non-performance or ill performance of Medical Services resulting from strikes, civil unrest, acts of terrorism, acts of war, effects of radioactivity, epidemics, pandemics, as well as mobility restrictions imposed by decisions of administrative authorities and resulting from Force Majeure.

§ 8. BENEFIT PAYMENT

1. Benefit payment rules and criteria are regulated in § 16 of the GTCs, subject to the provisions of this paragraph.
2. Subject to the provisions of § 6 and Section 4 hereinafter, upon the Insurable Event referred to in § 5 Section 1, we will pay to the Life Insured the Benefit under the Rider executed on the basis of DDRSP Conditions, in the amount determined in accordance with the following rules:
 - a) Upon a Dread Disease of the Spouse or Partner defined in §3 Sections 1 – 52 of the Rider, we will pay to the Life Insured the Benefit in the amount of 100% of the Sum Insured in respect of Dread Disease set out in the Policy, in effect as of the date of disease diagnosis or the date of the surgical operation, respectively;
 - b) Upon a Dread Disease of the Spouse or Partner defined in §3 Sections 53 – 57, we will pay to the Life Insured the Benefit in the amount of 25% of the Sum Insured in respect of Dread Disease set out in the Policy, in effect as of the date of disease diagnosis or the date of the surgical operation, respectively;
 - c) Upon a Dread Disease of the Spouse or Partner defined in §3 Section 58 of the Rider, we will pay to the Life Insured the Benefit in the amount of 100% of the Sum Insured in respect of Coronary Angioplasty set out in the Policy, in effect as of the date of the surgical operation.
3. If the scope of coverage has been enhanced with Communicable Diseases of the Spouse or Partner, as defined in § 4 Section 1–9 of the Rider, upon the Insurable Event referred to in § 5 Section 2 Clause a), we will pay to the Life Insured the Benefit under the Rider executed on the basis of DDRSP Conditions in the amount of 100% of the Sum Insured in respect of Communicable Disease set out in the Policy, in effect as of the date of Communicable Disease diagnosis.
4. The total amount of the Benefits paid to the Life Insured in respect of Dread Diseases of the Spouse or Partner from the same group, as referred to in Clauses a) – d) hereinafter, shall not exceed 100% of the Sum Insured set out in the Policy under the Rider executed on the basis of DDRSP Conditions, in effect as of the date of dread disease diagnosis or the date of the surgical operation, respectively:
 - a) Stroke and Stroke without Permanent Neurological Damage;
 - b) Multiple Sclerosis and Early-Stage Multiple Sclerosis;
 - c) Aortic Valve Replacement and Minimally Invasive Aortic Valve Replacement;
 - d) Coronary Artery Surgery and Minimally Invasive Coronary Artery Surgery without thoracotomy.
5. Payment of the Benefit pursuant to Section 2, Section 3 and Section 4 hereinbefore shall not result in expiry of insurance coverage of the Life Insured under the Rider executed on the basis of DDRSP Conditions, provided that the Life Insured continues to be covered under the Basic Contract, subject to Section 6 and Section 7 hereinafter.
6. After the Insurable Event and the payment of the Benefit to the Life Insured, the following items shall be excluded from the scope of coverage provided under the Rider executed on the basis of DDRSP Conditions:
 - a) The Dread Disease in respect of which the Life Insured received the Benefit equivalent to 100% of the Sum Insured relevant for the Rider executed on the basis of DDRSP Conditions, and those Dread Diseases which are related to that Dread Disease on a cause-and-effect basis, subject to Clause c) hereinafter,
 - b) The Dread Diseases included in the same group of Insurable Events, referred to in Section 4 Clauses a) – d) hereinbefore, if the amount of the Benefits in respect of the Dread Diseases included in that group and paid to the Life Insured has reached 100% of the Sum Insured under the Rider executed on the basis of DDRSP Conditions,
 - c) Only such Malignant Neoplasm case (a health condition) in

respect of which the Life Insured received the Benefit and those Malignant Neoplasm cases (health conditions) which are related to that Malignant Neoplasm case (a health condition) on a cause-and-effect basis (upon the Insurable Event that consists in a Malignant Neoplasm),

- d) Communicable Disease on account of which the Life Insured received a Benefit equal to 100% of the Sum Insured applicable to the Rider executed on the basis of DDRSP Conditions.
7. When the Insurable Event that meets the criteria of more than one Dread Disease of the Spouse or Partner set forth in § 3 originated in result of one and the same Accident or one and the same Disease, we will pay the Benefit to the Life Insured only in respect of one Dread Disease of the Spouse or Partner, with the provision that if the Benefits due in respect of different Dread Diseases of the Spouse or Partner are in different amounts, we will pay to the Life Insured the Benefit in respect of the Dread Disease of the Spouse or Partner for which the Benefit is the highest.
8. When any of the diseases or surgical operations referred to in § 3 herein in respect of which the Benefit is payable is diagnosed or performed on the Spouse or Partner, respectively, if the scope of coverage under this Rider has been enhanced with Pharmaceutical Benefit, referred to in § 5 Section 2 Clause b), we will pay to the Life Insured the Pharmaceutical Benefit in the amount in effect as of the disease diagnosis or surgical operation, set out in the Policy.
9. The Benefit will be paid out once we receive and approve the complete set of documents required for the determination of our liability pursuant to DDRSP Conditions.
10. We will determine the right to the Benefit under the Rider executed on the basis of DDRSP Conditions based on:
 - a) Properly completed Claim Form;
 - b) Duplicate copy of ID document of the Spouse or Partner;
 - c) Duplicate copy of a valid short form marriage certificate (in the event of a Dread Disease of the Spouse);
 - d) Duplicate copy of medical records of the Spouse or Partner (including medical history, descriptions of test results, medical records, for example);
 - e) Duplicate copy of documents with a description of the circumstances of the accident issued by the institution that conducts the proceedings (e.g., the police, prosecutor's office);
 - f) Other records required to determine legitimacy of the claim – upon our request.
11. With the purpose to determine the right to and the amount of the Benefit under the Rider executed on the basis of DDRSP Conditions, we may refer the Spouse or Partner for medical examinations the scope of which shall be specified by us in the referrals, with the exception of genetic tests. Medical examinations shall be carried out in medical facilities or doctor surgeries indicated by us. The cost of medical examinations shall be covered by us.
12. Under the circumstances referred to in Section 11 hereinbefore, the right to the Benefit shall be determined based on the opinion of a medical practitioner authorized by us, issued on the basis of a complete set of documents required for the determination of our liability referred to in Section 10 hereinbefore, and based on the results of examinations referred to in Section 11 hereinbefore.
13. If the Spouse or Partner refuses to subject himself/herself to the examinations referred to in Section 11 hereinbefore, we may decline to pay the Life Insured a Benefit under the Rider executed on the basis of the DDRSP Conditions.

§ 9. DELIVERY OF MEDICAL SERVICES

1. Medical services are provided through the Operating Center, accessible through a hotline number provided in the Certificate. The cost of connection with the hotline as per the pricelist of telecommunication services operator.
2. If the Spouse or Partner is suspected of one of the diseases or needs any of the surgical operations referred to in § 3 of this Rider, if the scope of coverage under this Rider has been enhanced with Medical Services, we will arrange for and cover the cost of Medical Services referred to in § 5 Section 2 Clause c), including:
 - a) Consultations with specialist physicians (internal medicine physician, orthopedist, surgeon, ophthalmologist, neurologist, diabetologist, oncologist, cardiologist, pulmonologist, gynecologist);
 - b) Diagnostic tests (ultrasound imaging, ECG, X-ray, CT, MRI)

– on the basis of a medical referral issued by the attending specialist physician.

3. To access Medical Services referred to in Section 2 Clauses a) – b) hereinbefore, one should contact the Operating Center. While on the phone, the Life Insured, the Spouse or Partner should provide the following details:
 - a) Name and Surname of the Life Insured;
 - b) PESEL number of the Life Insured or, when no PESEL number assigned, the date of birth of the Life Insured;
 - c) Name, Surname and PESEL number of the or the Spouse or Partner;
 - d) Degree of kinship;
 - e) Telephone number or e-mail address for contact with the Life Insured or the Spouse or Partner.
4. If there is a suspicion of any of the diseases of the Spouse or Partner or the need to perform any of the surgical operations on the Spouse or Partner listed in § 3 herein, the Spouse or Partner is eligible for up to 7 medical consultations, at the maximum, referred to in Section 2 Clause a) hereinbefore, and diagnostic tests referred to in Section 2 Clause b) hereinbefore, within the total amount of PLN 3000 for all diagnostic tests.
5. To be able to use Medical Services, medical documentation indicated by the Operating Center must be sent to the Operating Center in a manner pre-agreed by the parties, in connection with one of the diseases or the need for one of the surgical procedures of the Spouse or Partner referred to in § 3 of this Rider.
6. On the basis of provided medical documentation, the physician working at the Operating Center will communicate with the Life Insured within 3 Business Days, at the maximum, counting from the day of receipt of medical documentation of the Spouse or Partner, to inform the Life Insured whether the event and medical documentation presented entitle the Life Insured to the Medical Service requested by the Life Insured or the Spouse or Partner.
7. Medical consultations and diagnostic tests are held at medical facilities designated by the Operating Center.
8. The following service delivery waiting times are applicable:
 - a) Within 2 Business Days from the date of provision of the information referred to in Section 6 hereinbefore - in the case of consultation with an internal medicine physician;
 - b) Within 5 Business Days from the date of provision of the information referred to in Section 6 hereinbefore - in the case of medical consultations with other specialties indicated in § 9 Section 2 (a) hereinbefore and in the case of diagnostic ultrasound, ECG, X-ray;
 - c) Within 10 Business Days from the date of provision of the information referred to in Section 6 hereinbefore - in the case of CT and MRI scans, unless a later date is indicated by the Life Insured or the Spouse or Partner.
9. Our liability does not cover medical services deliverable outside the territory of the Republic of Poland.
10. The cost of medical services provided in accordance with DDRSP Conditions is payable directly to the medical entities or facilities that deliver the service.

Background information for Group Insurance Rider Terms and Conditions in respect of Specialized Treatment of the Spouse or Partner, extending the scope of coverage provided under the Group Life Insurance General Terms and Conditions

Type of information	Provision
1. Statutory requirements for the payment of insurance claim and other benefits or the cash value.	§ 1 Clause 2; § 4 in connection with § 2 and § 3; § 5 in connection with § 2 and § 3; § 7 Clause 1–2 and 5–6 in connection with § 2 and § 3.
2. Liability limitations and exclusions authorizing the Insurer not to pay the claims and other benefits or to reduce their value.	§ 1 Clause 2; § 5 in connection with § 2 and § 3; § 6 in connection with § 2 and § 3; § 7 Clause 3–4 in connection with § 2 and § 3.

GROUP INSURANCE RIDER TERMS AND CONDITIONS IN RESPECT OF SPECIALIZED TREATMENT OF THE SPOUSE OR PARTNER

§ 1. GENERAL PROVISIONS

- The provisions of these Group Insurance Rider Terms and Conditions in respect of Specialized Treatment of the Spouse or Partner, approved by way of Unum Management Board Resolution No. 3/08/2022 of August 9, 2022 and comes into effect as of September 15, 2022, (hereinafter referred to as the 'STSP Rider Conditions'), apply to the Rider extending the scope of insurance coverage provided pursuant to Group Life Insurance General Terms and Conditions (hereinafter referred to as the 'GTCs').
- In the matters not provided for under these STSP Rider Conditions, the provisions of the GTCs, the Policy and generally applicable laws and regulations shall apply.

§ 2. DEFINITIONS

- The terms used in these STSP Rider Conditions shall be defined as per the GTCs, unless otherwise defined by the these STSP Rider Conditions.
- For the purpose of the Rider executed on the basis of STSP Rider Conditions, the following definitions are introduced:
 - Specialized Treatment** – a process associated with one of the therapeutic procedures referred to and defined in § 3 performed in connection with the medical treatment of the Spouse or Partner, medically necessary to restore the normal function of a malfunctioning organ or system;
 - Date of the Event** – a date on which:
 - The first dose of a medication was administered – as applicable to Chemotherapy, Interferon Therapy, Antiviral Therapy;
 - The first dose of ionizing radiation was administered – as applicable to Radiation Therapy;
 - Implantation of cardioverter/defibrillator/pacemaker was carried out;
 - Ablation was carried out;
 - The first dialysis was carried out in the first-time Dialysis Therapy;

- Surgery has been performed – as applicable to Gamma Knife and Cyber-Knife Treatment, Vertebroplasty, Cochlear Implantation.

§ 3. SPECIALIZED TREATMENT PROCEDURES APPLICABLE TO THE SPOUSE OR PARTNER

- Ablation** – a cardiological procedure aimed at destroying or isolating the area of heart tissue that is responsible for causing heart rhythm disorders;
- Chemotherapy** – a systemic treatment of neoplasia with at least one anti-neoplastic drug from the L group of drugs according to the ATC;
- Dialysis Therapy** – a method of treatment for end-stage renal failure or acute kidney injury using hemodialysis or peritoneal dialysis;
- Gamma Knife and Cyber-Knife** – a method of treatment for the following non-cancerous diseases: trigeminal neuralgia, spontaneous tremor, vascular malformations;
- Antiviral Therapy** – treatment of chronic viral hepatitis B or C to inhibit HBV replication or to eliminate the HCV;
- Radiation Therapy** – treatment of neoplasia with ionizing radiation;
- Interferon Therapy** – parenteral administration of interferon as treatment for Multiple Sclerosis or chronic hepatitis B or C;
- Vertebroplasty** – a procedure used to treat lesions or traumatic injuries in the spine, involving the injection of a cementing substance into the vertebrae;
- Cochlear implantation** – a procedure performed to treat total bilateral deafness, partial deafness or profound hearing loss - hearing impairment
- Implantation of a cardioverter / defibrillator** – implantation of an electronic device with detection and defibrillation functions in the case of a serious arrhythmia of ventricular origin or sudden cardiac arrest episodes;
- Implantation of a Pacemaker (Cardio Stimulator)** – implantation of an electronic device designed to stimulate heart rate.

§ 4. INSURABLE EVENT

1. The Insurable Event covered under the Rider executed on the basis of STSP Rider Conditions shall be defined as the Specialized Treatment of the Spouse or Partner, originating during the period of coverage of the Life Insured under the Rider executed on the basis of STSP Rider Conditions. The effective date of the Specialized Treatment of the Spouse or Partner shall be the date relevant for a procedure referred to in § 3, performed as part of this Specialized Treatment.

§ 5. EFFECTIVE TERM OF OUR LIABILITY

1. Our liability for the Life Insured comes into force as of the effective date of coverage of the Life Insured under the Rider executed on the basis of STSP Rider Conditions, with the provision that within three months directly following the above-said date our liability is limited to the payment of Benefit equivalent to 10% of the Sum Insured in effect as of the Date of the Event (Waiting Period), as set forth in the Policy. The rules governing commencement and termination of our liability are set forth in the GTCs, unless stated otherwise in the Policy.
2. If the Sum Insured is upgraded during the term of our liability for the Life Insured under the Rider executed on the basis of STSP Rider Conditions, our liability in respect of Specialized Treatment of the Spouse or Partner shall be limited, in the first three months following the date of such an upgrade, to the Sum Insured in effect prior to the date of the upgrade (Waiting Period).

§ 6. LIMITATIONS AND EXCLUSIONS OF OUR LIABILITY

1. The Benefit under the Rider executed on the basis of STSP Rider Conditions shall not be paid out if the Specialized Treatment resulted from:
 - a) Hostilities, active participation of the Spouse or Partner in the acts of terror or riots;
 - b) Suicide attempted by the Spouse or Partner, self-mutilation or mutilation at one's own request, irrespective of their state of mind;
 - c) Medical experiment or medical intervention performed on the Spouse or Partner without supervision of a physician or other authorized personnel.
2. The Benefit under the Rider executed on the basis of STSP Rider Conditions shall not be paid out if the referral for the Specialized Treatment of the Spouse or Partner had been issued in the period of two years prior to the effective date of coverage provided to the Life Insured under this Rider, or when the decision to have the treatment administered had been made two years prior to the above-said date, subject to Section 4 and Section 5 hereinafter.
3. The Benefit under the Rider executed on the basis of STSP Rider Conditions shall not be paid out if a disease associated on a cause-and-effect basis to the procedure carried out as part of the Specialized Treatment was diagnosed with the Spouse or Partner or in connection with which the diagnostics or treatment continued or was initiated with the Spouse or Partner during the period of two years prior to the effective date of coverage provided by us to the Life Insured under this Rider, subject to Section 4 and Section 5 hereinafter.
4. If the Insurable Event occurs after three years from the effective date of coverage provided by us to the Life Insured under the Rider executed on the basis of STSP Rider Conditions, the provisions of Section 2 and Section 3 hereinbefore shall not apply.
5. Provided that the following conditions are met, jointly:
 - a) Directly prior to enrollment in the Rider executed on the basis of STSP Rider Conditions, the Life Insured was covered under the Previous Group Insurance Contract, and Specialized Treatment of the Spouse or Partner was included in their scope of coverage;
 - b) The coverage provided to the Life Insured under the Previous Group Insurance Contract had been terminated on the eve of enrollment in this Rider;
 - c) The Policyholder has provided us with information about the scope of coverage provided to the Life Insured together with the sums insured and confirmation of termination of the Previous Group Insurance Contract,
 the provisions of Section 2 and Section 3 hereinbefore shall not apply.

§ 7. BENEFIT PAYMENT

1. Benefit payment rules and criteria are regulated in § 16 of the GTCs, subject to the provisions of this paragraph.
2. Upon the Insurable Event referred to in § 4, we shall pay to the Life Insured the Benefit under the Rider executed on the basis of STSP Rider Conditions, equivalent to the Sum Insured in force as of the date of the Event, set forth in the Policy, subject to § 5.
3. Following the Insurable Event, the scope of insurance coverage under the Rider executed on the basis of STSP Rider Conditions shall be reduced in accordance with the procedure carried out as part of the Specialized Treatment of the Spouse or Partner, in respect of which the Benefit had been paid to the Life Insured, and in accordance with those Specialized Treatment procedures which are related to that procedure on a cause-and-effect basis, subject to Section 4 hereinafter.
4. Should another Insurable Event take place, the title to the Benefit shall not be granted to the Life Insured if the subsequent Specialized Treatment procedure carried out on the Spouse or Partner is related to the same disease or to the same accident in connection with which the Life Insured had already received the Benefit and one of the procedures referred to in § 3 hereinbefore.
5. The Benefit will be paid out once we receive and approve the complete set of documents required for the determination of our liability pursuant to STSP Rider Conditions.
6. We will determine the right to the Benefit under the Rider executed on the basis of STSP Rider Conditions based on:
 - a) Properly completed Claim Form;
 - b) Duplicate copy of ID document of the Life Insured;
 - c) Duplicate copy of a valid short form marriage certificate (in the event of a Specialized Treatment of the Spouse);
 - d) Duplicate copy of medical records testifying to the Insurable Event;
 - e) Other records required to determine legitimacy of the claim – upon our request.

Background information for Group Insurance Rider Terms and Conditions in respect of Surgical Operations of the Spouse or Partner, extending the scope of coverage provided under the Group Life Insurance General Terms and Conditions

Type of information	Provision
1. Statutory requirements for the payment of insurance claim and other benefits or the cash value.	§ 1 Clause 2; § 3 in connection with § 2; § 4 in connection with § 2; § 6 Clause 1–6 and Clause 8 in connection with § 2.
2. Liability limitations and exclusions authorizing the Insurer not to pay the claims and other benefits or to reduce their value.	§ 1 Clause 2; § 4 in connection with § 2; § 5 in connection with § 2; § 6 Clause 7 in connection with § 2.

GROUP INSURANCE RIDER TERMS AND CONDITIONS IN RESPECT OF SURGICAL OPERATIONS OF THE SPOUSE OR PARTNER

§ 1. GENERAL PROVISIONS

- The provisions of these Group Insurance Rider Terms and Conditions in respect of Surgical Operations of the Spouse or Partner, approved by way of Unum Management Board Resolution No. 3/08/2022 of August 9, 2022 and comes into effect as of September 15, 2022, (hereinafter referred to as the '**SOSP Rider Conditions**'), apply to the Rider extending the scope of insurance coverage provided pursuant to Group Life Insurance General Terms and Conditions (hereinafter referred to as the '**GTCs**').
- In the matters not provided for under these SOSP Rider Conditions, the provisions of the GTCs, the Policy and generally applicable laws and regulations shall apply.

§ 2. DEFINITIONS

- The terms used in these SOSP Rider Conditions shall be defined as per the GTCs, subject to Section 2 hereunder.
- For the purpose of the Rider executed on the basis of SOSP Rider Conditions, the following definitions are introduced:
 - Disease** – condition or abnormality that causes disturbances in the functioning of bodily organs regardless of anyone's volition, of pathological origin and diagnosable by a qualified medical practitioner;
 - Accident** – sudden event resulting solely from an external cause, not related to the volition or health status of the Spouse or Partner, which is the only cause of Surgical Operation of the Spouse or Partner and does not arise from any physical or mental impairment of the Spouse or Partner. Heart attack, stroke, cerebral hemorrhage, poisoning, or any other disease or infection (including acute ones) shall not be defined as an Accident;
 - Surgical Operation** – surgical procedure performed on the Spouse or Partner in connection with a Disease or physical bodily injury resulting from an Accident. We may only be held liable for the cases specified in the Table of Surgical Operations;
 - Pharmaceutical Benefit** – additional Pharmaceutical Benefit

payable to the Life Insured in the event that a Surgical Operation specified in the Table of Surgical Operations is performed on the Spouse or Partner, subject to § 6 Section 6 herein;

- Table of Surgical Operations** – table which specifies the types of Surgical Operations, together with the corresponding Benefit amounts expressed in percentage of the Sum Insured, representing an integral part of SOSP Conditions.

§ 3. INSURABLE EVENT

- The Insurable Event covered under the Rider executed on the basis of SOSP Rider Conditions is defined as a Surgical Operation performed on the Spouse or Partner during the term of our liability under the Rider executed on the basis of SOSP Rider Conditions.
- The scope of coverage under this Rider may be enhanced with Pharmaceutical Benefit, as duly acknowledged in the Policy.

§ 4. EFFECTIVE TERM OF OUR LIABILITY

- Our liability for the Life Insured shall come into force as of the effective date of coverage of the Life Insured under the Rider executed on the basis of SOSP Rider Conditions, with the provision that if the Insurable Event occurs within three months from the above-said date, our liability shall be limited only and exclusively to events resulting from an Accident that occurred during the effective term of our liability under this Rider (Waiting Period). Should there be an extension of coverage, referred to in § 3 Section 2, our liability for the extended coverage shall come into force as of the effective date of such extended coverage of the Life Insured. The rules governing commencement and termination of our liability are set forth in the GTCs, unless stated otherwise in the Policy.
- If the Sum Insured is upgraded during the term of our liability for the Life Insured under the Rider executed on the basis of SOSP Rider Conditions, our liability in respect of Surgical Operation of the Spouse or Partner that does not result from an Accident shall

be limited, in the first three months following the date of such an upgrade, to the Sum Insured in effect prior to the date of the upgrade (Waiting Period).

§ 5. LIMITATIONS AND EXCLUSIONS OF OUR LIABILITY

1. The Benefit under the Rider executed on the basis of SOSP Rider Conditions shall not be paid out if the Surgical Operation of the Spouse or Partner was performed as a result of:
 - a) Hostilities, active participation of the Spouse or Partner in the acts of terror or riots;
 - b) Suicide attempted by the Spouse or Partner, self-mutilation or mutilation at one's own request by the Life Insured, irrespective of state of mind of the Child;
 - c) Plastic or cosmetic surgery, with the exception of treatment of consequences of Accidents of the Spouse or Partner taking place during the term of our liability for the Life Insured under the Rider executed on the basis of SOSP Rider Conditions;
 - d) Traffic Accident caused by the Spouse or Partner in a state after alcohol consumption or in the state of alcohol intoxication, after the use of under the influence of drugs, intoxicating substances, psychotropic substances, alternative measures or new psychoactive substances within the meaning of the Polish Law against Substance Abuse (except for the substances taken under the direction of a qualified medical practitioner), which contributed to the Traffic Accident;
 - e) Diseases resulting from HIV infection;
 - f) An illegal act with statutory characteristics of intentional crime committed by the Spouse or Partner, which has been established by a final court decision;
 - g) Military service performed by the Spouse or Partner in any country or participation of the Spouse or Partner in armed forces operations.

§ 6. BENEFIT PAYMENT

1. Benefit payment rules and criteria are regulated in § 16 of the GTCs, subject to the provisions of this paragraph.
2. Upon the Insurable Event referred to in § 3, we shall pay to the Life Insured the Benefit in respect of Surgical Operation performed on the Spouse or Partner equivalent to the percentage value, specified in the Table of Surgical Operations, of the Sum Insured set out in the Policy, in force as of the date of the Surgical Operation performed on the Spouse or Partner, subject to § 4.
3. Irrespective of the number of Surgical Operations performed on the Spouse or Partner within 1 year, counting from the date of the first of those Surgical Operations, if the need to perform Surgical Operations was related to the same cause, i.e., the same Disease or the same Accident, we shall pay the Benefit in respect of one Surgical Operation only – the one that generates the highest Benefit according to the Table of Surgical Operations. The aforementioned provision does not apply to Surgical Operations on the Spouse or Partner performed on paired organs due to the same Disease or the same Accident.
4. In the event that more than one Surgical Operation is performed on the Spouse or Partner within three consecutive days, we shall pay the Benefit for one Surgical Operation only – the one that generates the highest Benefit according to the Table of Surgical Operations.
5. If more than one Surgical Operation listed in the Table of Surgical Operations is performed while in the Operating Room, then, irrespective of the number of Surgical Operations performed, we shall pay the Benefit in respect of one Surgical Operation only – the one that generates the highest Benefit according to the Table of Surgical Operations.
6. In the event that a Surgical Operation is performed on the Spouse or Partner with the Benefit equivalent to at least 40% of the Sum Insured, and provided that the scope of coverage has been enhanced with Pharmaceutical Benefit referred to in § 3 Section 2, we will pay to the Life Insured the Pharmaceutical Benefit in the amount in effect as of the date of the Surgical Operation, set out in the Policy.
7. The Benefit will be paid out once we receive and approve the complete set of documents required for the determination of our liability pursuant to SOSP Conditions.

8. We will determine the right to the Benefit under the Rider executed on the basis of SOSP Rider Conditions based on:
 - a) Properly completed Claim Form;
 - b) Duplicate copy of ID document of the Life Insured;
 - c) Duplicate copy of ID document of the Spouse or Partner;
 - d) Valid short form marriage certificate (in the event of a Surgical Operation of the Spouse);
 - e) Duplicate copy of medical documentation of the Spouse or Partner;
 - f) Duplicate copy of documents with a description of the circumstances of the accident issued by the institution that conducts the proceedings (e.g., the police, prosecutor's office);
 - g) Written statement by the Spouse or Partner to confirm that they consent to the processing of their personal data and their written consent for us to obtain information, at the request of a physician authorized by us, from the health care providers who provided health care services to the Spouse or Partner - including a copy of the medical records concerning the circumstances related to the determination of the right to the Benefit;
 - h) Other records required to determine legitimacy of the claim – upon our request.

Background information for Group Insurance Rider Terms and Conditions in respect of Hospitalization of the Spouse or Partner, extending the scope of coverage provided under the Group Life Insurance General Terms and Conditions

Type of information	Provision
1. Statutory requirements for the payment of insurance claim and other benefits or the cash value.	§ 1 Clause 2; § 3 in connection with § 2; § 4 in connection with § 2; § 6 Clause 1–5 and Clause 8–12 in connection with § 2; § 7 Clause 1–6, and Clause 8 in connection with § 2.
2. Liability limitations and exclusions authorizing the Insurer not to pay the claims and other benefits or to reduce their value.	§ 1 Clause 2; § 4 in connection with § 2; § 5 in connection with § 2; § 6 Clause 4–7 in connection with § 2; § 7 Clause 7 in connection with § 2.

GROUP INSURANCE RIDER TERMS AND CONDITIONS IN RESPECT OF HOSPITALIZATION OF THE SPOUSE OR PARTNER

§ 1. GENERAL PROVISIONS

- The provisions of these Group Insurance Rider Terms and Conditions in respect of Hospitalization of the Spouse or Partner, approved by way of Unum Management Board Resolution No. 3/08/2022 of August 9, 2022 and comes into effect as of September 15, 2022, (hereinafter referred to as the '**HIRSP Conditions**'), apply to the Rider extending the scope of insurance coverage provided pursuant to Group Life Insurance General Terms and Conditions (hereinafter referred to as the '**GTCs**').
- In the matters not provided for under these HIRSP Conditions, the provisions of the GTCs, the Policy and generally applicable laws and regulations shall apply.

§ 2. DEFINITIONS

- The terms used in these HIRSP Conditions shall be defined as per the GTCs, subject to Section 2 hereunder.
- For the purpose of the Rider executed on the basis of HIRSP Conditions, the following definitions are introduced:
 - Operating Center** – an entity that works with us to organize and deliver medical and assistance services;
 - Disease** – condition or abnormality that causes disturbances in the functioning of bodily organs regardless of anyone's volition, of pathological origin and diagnosable by a qualified medical practitioner;
 - Oncological Disease** – defined as follows:
 - Only such **Malignant Neoplasm** that means the presence of one or more malignant tumors characterized by uncontrolled growth, spread of malignant cells, invasion and destruction of normal tissue, including leukemia, lymphatic system tumors and Hodgkin's Disease. For the Benefit to be due, the presence of Malignant Tumor in

the Spouse or Partner must be evidenced in a histopathology test result by a physician specializing in oncology or pathomorphology.

The following malignant neoplasms are excluded from coverage:

- Tumors described as carcinoma in situ (including cervical dysplasia CIN-1, CIN-2, CIN-3), or those histologically described as pre-invasive;
- Any skin neoplasia, unless there is evidence of metastases to other organs or unless the tumor is a malignant melanoma more than 1.5 mm thick according to histological examination or categorized as invasive above class 3 according to Clark's classification;
- Kaposi's sarcoma and other tumors associated with HIV or AIDS;
- Prostate cancer described as less advanced than T2N0M0 or Gleason Score below 7;
- Papillary micro-carcinoma of the thyroid histologically described as microcarcinoma.

With regard to the Malignant Neoplasm, the date of the diagnosis shall be defined as the date of histological test specimen collection;

- Only such **Low Malignant Potential (LPM) Tumor** that is early-stage cancer whose stage or low degree of malignancy give rise to a good prognosis and which requires specialized oncological treatment: surgical treatment or radiotherapy, or chemotherapy. The following are included in coverage:
 - Precancerous lesion with cervical dysplasia CIN-3, which requires surgery;
 - Borderline ovarian cancer requiring chemotherapy or

surgery;

- c. Myeloproliferative, myelodysplastic, myeloproliferative-dysplastic syndrome requiring hematological treatment;
- d. Papillary micro-carcinoma of the thyroid histologically described as microcarcinoma, requiring surgery;
- e. Any LMP or borderline tumor according to histopathology report, requiring surgery or chemotherapy/radiotherapy.

LPM Tumor must be evidenced in histopathology report.

With regard to LPM Tumor, the date of the diagnosis shall be defined as the date of histological test specimen collection;

- d) **Accident** – sudden event resulting solely from an external cause, not related to the volition or health status of the Spouse or Partner, which is the only cause of Hospitalization of the Spouse or Partner and does not arise from any physical or mental impairment of the Spouse or Partner. Heart attack, stroke, cerebral hemorrhage, poisoning, or any other disease or infection (including acute ones) shall not be defined as an Accident;
 - e) **Vehicle** – means of transport authorized and intended for:
 - i. Road traffic - within the meaning of the Polish Road Traffic Law, with the exception of quads, bicycles, bicycle trailers, electric scooters, personal transport devices;
 - ii. Rail traffic to carry persons or goods;
 - iii. Inland waterway traffic - within the meaning of Polish Inland Waterways Act, and maritime traffic within the meaning of Polish Maritime Code;
 - iv. Air traffic as a passenger aircraft of a licensed airline operator;
 - f) **ICU Stay** – staying at an intensive care unit, intensive therapy department or a separate intensive monitoring room, supervised by physicians specializing in intensive care and anesthesiology, providing round-the-clock specialized medical and nursing care, furnished with specialized equipment, with round-the-clock monitoring and support of vital functions, dedicated to patients in a life-threatening condition;
 - g) **Hospitalization** – a documented stay in a Hospital, on a constant and continuous basis, with the purpose to maintain, restore or improve the Spouse's or Partner's health condition. One day of Hospitalization is defined as one calendar day, with the first day of Hospitalization defined as the date of admission to the Hospital and the last day of Hospitalization defined as the date of discharge from the Hospital.
- The following shall not be regarded as Hospitalization: hospital visit the sole purpose of which was rehabilitation (except for the cases when such Hospitalization involves the first-time rehabilitation associated with the treatment following a stroke or heart attack), visits at rehabilitation department or day care unit;
- h) **Force Majeure** – an external, unforeseeable and unpreventable event that precludes or delays the delivery of service by the Operating Center;
 - i) **Hospital** – public or non-public inpatient health care facility, operating pursuant to the applicable legal provisions, with the purpose to provide round-the-clock care and treatment for sick patients, with adequate diagnostic and therapeutic resources, employing medical personnel so as to ensure continuous care by at least one nurse and one physician, and keeping full medical records of each patient in compliance with applicable regulations. The following facilities shall not be included in the definition of a Hospital: a welfare home, a geriatric care facility, a hospice, any rehab facility for those addicted to alcohol or other substances, convalescence center, rehabilitation center, sanatorium facility, spa facility, preventive care facility, sanatorium hospital, spa hospital, resort facility, nursing home;
 - j) **Outpatient Services** – additional Benefits including medical consultations as well as laboratory and diagnostic tests provided in properly equipped, permanent premises, in the circumstances that do not call for inpatient and round-the-clock service delivery, deliverable in the event of Hospitalization of the Spouse or Partner that continued uninterrupted for at least 7 days;
 - k) **Pharmaceutical Benefit** – additional Benefit payable to

the Life Insured paid in the event of Hospitalization of the Spouse or Partner, subject to § 6 Section 9 herein;

- l) **Stroke** – cerebrovascular incident resulting in neurological damage that persist for at least 24 hours, involving thrombosis, hemorrhage or embolism with extracranial matter. Stroke diagnosis must be confirmed with the results of imaging techniques, such as: CT, MRI or PET. Cerebral symptoms due to migraine, cerebral damage resulting from trauma or hypoxia, and vascular diseases affecting the eye or the optic nerve, as well as ischemic diseases of the vestibular system, shall be excluded from the scope of coverage. With regard to a Stroke, the date of the diagnosis shall be the date on which the initial diagnosis is made by a physician specializing in neurology;
- m) **Traffic Accident** – sudden event resulting solely from an external cause, not related to the volition or health status of the Spouse or Partner, which involves a moving Vehicle and is the only cause of Hospitalization of the Spouse or Partner and does not arise from any physical or mental impairment of the Spouse or Partner. Traffic Accident definition includes an accident occurring when the Spouse or Partner was not moving in a Vehicle but was hit by a Vehicle;
- n) **Heart Attack** – partial myocardial necrosis arising from inadequate blood supply. The Life Insured shall be entitled to the Benefit subject to the presence in the Spouse or Partner of elevated myocardial damage biomarkers (above the upper limit of the normal range) and at least two of the three symptoms listed hereunder:
 - i. Distinctive clinical symptoms of ischemia (chest pain, inter alia);
 - ii. New ECG changes suggestive of myocardial infarction;
 - iii. New abnormalities in segmental myocardial contractility in imaging test results (e.g., echocardiogram).

A diagnosed stable or unstable coronary artery disease without features of a definitive heart attack shall be excluded from the scope of coverage. With regard to the Heart Attack, the date of the diagnosis shall be defined as the day on which the diagnosis was made by a physician specializing in cardiology.

§ 3. INSURABLE EVENT

1. The Insurable Event covered under the Rider executed on the basis of HIRSP Conditions consists in Hospitalization of the Spouse or Partner which started and continued during the effective term of our liability under this Rider. Coverage is restricted to Hospitalization resulting from the causes set out in the Policy.
2. The scope of coverage under this Rider can be extended with:
 - a) ICU Stay of the Spouse or Partner which started and continued during the effective term of our liability under this Rider,
 - b) Pharmaceutical Benefit,
 - c) Outpatient Services for the Spouse or Partner, as duly confirmed in the Policy.

§ 4. EFFECTIVE TERM OF OUR LIABILITY

1. Our liability for the Life Insured shall come into force as of the effective date of coverage of the Life Insured under the Rider executed on the basis of HIRSP Conditions, with the provision that if the Insurable Event occurs within one month from the above-said date, our liability shall be limited only and exclusively to events resulting from an Accident that occurred during the effective term of our liability under this Rider (Waiting Period). Should there be an extension of coverage, referred to in § 3 Section 2, our liability for the extended coverage shall come into force as of the effective date of such extended coverage of the Life Insured. The rules governing commencement and termination of our liability are set forth in the GTCs, unless stated otherwise in the Policy.
2. If the Sum Insured is upgraded during the term of our liability for the Life Insured under the Rider executed on the basis of HIRSP Conditions, our liability in respect of Hospitalization of the Spouse or Partner that does not result from an Accident shall be limited, within one month from the date of such an upgrade, to the Sum Insured in effect prior to the date of the upgrade (Waiting Period).

§ 5. LIMITATIONS AND EXCLUSIONS OF OUR LIABILITY

1. The Benefit under the Rider executed on the basis of HIRSP Conditions shall not be paid out if the Hospitalization of the Spouse or Partner or the ICU Stay of a Spouse or Partner resulted from:
 - a) Hostilities, active participation of the Spouse or Partner in the acts of terror or riots;
 - b) Suicide attempted by the Spouse or Partner, self-mutilation or mutilation at one's own request, irrespective of their state of mind;
 - c) An illegal act with statutory characteristics of intentional crime committed by the Spouse or Partner, which has been established by a final court decision;
 - d) Traffic Accident caused by the Spouse or Partner in a state after alcohol consumption or in the state of alcohol intoxication, after the use of under the influence of drugs, intoxicating substances, psychotropic substances, alternative measures or new psychoactive substances within the meaning of the Polish Law against Substance Abuse (except for the substances taken under the direction of a qualified medical practitioner), which contributed to the Traffic Accident;
 - e) Diseases resulting from HIV infection;
 - f) Military service performed by the Spouse or Partner in any country or participation of the Spouse or Partner in armed forces operations;
 - g) Plastic or cosmetic surgery performed on the Spouse or Partner, with the exception of treatment of consequences of Accidents taking place during the term of our liability under the Rider executed on the basis of HIRSP Conditions;
 - h) Regular check-ups or other medical checks performed on the Spouse or Partner when there are no objective symptoms of impaired health condition, and laboratory diagnostics or X-ray tests, except for the tests and examinations performed in connection with a Disease diagnosed in prior medical tests and examinations;
 - i) Treatment of health problems induced by the use of drugs, intoxicating substances, psychotropic substances, alternative measures or new psychoactive substances within the meaning of the Polish Law against Substance Abuse (except for the substances taken under the direction of a qualified medical practitioner);
 - j) Treatment of the Diseases caused by alcohol abuse.
2. We are not liable for delays in the performance of Outpatient Services or for non-performance or ill performance of Outpatient Services resulting from strikes, civil unrest, acts of terrorism, acts of war, effects of radioactivity, epidemics, pandemics, as well as mobility restrictions imposed by decisions of administrative authorities and resulting from Force Majeure.

§ 6. BENEFIT PAYMENT

1. Benefit payment rules and criteria are regulated in § 16 of the GTCs, subject to the provisions of this paragraph.
2. Upon the Insurable Event referred to in § 3 Section 1, we shall pay to the Life Insured, in a given Insurance Year, the Benefit in respect of the Rider executed on the basis of HIRSP Conditions for each day of Hospitalization started by the Spouse or Partner, in the amount of the Sum Insured (hereinafter: Day Rate) in force as of the first day of Hospitalization of the Spouse or Partner, subject to § 4 and Section 3 and Section 7 hereunder.
3. When Hospitalization of the Spouse or Partner resulted from a Disease (or Heart Attack, or Stroke, or Oncological Disease), we shall pay the Benefit provided that Hospitalization continued for more than 1 day (1 date change).
4. The amount of the Day Rate per one day of Hospitalization of the Spouse or Partner, depending on the cause of such Hospitalization of the Spouse or Partner, is defined in the Policy.
5. When Hospitalization of the Spouse or Partner resulted from an Accident, a Traffic Accident, or Heart Attack, or a Stroke occurring prior to the effective date of coverage of the Life Insured under the Rider executed on the basis of HIRSP Conditions, and also when Hospitalization of the Spouse or Partner resulted from Oncological Disease diagnosed prior to the effective date of coverage of the Life Insured under the Rider executed on the basis of HIRSP Conditions, for each day of such Hospitalization we shall pay to the Life Insured the Benefit equivalent to the amount of the Day Rate specified in respect of Hospitalization

of the Spouse or Partner due to a Disease.

6. When Hospitalization of the Spouse or Partner resulted concurrently from an Accident (or a Traffic Accident) and a Disease (or Heart Attack, or Stroke, or Oncological Disease), the amount of the Benefit payable under the Rider executed on the basis of HIRSP Conditions shall be determined on the basis of the Day Rate relevant for the Hospitalization of the Spouse or Partner due to the cause for which the amount of the Day Rate provided for in the Policy is the highest.
7. When Hospitalization of the Spouse or Partner resulted from the treatment of mental diseases or behavioral disorders as per the ICD, the Benefit shall be paid out, at the maximum, for 30 days of Hospitalization of the Spouse or Partner in each Insurance Year.
8. If the scope of coverage under this Rider is enhanced with the ICU Stay of the Spouse or Partner, upon the Insurable Event referred to in § 3 Section 2 Clause a) we shall pay to the Life Insured, in accordance with the model of Benefit payment set out in the Policy:
 - a) The Lumpsum Benefit, regardless of the number of days of ICU Stay, in the amount of the Sum Insured payable in respect of the ICU Stay of the Spouse or Partner provided for in the Policy in effect as of the first day of ICU Stay of the Spouse or Partner, or
 - b) The Benefit in respect of each day of ICU Stay of the Spouse or Partner, but in any case, for not more than 5 consecutive days, in the amount equivalent to the Day Rate in respect of ICU Stay provided for in the Policy in effect as of the first day of the ICU Stay of the Spouse or Partner.The above-said Benefit is payable on an additional basis and irrespective of any other Benefits payable under the Rider executed on the basis of HIRSP Conditions.
9. If the scope of coverage under this Rider is enhanced with Pharmaceutical Benefit, in the event of Hospitalization of the Spouse or Partner referred to in § 3 Section 1 of the Rider, under which the Benefit is due, we shall pay to the Life Insured – regardless of the cause of that Hospitalization - one Pharmaceutical Benefit in the amount in effect as of the first day of Hospitalization of the Spouse or Partner, set forth in the Policy. In a given Insurance Year, Pharmaceutical Benefit can be paid to the Life Insured after not more than three Hospitalizations of the Spouse or Partner, which started and continued in a given Insurance Year.
10. When Hospitalization of the Spouse or Partner started prior to the effective date of coverage for the Life Insured under the Rider executed on the basis of HIRSP Conditions and continued uninterrupted on the effective date of coverage for the Life Insured under this Rider, and the following conditions are met, jointly:
 - a) Directly prior to enrollment in this Rider, the Life Insured was covered under the Previous Group Insurance Contract, and Hospitalization of the Spouse or Partner was included in their scope of coverage;
 - b) The coverage provided to the Life Insured under the Previous Group Insurance Contract had been terminated on the eve of enrollment in this Rider;
 - c) The Policyholder has provided us with information about the scope of coverage provided to the Life Insured together with the sums insured and confirmation of termination of the Previous Group Insurance Contract,we shall pay to the Life Insured the Benefit in respect of, only and exclusively, the period of Hospitalization of the Spouse or Partner falling after the effective date of our coverage for the Life Insured, in the amount equivalent to the Day Rate in effect as of the first day of Hospitalization of the Spouse or Partner.
11. The Benefit will be paid out once we receive and approve the complete set of documents required for the determination of our liability pursuant to HIRSP Conditions.
12. We will determine the right to the Benefit under the Rider executed on the basis of HIRSP Conditions based on:
 - a) Properly completed Claim Form;
 - b) Duplicate copy of ID document of the Spouse or Partner;
 - c) Duplicate copy of a valid short form marriage certificate (in the event of a Hospitalization of the Spouse);
 - d) Duplicate copy of hospital treatment information chart;
 - e) Duplicate copy of documents with a description of the

circumstances of the accident issued by the institution that conducts the proceedings (e.g., the police, prosecutor's office);

- f) Written statement by the Spouse or Partner to confirm that they consent to the processing of their personal data and their written consent for us to obtain, at the request of a physician authorized by us, information from the health care providers who provided health care services to the Spouse or Partner - including medical records concerning the circumstances related to the determination of the right to the Benefit;
- g) Other records required to determine legitimacy of the claim – upon our request.

- 7. Our liability does not cover Outpatient Services deliverable outside the territory of the Republic of Poland.
- 8. The cost of Outpatient Services provided in accordance with HIRSP Conditions is payable directly to the medical entities or facilities that deliver the services.

§ 7. DELIVERY OF OUTPATIENT SERVICES

1. Outpatient Services are provided through the Operating Center, accessible through a hotline number provided in the Certificate. The cost of connection with the hotline as per the pricelist of telecommunication services operator.
2. In the event of Hospitalization of the Spouse or Partner that continued for at least 7 days, if the scope of coverage under this Rider was enhanced with Outpatient Services referred to in § 3 Section 2 Clause c), we will organize and pay for the Outpatient Services, including:
 - a) Consultations with specialist physicians (internal medicine physician, orthopedist, surgeon, ophthalmologist, neurologist, diabetologist, cardiologist, oncologist, pulmonologist, gynecologist);
 - b) Laboratory tests (hematology tests, coagulation testing, glucose testing, lipid panel, sodium, potassium, urea, creatinine, protein, general urinalysis, liver tests - transaminases, bilirubin) - on the basis of a medical referral issued by the attending specialist physician or documented medical orders;
 - c) Diagnostic tests (X-ray, MRI, CT, ultrasound imaging, incl. echocardiography, ECG, spirometry) - on the basis of a medical referral issued by the attending specialist physician or documented medical orders.
3. To access Outpatient Services referred to in Section 2 hereinbefore, one should contact the Operating Center. While on the phone, the Life Insured, the Spouse or Partner should provide the following details:
 - a) Name and Surname of the Life Insured;
 - b) PESEL number of the Life Insured or, when no PESEL number assigned, the date of birth of the Life Insured;
 - c) Name, Surname and PESEL number of the or the Spouse or Partner;
 - d) Degree of kinship;
 - e) Telephone number or e-mail address for contact with the Life Insured or the Spouse or Partner.
4. With regard to one Insurable Event referred to in § 3 Section 1 hereinbefore, the Spouse or Partner is entitled to not more than 15 Outpatient Services, at the maximum, with the provision that each medical consultation listed in Section 2 Clause a), and each diagnostic procedure listed in Section 2 Clause c), represents one Outpatient Service. Laboratory tests referred to in Section 2 Clause b), on one referral, represent one Outpatient Service, irrespective of test number and type.
5. Medical consultations, laboratory tests and diagnostic tests are held at medical facilities designated by the Operating Center.
6. The following service delivery waiting times are applicable:
 - a) Within 1 Business Day from the date of request to the Operating Center – in the case of laboratory tests;
 - b) Within 2 Business Days from the date of request to the Operating Center – in the case of consultations with an internal medicine physician;
 - c) Within 5 Business Days from the date of request to the Operating Center – in the case of consultations with other physicians listed in § 7 Section 2 Clause a) and in the case of diagnostic procedures: X-ray, ultrasound, incl. echocardiography, ECG, spirometry;
 - d) Within 10 Business Days from the date of request to the Operating Center – in the case of computed tomography or magnetic resonance;
 unless a later date is indicated by the Life Insured or the Spouse or Partner.

Background information for Group Insurance Rider Terms and Conditions in respect of Death of a Child, extending the scope of coverage provided under the Group Life Insurance General Terms and Conditions

Type of information	Provision
1. Statutory requirements for the payment of insurance claim and other benefits or the cash value.	§ 1 Clause 2; § 3 in connection with § 2; § 4 in connection with § 2; § 6 in connection with § 2.
2. Liability limitations and exclusions authorizing the Insurer not to pay the claims and other benefits or to reduce their value.	§ 1 Clause 2; § 5 in connection with § 2.

GROUP INSURANCE RIDER TERMS AND CONDITIONS IN RESPECT OF DEATH OF A CHILD

§ 1. GENERAL PROVISIONS

- The provisions of these Group Insurance Rider Terms and Conditions in respect of Death of a Child, approved by way of Unum Management Board Resolution No. 3/08/2022 of August 9, 2022 and comes into effect as of September 15, 2022, (hereinafter referred to as the 'ChD Rider Conditions'), apply to the Rider extending the scope of insurance coverage provided pursuant to Group Life Insurance General Terms and Conditions (hereinafter referred to as the 'GTCs').
- In the matters not provided for under these ChD Rider Conditions, the provisions of the GTCs, the Policy and generally applicable laws and regulations shall apply.

§ 2. DEFINITIONS

- The terms used in these ChD Rider Conditions shall be defined as per the GTCs, subject to Section 2 hereunder.
- For the purpose of the Rider executed on the basis of ChD Rider Conditions, the following definitions are introduced:
 - Child** – biological or adopted child of the Life Insured, as per the Family and Guardianship Code in Poland, born alive and under 25 years of age on the date of the Insurable Event; if Loss of Independent Existence has been confirmed with respect to the Child, the age limit of 25 years shall not apply;
 - Loss of Independent Existence** – a condition whereby the Child has been totally unable to perform (whether aided or unaided) at least three of the following six Activities of Daily Living for a period of at least six months:
 - The ability to wash in the bath or shower, unaided (including getting into and out of the bath or shower) or wash satisfactorily by other means;
 - The ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
 - The ability to move from a bed to an upright chair or wheelchair and vice versa;
 - The ability to move indoors from room to room on level surfaces;
 - The ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;

- The ability to feed oneself once the meal has been prepared and served.

The condition referred to above must be confirmed by a physician as permanent.

§ 3. INSURABLE EVENT

- The Insurable Event covered under the Rider executed on the basis of ChD Rider Conditions is defined as Death of the Child during the term of our liability under the Rider executed on the basis of ChD Rider Conditions.

§ 4. EFFECTIVE TERM OF OUR LIABILITY

- Our liability for the Life Insured comes into force on the day on which the coverage for such Life Insured under the Rider executed on the basis of ChD Rider Conditions comes into effect. The rules governing commencement and termination of our liability are set forth in the GTCs, unless stated otherwise in the Policy.

§ 5. LIMITATIONS AND EXCLUSIONS OF OUR LIABILITY

- The Benefit under the Rider executed on the basis of ChD Rider Conditions shall not be paid out if Death of the Child resulted from:
 - Hostilities, active participation of the Child in the acts of terror or riots.

§ 6. BENEFIT PAYMENT

- Benefit payment rules and criteria are regulated in § 16 of the GTCs, subject to the provisions of this paragraph.
- Upon the Insurable Event referred to in § 3, we shall pay to the Life Insured the Benefit under the Rider executed on the basis of ChD Rider Conditions, equivalent to the Sum Insured in force as of the date of Death of the Child, set forth in the Policy.
- The Benefit will be paid out once we receive and approve the complete set of documents required for the determination of our liability pursuant to ChD Rider Conditions.
- We will determine the right to the Benefit under the Rider executed on the basis of ChD Rider Conditions based on:
 - Properly completed Claim Form;
 - Duplicate copy of ID document of the Life Insured;
 - Short form Death Certificate of the Child;
 - Duplicate copy of Death Statistical Chart or, if unavailable,

other medical documentation certifying to the cause of death;

- e) Documentation confirming the certified Loss of Independent Existence – in the case of a Child who is certified for Loss of Independent Existence;
- f) Other records required to determine legitimacy of the claim – upon our request.

Background information for Group Insurance Rider Terms and Conditions in respect of Accidental Death of a Child, extending the scope of coverage provided under the Group Life Insurance General Terms and Conditions

Type of information	Provision
1. Statutory requirements for the payment of insurance claim and other benefits or the cash value.	§ 1 Clause 2; § 3 in connection with § 2; § 4 in connection with § 2; § 6 in connection with § 2.
2. Liability limitations and exclusions authorizing the Insurer not to pay the claims and other benefits or to reduce their value.	§ 1 Clause 2; § 5 in connection with § 2.

GROUP INSURANCE RIDER TERMS AND CONDITIONS IN RESPECT OF ACCIDENTAL DEATH OF A CHILD

§ 1. GENERAL PROVISIONS

- The provisions of these Group Insurance Rider Terms and Conditions in respect of Accidental Death of a Child, approved by way of Unum Management Board Resolution No. 3/08/2022 of August 9, 2022 and comes into effect as of September 15, 2022, (hereinafter referred to as the 'ChAD Rider Conditions'), apply to the Rider extending the scope of insurance coverage provided pursuant to Group Life Insurance General Terms and Conditions (hereinafter referred to as the 'GTCs').
- In the matters not provided for under these ChAD Rider Conditions, the provisions of the GTCs, the Policy and generally applicable laws and regulations shall apply.

§ 2. DEFINITIONS

- The terms used in these ChAD Rider Conditions shall be defined as per the GTCs, subject to Section 2 hereunder.
- For the purpose of the Rider executed on the basis of ChAD Rider Conditions, the following definitions are introduced:
 - Child** – biological or adopted child of the Life Insured, as per the Family and Guardianship Code in Poland, born alive and under 25 years of age on the date of the Insurable Event; If Loss of Independent Existence has been confirmed with respect to the Child, the age limit of 25 years shall not apply;
 - Accident** – sudden event resulting solely from an external cause, not related to the volition or health status of the Child, which is the only cause of death of the Child and does not arise from any physical or mental impairment of the Child. Heart attack, stroke, cerebral hemorrhage, poisoning, or any other disease or infection (including acute ones) shall not be defined as an Accident;
 - Loss of Independent Existence** – a condition whereby the Child has been totally unable to perform (whether aided or unaided) at least three of the following six Activities of Daily Living for a period of at least six months:
 - The ability to wash in the bath or shower, unaided (including getting into and out of the bath or shower) or wash satisfactorily by other means;
 - The ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;

- The ability to move from a bed to an upright chair or wheelchair and vice versa;
- The ability to move indoors from room to room on level surfaces;
- The ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
- The ability to feed oneself once the meal has been prepared and served.

The condition referred to above must be confirmed by a physician as permanent.

§ 3. INSURABLE EVENT

- The Insurable Event covered under the Rider executed on the basis of ChAD Rider Conditions is defined as Accidental Death of a Child, provided that the following conditions are met, jointly:
 - The only and direct cause of death of a Child was the bodily injury resulting from the Accident of the Child;
 - Death of the Child occurred within one year from the date of the Accident;
 - Accident of the Child and death of the Child occurred during the term of our liability under the Rider executed on the basis of ChAD Rider Conditions.

§ 4. EFFECTIVE TERM OF OUR LIABILITY

- Our liability for the Life Insured comes into force on the day on which the coverage for such Life Insured under the Rider executed on the basis of ChAD Rider Conditions comes into effect. The rules governing commencement and termination of our liability are set forth in the GTCs, unless stated otherwise in the Policy.

§ 5. LIMITATIONS AND EXCLUSIONS OF OUR LIABILITY

- The Benefit under the Rider executed on the basis of ChAD Rider Conditions shall not be paid out if Accidental Death of a Child resulted from:
 - Hostilities, active participation of the Child in the acts of terror or riots;
 - Traffic Accident caused by the Child in a state after alcohol consumption or in the state of alcohol intoxication, after the use of under the influence of drugs, intoxicating substances, psychotropic substances, alternative measures or new

psychoactive substances within the meaning of the Polish Law against Substance Abuse (except for the substances taken under the direction of a qualified medical practitioner), which contributed to the Traffic Accident.

§ 6. BENEFIT PAYMENT

1. Benefit payment rules and criteria are regulated in § 16 of the GTCs, subject to the provisions of this paragraph.
2. Upon the Insurable Event referred to in § 3, we shall pay to the Life Insured the Benefit under the Rider executed on the basis of ChAD Rider Conditions, equivalent to the Sum Insured in force as of the date of the Accident, set forth in the Policy.
3. The Benefit will be paid out once we receive and approve the complete set of documents required for the determination of our liability pursuant to ChAD Rider Conditions.
4. We will determine the right to the Benefit under the Rider executed on the basis of ChAD Rider Conditions based on:
 - a) Properly completed Claim Form;
 - b) Duplicate copy of ID document of the Life Insured;
 - c) Short form Death Certificate of the Child;
 - d) Death Statistical Chart or, if unavailable, other medical documentation certifying to the cause of death;
 - e) Documents with a description of the circumstances of the accident issued by the institution that conducts the proceedings (e.g., the police, prosecutor's office);
 - f) Documentation confirming the Loss of Independent Existence – in the case of a Child who is certified for Loss of Independent Existence;
 - g) Other records required to determine legitimacy of the claim – upon our request.

Background information for Group Insurance Rider Terms and Conditions in respect of Accidental Detriment to Health of a Child, extending the scope of coverage provided under the Group Life Insurance General Terms and Conditions

Type of information	Provision
1. Statutory requirements for the payment of insurance claim and other benefits or the cash value.	§ 1 Clause 2; § 3 in connection with § 2; § 4 in connection with § 2; § 6 Clause 1–3 and 9–14 in connection with § 2.
2. Liability limitations and exclusions authorizing the Insurer not to pay the claims and other benefits or to reduce their value.	§ 1 Clause 2; § 5 in connection with § 2; § 6 Clause 4–8 and Clause 15 in connection with § 2. The provisions laid down in the Table of Standards for the Percentage Appraisal of Permanent Detriment to the Health (Table of Standards), starting from the words IMPORTANT NOTE, included: – In the Introduction to the Table of Standards,, – After Clauses 82 and 112 in the Table of Standards.

GROUP INSURANCE RIDER TERMS AND CONDITIONS IN RESPECT OF ACCIDENTAL DETRIMENT TO HEALTH OF A CHILD

§ 1. GENERAL PROVISIONS

- The provisions of these Group Insurance Rider Terms and Conditions in respect of Accidental Detriment to Health of a Child, approved by way of Unum Management Board Resolution No. 3/08/2022 of August 9, 2022 and comes into effect as of September 15, 2022, (hereinafter referred to as the '**ChADH Rider Conditions**'), apply to the Rider extending the scope coverage provided pursuant to Group Life Insurance General Terms and Conditions (hereinafter referred to as the '**GTCs**').
- In the matters not provided for under these ChADH Rider Conditions, the provisions of the GTCs, the Policy and generally applicable laws and regulations shall apply.

§ 2. DEFINITIONS

- The terms used in these ChADH Rider Conditions shall be defined as per the GTCs, subject to Section 2 hereunder.
- For the purpose of the Rider executed on the basis of ChADH Rider Conditions, the following definitions are introduced:
 - Child** – biological or adopted child of the Life Insured, as per the Family and Guardianship Code in Poland, born alive and under 25 years of age on the date of the Insurable Event; If Loss of Independent Existence has been confirmed with respect to the Child, the age limit of 25 years shall not apply;
 - Accident** – sudden event resulting solely from an external cause, not related to the volition or health status of the Child, which is the only cause of Detriment to Health of the Child and does not arise from any physical or mental impairment of the Child. Heart attack, stroke, cerebral hemorrhage,

- poisoning, or any other disease or infection (including acute ones) shall not be defined as an Accident;
- Loss of Independent Existence** – a condition whereby the Child has been totally unable to perform (whether aided or unaided) at least three of the following six Activities of Daily Living for a period of at least six months:
 - The ability to wash in the bath or shower, unaided (including getting into and out of the bath or shower) or wash satisfactorily by other means;
 - The ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
 - The ability to move from a bed to an upright chair or wheelchair and vice versa;
 - The ability to move indoors from room to room on level surfaces,
 - The ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
 - The ability to feed oneself once the meal has been prepared and served.

The condition referred to above must be confirmed by a physician as permanent.

- Detriment to Health** – physical loss of or permanent damage to an organ, system or limb function, as well as a Fracture. Only the cases referred to in the Table of Standards are covered;
- Table of Standards** – Table of Standards for the Percentage

Appraisal of Detriment to the Health, which represents an integral part of ChADH Rider Conditions;

- f) **Fracture** – broken continuity of the bone resulting from a trauma that exceeds the elasticity of bone tissue, verified with medical diagnosis, not resulting in a permanent loss of organ, system or limb function.

§ 3. INSURABLE EVENT

1. The Insurable Event covered under the Rider executed on the basis of ChADH Rider Conditions is defined as Detriment to Health of a Child, provided that the following conditions are met, jointly:
 - a) The only and direct cause of Detriment to Health of the Child was the Accident;
 - b) Detriment to Health of the Child originated within one year from the date of the Accident;
 - c) The Accident resulting in the Detriment to Health of the Child occurred during the term of our liability under the Rider executed on the basis of ChADH Rider Conditions.

§ 4. EFFECTIVE TERM OF OUR LIABILITY

1. Our liability for the Life Insured comes into force on the day on which the coverage for such Life Insured under the Rider executed on the basis of ChADH Rider Conditions comes into effect. The rules governing commencement and termination of our liability are set forth in the GTCs, unless stated otherwise in the Policy.

§ 5. LIMITATIONS AND EXCLUSIONS OF OUR LIABILITY

1. The Benefit under the Rider executed on the basis of ChADH Rider Conditions is not payable, if the Accident resulting in the Detriment to Health of a Child resulted from:
 - a) Hostilities, active participation of the Child in the acts of terror or riots;
 - b) Suicide attempted by the Child, self-mutilation or mutilation at one's own request, irrespective of the state of mind of the Child;
 - c) An illegal act with statutory characteristics of intentional crime committed by the Child, which has been established by a final court decision;
 - d) Traffic Accident caused by the Child in a state after alcohol consumption or in the state of alcohol intoxication, after the use of under the influence of drugs, intoxicating substances, psychotropic substances, alternative measures or new psychoactive substances within the meaning of the Polish Law against Substance Abuse (except for the substances taken under the direction of a qualified medical practitioner), which contributed to the Traffic Accident.

§ 6. BENEFIT PAYMENT

1. Benefit payment rules and criteria are regulated in § 16 of the GTCs, subject to the provisions of this paragraph.
2. Upon the Insurable Event referred to in § 3, we shall pay to the Beneficiary the Benefit under the Rider executed on the basis of ChADH Rider Conditions, calculated on the basis of the percentage of Detriment to Health specified in the Table of Standards and the Sum Insured in force as of the date of the Accident, set out in the Policy, subject to Section 9 hereunder.
3. The type and degree of the Detriment to Health of the Child will be determined in line with the Table of Standards upon completion of the therapeutic process and the rehabilitation period – if it is required that they be completed so that the type and degree of the Detriment to Health can be determined – but, in any case, not later than within 2 years from the date of the Accident.
4. In the event of the Detriment to Health of the Child resulting from one Accident and involving several organs, systems or limbs, we will pay to the Life Insured the Benefit not greater than 100% of the Detriment to Health.
5. In the event of a multifocal limb injury, we will pay to the Life Insured the Benefit not greater than the amount of the Benefit which would be payable in respect of the Detriment to Health of the Child representing, respectively, the loss of a part of a limb or the entire limb.
6. In the event of Accidental Detriment to Health of the Child involving an organ, system or limb the function of which had

been impaired prior to such Accident, and that fact affected the determination of the degree of Detriment to Health of the Child after the Accident, the type and degree of Detriment to Health shall be determined by way of analysis as a difference between the impairment of such an organ, system or limb before the Accident and after the Accident.

7. In the event of the Detriment to Health of a Child resulting from an overload (making an abrupt movement or lifting a load), causing the effect where the Detriment to Health is superimposed on pre-existing degenerative changes with the Child, the type and degree of Detriment to Health of the Child shall be determined by way of analysis of the health status before the trauma as well as the causative agent and traumatic mechanism. Under such circumstances, the degree of Detriment to Health of a Child shall be determined taking into account the impact of the degenerative changes on the degree of the Detriment to Health of the Child.
8. The Benefit in respect of the Detriment to Health of the Child shall be reduced in proportion to any amounts payable or paid already in respect of the Detriment to Health resulting from that same Accident on a prior basis, as per the terms of the Rider executed on the basis of ChADH Rider Conditions.
9. In the event of Detriment to Health of a Child we will pay to the Life Insured the Benefit of 1% of the Sum Insured for each 1% of Detriment to Health of the Child.
10. In the event of anatomical loss of a limb, we will determine the legitimacy of the claim as regards the incontestable portion of the Benefit without waiting for the completion of the therapeutic process and the rehabilitation period.
11. The Benefit will be paid out once we receive and approve the complete set of documents required for the determination of our liability pursuant to ChADH Rider Conditions.
12. We will determine the right to the Benefit under the Rider executed on the basis of ChADH Rider Conditions based on:
 - a) Properly completed Claim Form;
 - b) Duplicate copy of ID document of the Life Insured;
 - c) Duplicate copy of short form birth certificate of the Child;
 - d) Medical records testifying to the first aid, therapy and rehabilitation;
 - e) Duplicate copy of documents with a description of the circumstances of the Child's accident issued by the institution that conducts the proceedings (e.g., the police, prosecutor's office);
 - f) Written statement by the Child to confirm that they consent to the processing of their personal data and their written consent for us to obtain, at the request of a physician authorized by us, information from the health care providers who provided health care services to the Child - including a copy of the medical records concerning the circumstances related to the determination of the right to the Benefit - in the case of a Child who is 18 years of age or older on the date of the Claim Form;
 - g) Documentation confirming the Loss of Independent Existence certificate – in the case of the Child who is certified for the Loss of Independent Existence;
 - h) Other records required to determine legitimacy of the claim – upon our request.
13. With the purpose to determine the right to and the amount of the Benefit under the Rider executed on the basis of ChADH Rider Conditions, we may refer the Child for medical examinations the scope of which shall be specified by us in the referrals, with the exception of genetic tests. Medical examinations shall be carried out in medical facilities or doctor surgeries indicated by us. The cost of medical examinations shall be covered by us.
14. Under the circumstances referred to in Section 13 hereinbefore, the right to the Benefit shall be determined based on the opinion of a medical practitioner authorized by us, issued on the basis of a complete set of documents required for the determination of our liability referred to in Section 12 hereinbefore, and based on the results of examinations referred to in Section 13 hereinbefore.
15. If the Child refuses to subject himself/herself to the examinations referred to in Section 13 hereinbefore, we may decline to pay to the Life Insured a Benefit under the Rider executed on the basis of the ChADH Rider Conditions.

Background information for Group Insurance Rider Terms and Conditions in respect of Accidental Detriment to Health of a Child with Progressive Payment, extending the scope of coverage provided under the Group Life Insurance General Terms and Conditions

Type of information	Provision
1. Statutory requirements for the payment of insurance claim and other benefits or the cash value.	§ 1 Clause 2; § 3 in connection with § 2; § 4 in connection with § 2; § 6 Clause 1–3 and 9–13 in connection with § 2.
2. Liability limitations and exclusions authorizing the Insurer not to pay the claims and other benefits or to reduce their value.	§ 1 Clause 2; § 5 in connection with § 2; § 6 Clause 4–8 and Clause 14 in connection with § 2. The provisions laid down in the Table of Standards for the Percentage Appraisal of Permanent Detriment to the Health (Table of Standards), starting from the words IMPORTANT NOTE, included: – In the Introduction to the Table of Standards, – After Clauses 82 and 112 in the Table of Standards.

GROUP INSURANCE RIDER TERMS AND CONDITIONS IN RESPECT OF ACCIDENTAL DETRIMENT TO HEALTH OF A CHILD WITH PROGRESSIVE PAYMENT

§ 1. GENERAL PROVISIONS

1. The provisions of these Group Insurance Rider Terms and Conditions in respect of Accidental Detriment to Health of a Child with Progressive Payment, approved by way of Unum Management Board Resolution No. 3/08/2022 of August 9, 2022 and comes into effect as of September 15, 2022, (hereinafter referred to as the 'ChADHPP Rider Conditions'), apply to the Rider extending the scope of insurance coverage provided pursuant to Group Life Insurance General Terms and Conditions (hereinafter referred to as the 'GTCs').
2. In the matters not provided for under these ChADHPP Rider Conditions, the provisions of the GTCs, the Policy and generally applicable laws and regulations shall apply.

§ 2. DEFINITIONS

1. The terms used in these ChADHPP Rider Conditions shall be defined as per the GTCs, subject to Section 2 hereunder.
2. For the purpose of the Rider executed on the basis of ChADHPP Rider Conditions, the following definitions are introduced:
 - a) **Child** – biological or adopted child of the Life Insured, as per the Family and Guardianship Code in Poland, born alive and under 25 years of age on the date of the Insurable Event; if Loss of Independent Existence has been confirmed with respect to the Child, the age limit of 25 years shall not apply;

- b) **Accident** – sudden event resulting solely from an external cause, not related to the volition or health status of the Child, which is the only cause of Detriment to Health of the Child and does not arise from any physical or mental impairment of the Child. Heart attack, stroke, cerebral hemorrhage, poisoning, or any other disease or infection (including acute ones) shall not be defined as an Accident;
- c) **Loss of Independent Existence** – a condition whereby the Child has been totally unable to perform (whether aided or unaided) at least three of the following six Activities of Daily Living for a period of at least six months:
 - i. The ability to wash in the bath or shower, unaided (including getting into and out of the bath or shower) or wash satisfactorily by other means;
 - ii. The ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
 - iii. The ability to move from a bed to an upright chair or wheelchair and vice versa;
 - iv. The ability to move indoors from room to room on level surfaces;
 - v. The ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;

- vi. The ability to feed oneself once the meal has been prepared and served.

The condition referred to above must be confirmed by a physician as permanent.

- d) **Detriment to Health** – a physical loss of or permanent damage to an organ, system or limb function, as well as a Fracture. Only the cases referred to in the Table of Standards are covered;
- e) **Table of Standards** – Table of Standards for the Percentage Appraisal of Detriment to the Health, which represents an integral part of ChADHPP Rider Conditions;
- f) **Fracture** – broken continuity of the bone resulting from a trauma that exceeds the elasticity of bone tissue, verified with medical diagnosis, not resulting in a permanent loss of organ, system or limb function.

§ 3. INSURABLE EVENT

1. The Insurable Event covered under the Rider executed on the basis of ChADHPP Rider Conditions is defined as Detriment to Health of the Child, provided that the following conditions are met, jointly:
 - a) The only and direct cause of Detriment to Health of the Child was the Accident;
 - b) Detriment to Health of the Child originated within one year from the date of the Accident;
 - c) The Accident resulting in the Detriment to Health of the Child occurred during the term of our liability under the Rider executed on the basis of ChADHPP Rider Conditions.

§ 4. EFFECTIVE TERM OF OUR LIABILITY

1. Our liability for the Life Insured comes into force on the day on which the coverage for such Life Insured under the Rider executed on the basis of ChADHPP Rider Conditions comes into effect. The rules governing commencement and termination of our liability are set forth in the GTCs, unless stated otherwise in the Policy.

§ 5. LIMITATIONS AND EXCLUSIONS OF OUR LIABILITY

1. The Benefit under the Rider executed on the basis of ChADHPP Rider Conditions is not payable if the Accident resulting in the Detriment to Health of the Child resulted from:
 - a) Hostilities, active participation of the Child in the acts of terror or riots;
 - b) Suicide attempted by the Child, self-mutilation or mutilation at one's own request, irrespective of state of mind of the Child;
 - c) An illegal act with statutory characteristics of intentional crime committed by the Child, which has been established by a final court decision;
 - d) Traffic Accident caused by the Child in a state after alcohol consumption or in the state of alcohol intoxication, after the use of under the influence of drugs, intoxicating substances, psychotropic substances, alternative measures or new psychoactive substances within the meaning of the Polish Law against Substance Abuse (except for the substances taken under the direction of a qualified medical practitioner), which contributed to the Traffic Accident.

§ 6. BENEFIT PAYMENT

1. Benefit payment rules and criteria are regulated in § 16 of the GTCs, subject to the provisions of this paragraph.
2. Upon the Insurable Event referred to in § 3, we will pay to the Beneficiary the Benefit under the Rider executed on the basis of ChADHPP Rider Conditions, calculated on the basis of the percentage of Detriment to Health of a Child specified in the Table of Standards and the Sum Insured in force as of the date of the Accident of the Child, set out in the Policy, in accordance with the formula hereunder.
If, as a result of one Accident, the Child suffers Detriment to Health totaling:
 - a) Between 0.5% and 20% - we will pay a Benefit of 1% of the Sum Insured for each 1% of Detriment to Health,
 - b) Between 20.5% and 50% - we will pay a Benefit of 2% of the Sum Insured for each 1% of Detriment to Health,
 - c) Between 50.5% and 80% - we will pay a Benefit of 3% of the

- Sum Insured for each 1% of Detriment to Health,
- d) Between 80.5% and 100% - we will pay a Benefit of 4% of the Sum Insured for each 1% of Detriment to Health.

3. The type and degree of the Detriment to Health of the Child will be determined in line with the Table of Standards upon completion of the therapeutic process and the rehabilitation period – if it is required that they be completed so that the type and degree of the Detriment to Health can be determined – but, in any case, not later than within 2 years from the date of the Accident.
4. In the event of the Detriment to Health of the Child resulting from one Accident and involving several organs, systems or limbs, we will pay to the Life Insured the Benefit not greater than 100% of the Detriment to Health of the Child.
5. In the event of a multifocal limb injury, we will pay to the Life Insured the Benefit not greater than the amount of the Benefit which would be payable in respect of the Detriment to Health of the Child representing, respectively, the loss of a part of a limb or the entire limb.
6. In the event of Accidental Detriment to Health of the Child involving an organ, system or limb the function of which had been impaired prior to such Accident, and that fact affected the determination of the degree of Detriment to Health of the Child after the Accident, the type and degree of Detriment to Health of the Child shall be determined by way of analysis as a difference between the impairment of such an organ, system or limb before and after the Accident.
7. In the event of Detriment to Health of a Child resulting from an overload (making an abrupt movement or lifting a load), causing the effect where the Detriment to Health of the Child is superimposed on pre-existing degenerative changes with the Child, the type and degree of Detriment to Health of the Child shall be determined by way of analysis of the health status before the trauma as well as the causative agent and traumatic mechanism. Under such circumstances, the degree of Detriment to Health of a Child shall be determined taking into account the impact of the degenerative changes on the degree of the Detriment to Health.
8. The Benefit in respect of the Detriment to Health of the Child shall be reduced in proportion to any amounts payable or paid already in respect of the Detriment to Health resulting from that same Accident on a prior basis, as per the terms of the Rider executed on the basis of ChADHPP Rider Conditions.
9. In the event of anatomical loss of a limb, we will determine the legitimacy of the claim as regards the incontestable portion of the Benefit without waiting for the completion of the therapeutic process and the rehabilitation period.
10. The Benefit will be paid out once we receive and approve the complete set of documents required for the determination of our liability pursuant to ChADHPP Rider Conditions.
11. We will determine the right to the Benefit under the Rider executed on the basis of ChADHPP Rider Conditions based on:
 - a) Properly completed Claim Form;
 - b) Duplicate copy of ID document of the Life Insured;
 - c) Duplicate copy of short form birth certificate of the Child;
 - d) Medical records testifying to the first aid, therapy and rehabilitation;
 - e) Duplicate copy of documents with a description of the circumstances of the Child's accident issued by the institution that conducts the proceedings (e.g., the police, prosecutor's office);
 - f) Written statement by the Child to confirm that they consent to the processing of their personal data and their written consent the request of a physician authorized by us, information from the health care providers who provided health care services to the Child - including a copy of the medical records concerning the circumstances related to the determination of the right to the Benefit - in the case of a Child who is 18 years of age or older on the date of the Claim Form;
 - g) Documentation confirming the certified Loss of Independent Existence – in the case of a Child who is certified with the Loss of Independent Existence;
 - h) Other records required to determine legitimacy of the claim – upon our request.
12. With the purpose to determine the right to and the amount of the Benefit under the Rider executed on the basis of ChADHPP

Rider Conditions, we may refer the Child for medical examinations the scope of which shall be specified by us in the referrals, with the exception of genetic tests. Medical examinations shall be carried out in medical facilities or doctor surgeries indicated by us. The cost of medical examinations shall be covered by us.

13. Under the circumstances referred to in Section 12 hereinbefore, the right to the Benefit shall be determined based on the opinion of a medical practitioner authorized by us, issued on the basis of a complete set of documents required for the determination of our liability referred to in Section 11 hereinbefore, and based on the results of examinations referred to in Section 12.
14. If the Child refuses to subject himself/herself to the examinations referred to in Section 12 hereinbefore, we may decline to pay the Life Insured a Benefit under the Rider executed on the basis of the ChADHPP Rider Conditions.

Background information for Group Insurance Rider Terms and Conditions in respect of Dread Disease of a Child, extending the scope of coverage provided under the Group Life Insurance General Terms and Conditions

Type of information	Provision
1. Statutory requirements for the payment of insurance claim and other benefits or the cash value.	§ 1 Section 2; § 5 in connection with § 2, § 3 and § 4; § 6 in connection with § 2, § 3 and § 4; § 8 Sections 1–4 and Sections 8–11 in connection with § 2, § 3 and § 4; § 9 Sections 1–8 in connection with § 2, § 3 and § 4.
2. Liability limitations and exclusions authorizing the Insurer not to pay the claim and other benefits or to reduce their value.	§ 1 Section 2; § 6 in connection with § 2, § 3 and § 4; § 7 in connection with § 2, § 3 and § 4; § 8 Sections 5–7 and Sections 12 in connection with § 2, § 3 and § 4; § 9 Section 9 in connection with § 2, § 3 and § 4.

GROUP INSURANCE RIDER TERMS AND CONDITIONS IN RESPECT OF DREAD DISEASE OF A CHILD

§ 1. GENERAL PROVISIONS

- The provisions of these Group Insurance Rider Terms and Conditions in respect of Dread Disease of a Child, approved by the Unum Management Board Resolution No. 3/08/2022 of August 9, 2022 and comes into effect as of September 15, 2022, (hereinafter referred to as the '**DDC Rider Conditions**'), apply to the Rider extending the scope of insurance coverage provided pursuant to Group Life Insurance General Terms and Conditions (hereinafter referred to as the '**GTCs**').
- In the matters not provided for under these DDC Rider Conditions, the provisions of the GTCs, the Policy and generally applicable laws and regulations shall apply.

§ 2. DEFINITIONS

- The terms used in these DDC Rider Conditions shall be defined as per the GTCs, subject to Section 2 hereunder.
- For the purpose of the Rider executed on the basis of DDC Rider Conditions, the following definitions are introduced:
 - Operating Center** – an entity that works with us to organize and deliver medical and assistance services;
 - Communicable Disease** – any of the events defined in § 4;
 - Child** – a biological or adopted child of the Life Insured, as per the Family and Guardianship Code in Poland, born alive and under 25 years of age on the date of the Insurable Event; If Loss of Independent Existence has been confirmed with respect to the Child, the age limit of 25 years shall not apply;
 - Accident** – a sudden event resulting solely from an external cause, not related to the volition or health status of the Child, which is the only cause of Detriment to Health of the Child and does not arise from any physical or mental impairment of the Child. Heart attack, stroke, cerebral hemorrhage, poisoning, or any other disease or infection (including acute

- ones) shall not be defined as an Accident);
- Loss of Independent Existence** – a condition whereby the Child has been totally unable to perform (whether aided or unaided) at least three of the following six Activities of Daily Living for a period of at least six months:
 - The ability to wash in the bath or shower, unaided (including getting into and out of the bath or shower) or wash satisfactorily by other means;
 - The ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
 - The ability to move from a bed to an upright chair or wheelchair and vice versa;
 - The ability to move indoors from room to room on level surfaces,
 - The ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
 - The ability to feed oneself once the meal has been prepared and served.

The condition referred to hereinbefore must be confirmed by a physician as permanent.
 - Dread Disease** – any of the events defined in § 3;
 - Force Majeure** – an external, unforeseeable and unpreventable event that precludes or delays the delivery of service by the Operating Center;
 - Medical Service** – a Service that involves diagnostic tests and medical consultations for a Child in case of suspected disease or the need to carry out any of the surgical operations referred to in § 3 of this Rider on the Child;
 - Pharmaceutical Benefit** – an additional Benefit deliverable to the Life Insured in the event of a Dread Disease of a Child,

which shall mean a diagnosis of any of the diseases of a Child or delivery to a Child of any of the surgical operations referred to in § 3 of this Rider, subject to § 8 Section 7 of this Rider.

§ 3. DREAD DISEASES OF A CHILD

Only such diseases that were diagnosed with the Child and only such surgical operations that were performed on the Child during the effective term of coverage of the Life Insured provided by us under the Rider executed on the basis of DDC Conditions and meet the definitions set out hereinafter shall be regarded as the Dread Diseases of the Child included in the coverage under the Rider executed on the basis of DDC Conditions:

1. Only such **Cohn's Disease** that means a chronic, non-specific, granulomatous inflammatory disease of the bowel. For the Benefit to be due, the disease must result in fistula formation, intestinal obstruction or intestinal perforation in the Child, and the diagnosis must have been evidenced with distinctive histopathology features.
2. Only such **Poliomyelitis** that means an acute polio infection. Poliomyelitis case meets the Insurable Event definition when it includes permanent palsy of at least two limbs, confirmed with a diagnosis made by a physician specializing in neurology, and deterioration of mobility or respiratory function that persists for at least three months. Diagnosis must include confirmed presence of the virus in the cerebrospinal fluid and in the serum.
3. Only such **Cardiological Disease** that means an acquired condition leading to a permanent functional deterioration or permanent morphological changes in heart tissue and structures (valves, endocardium, myocardium or pericardium). Acquired chronic heart disease meets the Insurable Event definition when it is has been treated for at least six months and classified as chronic heart failure stage II or higher according to NYHA classification, without improvement despite the treatment.
4. Only such **Motor Neuron Disease** that means a progressive degeneration of corticospinal tracts with atrophy of anterior horn cells or damage of bulbar efferent neurons. Motor Neuron Disease includes spinal muscular atrophy/SMA, progressive bulbar palsy/PBP, amyotrophic lateral sclerosis/ALS, and primary lateral sclerosis/PLS. Benefit shall be payable if the Motor Neuron Disease leads to neurological deficit resulting in the permanent and irreversible inability of the Child to:
 - a) Move indoors from room to room on level surfaces, or
 - b) Feed oneself once the meal has been prepared and served.
5. Only such **Diabetes** that means Type I (insulin-dependent) Diabetes requiring insulin therapy due to a life-threatening condition, provided that insulin therapy under the supervision of a physician has been administered, and the diagnosis of diabetes and its type has been confirmed by a physician specializing in diabetology.
6. Only such **Muscular Dystrophy** that means Duchenne's muscular dystrophy – progressive degenerative myopathies of unknown origin. Muscular Dystrophy diagnosis must be made by a physician specializing in neurology and confirmed with the results of biochemical examinations, electromyography and muscle biopsy.
7. Only such **Benign Spinal Cord Tumor** that means presence of a histologically benign tumor of the spinal cord or spinal meninges, requiring neurosurgery or causing permanent neurological loss. The diagnosis should be confirmed unequivocally by imaging and histopathological examination. The following are not covered: malignant tumors, cysts, granulomas, abscesses, hematomas, vascular malformations, epidural tumors, tumors located within the vertebrae, intervertebral disc prolapse, degenerative changes, discopathy, spinal injuries.
8. Only such **Benign (Non-Malignant) Brain Tumor** that means presence of a life-threatening, benign tumor in cerebral tissue, with distinctive symptoms of increased intracranial pressure such as swelling of the optic disc (papilledema), epileptic seizures or neurological deficits. Coverage shall include pituitary tumors and brain cysts that require neurosurgical removal, otherwise resulting in a permanent neurological deficit. The Benign (Non-Malignant) Brain Tumor diagnosis must be confirmed by a physician specializing in neurology or neurosurgery, with evidence from the results of imaging techniques such as CT, MRI or PET. Pituitary tumors and cysts that do not require neurosurgical

removal, abscesses, granulomas, malformations in or of the arteries or veins of the brain, hematomas or tumors of the spine shall be out of scope of coverage.

With regard to the Benign (Non-Malignant) Brain Tumor, the date of the diagnosis shall be defined as the date on which preliminary diagnosis was made by a physician specializing in neurology or neurosurgery.

9. Only such **Aplastic Anemia** that means an irreversible bone marrow failure resulting in anemia, neutropenia and thrombocytopenia. Aplastic Anemia diagnosis must be based on a bone marrow biopsy result. For the Benefit to be due, at least two of the following criteria in the Child must be met:
 - a) Absolute neutrophil count of 500 per cubic millimeter or less;
 - b) Absolute reticulocyte count of 20 000 per cubic millimeter or less;
 - c) Platelet count of 20 000 per cubic millimeter or less.
10. Only such **Kidney Failure** that means the end stage renal failure presenting chronic and irreversible failure of both kidneys, as a result of which renal dialysis or renal transplant is required.
11. Only such **Liver Failure** that means the end stage liver failure with respect to major liver functions, preceded by at least 6-month presence of a disease causing the failure. Liver Failure diagnosis must be confirmed with medical records and presence of one of the symptoms below:
 - a) Ascites and splenomegaly;
 - b) Cirrhosis of the liver;
 - c) Esophageal varices;
 - d) Liver encephalopathy.
12. Only such **Malignant Neoplasm** that means the presence of one or more malignant tumors characterized by uncontrolled growth, spread of malignant cells, invasion and destruction of normal tissue, including leukemia, lymphatic system tumors and Hodgkin's Disease. For the Benefit to be due, the presence of Malignant Neoplasm in the Child must be evidenced in a histopathology test result. The following malignant neoplasms are excluded from coverage:
 - a) Tumors described as carcinoma in situ (including cervical dysplasia CIN-1, CIN-2, CIN-3), or those histologically described as pre-invasive;
 - b) Any skin neoplasia, unless there is evidence of metastases to other organs or unless the tumor is a malignant melanoma more than 1.5 mm thick according to histological examination or categorized as invasive above class 3 according to Clark's classification;
 - c) Kaposi's sarcoma and other tumors associated with HIV or AIDS;
 - d) Prostate cancer described as less advanced than T2N0M0 or Gleason Score below 7;
 - e) Papillary micro-carcinoma of the thyroid histologically described as microcarcinoma.

With regard to the Malignant Neoplasm, the date of the diagnosis shall be defined as the date of histological test specimen collection.
13. Only such **Burns** that mean third degree burns to at least 20% of the body surface area as measured by the Lund and Browder Body Surface Chart with regard to a Child under 15 years of age, and with regard to an older Child – according to the rule of nines.
14. Only such **Paralysis** that means a total and permanent loss of function of at least one complete upper or lower limb in course of a disease of the brain or spinal cord, or as a result of Accident. A case of paralysis shall meet the Paralysis definition if it leads to a palsy persisting without improvement, despite the treatment applied, over a period of at least six months. Paralysis must be confirmed by a physician specializing in neurology.
15. Only such **Major Head Injury** that means an Accidental head injury resulting in a neurological deficit causing a permanent and irreversible inability to:
 - a) Move indoors from room to room on level surfaces, or
 - b) Feed oneself once the meal has been prepared and served, or
 - c) Communicate with others verbally by speech.

The Life Insured becomes eligible for the Benefit upon completion of the Child's therapeutic process and the rehabilitation period.
16. Only such **Chronic Respiratory Failure** that means the end stage

respiratory failure characterized by occurrence of all of the following conditions:

- a) Dyspnea at rest confirmed by medical records;
 - b) Proof of necessary and permanent oxygen therapy applicable for at least 8 hours/day continuously for at least 3 months. Qualification for home oxygen therapy should be confirmed by a certificate from a physician specializing in lung diseases, internal medicine or anesthesiology and intensive care.
17. Only such **Chronic Hepatitis B** that means chronic, viral hepatitis presenting for longer than 6 months, diagnosed during the effective term of coverage, provided that all of the criteria hereunder are met, jointly:
 - a) Biopsy-confirmed liver fibrosis equal to or higher than F2 on the METAVIR scale or elastography above 7kPa;
 - b) Presence of serum HBV DNA of more than 2000 virus copies/ml, continuously or periodically, over a period of 6 months,
 - c) Presence of HBs antigen,
 - d) Elevated ALT and AST levels, continuously or periodically, over a period of 6 months.
 18. Only such **Chronic Hepatitis C** that means chronic hepatitis presenting for longer than 6 months, diagnosed during the effective term of coverage, provided that all of the criteria hereunder are met, jointly:
 - a) Biopsy-confirmed liver fibrosis equal to or higher than F2 on the METAVIR scale or elastography above 7kPa;
 - b) Presence of serum HCV RNA of more than 2000 virus copies/ml, continuously or periodically, over a period of 6 months,
 - c) Elevated ALT and AST levels, continuously or periodically, over a period of 6 months,
 - d) Clinical signs of liver failure with one or more of the following: jaundice, ascites, esophageal varices.
 19. Only such **Sepsis (Septicemia)** that means a generalized inflammatory response formed in the course of bacterial infection, with the presence of microorganisms in the blood stream and with multiple organ failure. Multiple organ failure is defined as a condition in which there is malfunctioning of two or more organs or systems such as the central nervous system, circulatory system, respiratory system, hematopoietic system, kidneys, liver. Sepsis diagnosis must be confirmed in hospital treatment records.
 20. Only such **Coma** that means a state of unconsciousness with no reaction to external stimuli (scoring according to Glasgow scale below 9 points) and requiring the use of life support systems (e.g. a respirator). Such condition should persist for at least 96 hours and it should result in permanent neurological deficit lasting for at least six months; diagnosis must be confirmed with medical records including, inter alia, final assessment of the neurological condition.
 21. Only such **Tetanus** that means treatment in hospital conditions due to an acute infectious disease evidenced in medical records, with a generalized clinical course, caused by the neurotoxin produced by *Clostridium tetani*.
 22. Only such **Major Organ Transplant** that means an organ transplant from a donor to the Child of kidney, liver, heart, lung, pancreas or bone marrow.
 23. Only such **Loss of Limb** that means a complete and permanent loss of function of one limb or the severance of at least one limb above the wrist or ankle due to Accident or disease.
 24. Only such **Loss of Speech** that means a complete and irrecoverable loss of speech, resulting from a disease or Accident, or a condition when a Child has never learnt to speak. Loss of speech must be confirmed with medical certificate issued not earlier than upon the Child's 4th birthday, and in the event of a loss of the ability to speak, at the point of loss of speech verification, the condition must have manifested itself for at least 12 consecutive months. A partial loss of the ability to speak or a loss of speech due to mental causes (psychogenic dumbness) shall not be included in the scope of coverage.
 25. Only such **Loss of Hearing** that means a complete and irrecoverable loss of hearing in one or both ears, resulting from a disease or Accident, confirmed with audiometric test results and hearing threshold test results. In the event of loss of hearing in both ears, loss of hearing must be confirmed with a medical certificate issued not earlier than upon the Child's 1st birthday, and in the event of loss of hearing in one ear, not earlier than upon the Child's 2nd birthday.

26. Only such **Loss of Eyesight (Blindness)** that means a complete and irrecoverable loss of sight in at least one eye, confirmed by a physician specializing in ophthalmology, resulting from a disease or Accident. Loss of eyesight must be confirmed with a medical certificate issued not earlier than upon the Child's 1st birthday.
27. Only such **HIV Infection** that means a complication resulting from blood transfusion to a person who is not a hemophiliac, confirmed by a final court ruling or presented medical records compliant with medical standards applicable to this disease, testifying to the fact of blood transfusion and HIV infection in course of that transfusion, and provided that the infection was contracted by the Child during the term of our liability for the Life Insured under the Rider executed on the basis of DDC Conditions.
28. Only such **Encephalitis** that means an acute inflammation of brain tissue resulting in at least 3-week hospitalization and causing permanent neurological deficits lasting for at least six consecutive months.
29. Only such **Cerebrospinal Meningitis** that means inflammation of cerebral meninges causing permanent neurological deficits, confirmed by a physician specializing in neurology, lasting for six consecutive months. Cerebrospinal Meningitis diagnosis should be documented with test results and medical records from the attending facility.

§ 4. OTHER COMMUNICABLE DISEASES OF A CHILD

A Communicable Disease of a Child covered by our liability is defined, only and exclusively, as a communicable diseases diagnosed in a Child during the period of coverage for the Life Insured under the executed on the basis of DDC Rider Conditions with the scope of coverage enhanced with Communicable Diseases, provided that the definitions hereunder are met:

1. Only such **Lyme Disease** manifesting itself as Erythema migrans that involves the organs in the form of arthritis or myocarditis, or neuroborreliosis, or chronic atrophic dermatitis of the extremities, with proof of IgM specific antibodies acc. to the Elisa and Western Blot tests.
2. Only such **Cholera** that means an acute infectious disease caused by toxigenic *Vibrio cholerae*. The diagnosis must be based on clinical symptoms (vomiting or diarrhea) confirmed by a specialist physician and proof of the presence of the virus in microbiological or immunological test results.
3. Only such **Typhoid Fever** that means an acute systemic infectious disease caused by the typhoid bacillus (*Salmonella typhi*). The diagnosis must be based on the isolation of *Salmonella typhi* from clinical specimens from a person with prolonged fever and at least one of the following comorbid symptoms:
 - a) Headaches,
 - b) Relative bradycardia,
 - c) Cough,
 - d) Diarrhea, constipation, abdominal pain.
 Asymptomatic cases of *Salmonella typhi* or *Salmonella paratyphi* are excluded from coverage.
4. Only such **Dengue Fever** that means an acute disease caused by the dengue virus, characterized by high fever in a person who, in the opinion of a specialist physician, has been diagnosed with at least two of the following clinical signs and symptoms: headache, extra-ocular pain, muscle pain, joint pain, rash, hemorrhagic symptoms, leukopenia. Clinical diagnosis must be confirmed by at least one of the following laboratory techniques:
 - a) Dengue virus isolated from the serum,
 - b) Confirmation of genetic material by PCR,
 - c) Confirmation of IgM specific antibodies.
5. Only such **Tuberculosis** that means an infectious disease caused by acid-fast mycobacteria of the *Mycobacterium Tuberculosis* Complex, diagnosed by a pulmonologist on the basis of clinical symptoms, microbiological tests (genetic tests, culture, smear or solid culture), imaging tests (X-ray or CT of the chest), IGRA tests, requiring the implementation of anti-tubercular treatment. TB in persons with HIV infection, alcohol abuse or treated with immunosuppressive drugs is excluded from coverage.
6. Only such **Malaria** that means a parasitic disease caused by *Plasmodium* protozoa. The diagnosis must be based on the presence of fever in a person diagnosed with:

- a) Malaria spores in capillary blood smears,
- b) Malaria spore antigen in immunochromatographic tests.
- 7. Only such **Schistosomiasis** that means an acute disease caused by *Schistosoma* parasites, which requires hospital treatment and which is characterized by fever, abdominal pain, hepatosplenomegaly or central nervous system involvement. The diagnosis must be confirmed by a physician on the basis of the clinical course of the disease and laboratory tests.
- 8. Only such **Rabies** that means an acute infectious disease requiring hospitalization, with clinical course characterized by acute encephalomyelitis, diagnosed on the basis of characteristic symptoms and detection of Rabies virus in samples of material collected from skin, saliva, cerebrospinal fluid or detection of specific antibodies in blood plasma or cerebrospinal fluid.
- 9. Only such **Yellow Fever** that means an acute infectious disease caused by Flaviviridae virus. Clinical diagnosis must be based on confirmed visit to the region where Yellow Fever cases have been suspected or confirmed, within one week prior to the onset of the disease, and with jaundice or bleeding from multiple sites found in a person with fever by a specialist physician. Clinical diagnosis must be confirmed by at least one of the following laboratory techniques:
 - a) Yellow Fever virus isolated in clinical material,
 - b) Yellow Fever virus nucleic acid detected,
 - c) Yellow Fever virus antigen detected, presence of Yellow Fever virus specific antibodies.

§ 5. INSURABLE EVENT

1. The Insurable Event covered under the Rider executed on the basis of DDC Conditions is defined as any of the Dread Disease presenting itself with the Child, which means that the Child is diagnosed with any of the diseases listed in § 3 or that any of the surgical operations listed in § 3 is performed on the Child during the effective term of coverage of the Life Insured under a Rider executed on the basis of DDC Conditions. Insurable Event must be confirmed in medical records testifying to the diagnostic and therapeutic process.
2. The scope of coverage under this Rider can be extended with:
 - a) Communicable Diseases of the Child listed in § 4 hereinbefore and diagnosed with the Child during the effective term of coverage of the Life Insured under this Rider,
 - b) Pharmaceutical Benefit in the event of any of the Dread Diseases listed in § 3 hereinbefore, and
 - c) Medical Services in the event that any of the diseases listed in § 3 is suspected with the Child or any of the surgical operations listed in § 3 is performed on the Child, as duly confirmed in the Policy.

§ 6. EFFECTIVE TERM OF OUR LIABILITY

1. Our liability for the Life Insured comes into force as of the effective date of coverage of the Life Insured under the Rider executed on the basis of DDC Rider Conditions, with the provision that if the Insurable Event occurs within three months directly following the hereinbefore-said date, our liability shall be limited to an event resulting from an Accident which occurs during the term of our liability under this Rider (Waiting Period). Should there be an extension of coverage, referred to in § 5 Section 2, our liability for the extended coverage shall come into force as of the effective date of such extended coverage of the Life Insured. The rules governing commencement and termination of our liability are set forth in the GTCs, unless stated otherwise in the Policy.
2. If the Sum Insured is upgraded during the term of our liability for the Life Insured under the Rider executed on the basis of DDC Rider Conditions, our liability in respect of Dread Disease of a Child that does not result from an Accident shall be limited, in the first three months following the date of such an upgrade, to the Sum Insured in effect prior to the date of the upgrade (Waiting Period).

§ 7. LIMITATIONS AND EXCLUSIONS OF OUR LIABILITY

1. The Benefit under the Rider executed on the basis of DDC Conditions shall not be paid out if the Dread Disease of a Child or the Communicable Disease of a Child resulted from:
 - a) War operations, active participation of the Child in the acts of terror or riots;

- b) Suicide attempted by the Child, self-mutilation or mutilation at one's own request by the Life Insured, irrespective of state of mind of the Child;
 - c) An illegal act with statutory characteristics of intentional crime committed by the Child, which has been established by a final court decision;
 - d) Traffic Accident caused by the Child in a state after alcohol consumption or in the state of alcohol intoxication, after the use of under the influence of drugs, intoxicating substances, psychotropic substances, alternative measures or new psychoactive substances within the meaning of the Polish Law against Substance Abuse (except for the substances taken under the direction of a qualified medical practitioner), which contributed to the Traffic Accident;
 - e) Congenital defects revealed in the first 12 months of the Child's life;
 - f) HIV infection, except for events referred to in § 3 Section 27.
2. The Benefit under the Rider executed on the basis of DDC Conditions shall not be payable in the event of a Dread Disease of the Child or the Communicable Disease of the Child in connection with which diagnostics or treatment continued or was initiated with the Child during the period of two years prior to the effective date of coverage provided by us to the Life Insured under the Rider executed on the basis of DDC Conditions, subject to Sections 4 and 5 hereinafter.
 3. The Benefit under the Rider executed on the basis of DDC Conditions shall not be payable if a Dread Disease of the Child or the Communicable Disease of the Child was associated by cause-and-effect to a health condition diagnosed with the Child or in connection with which diagnostics or treatment continued or was initiated with the Child during the period of two years prior to the effective date of coverage provided by us to the Life Insured under the Rider executed on the basis of DDC Conditions, subject to Sections 4 and 5 hereinafter.
 4. If the Insurable Event occurs after three years from the effective date of coverage provided to the Life Insured under the Rider executed on the basis of DDC Conditions, the provisions of Section 2 and Section 3 hereinbefore shall not apply.
 5. Provided that the following conditions are met, jointly:
 - a) Directly prior to enrollment in the Rider executed on the basis of DDC Conditions, the Life Insured was covered under the Previous Group Insurance Contract, and Dread diseases of a Child were included in their scope of coverage;
 - b) The coverage provided to the Life Insured under the Previous Group Insurance Contract had been terminated on the eve of enrollment in this Rider;
 - c) The Policyholder has provided us with information about the scope of coverage provided to the Life Insured together with the sums insured and confirmation of termination of the Previous Group Insurance Contract,
 the provisions of Section 2 and Section 3 hereinbefore shall not apply.
 6. We are not liable for delays in the performance of Medical Services or for non-performance or ill performance of Medical Services resulting from strikes, civil unrest, acts of terrorism, acts of war, effects of radioactivity, epidemics, pandemics, as well as mobility restrictions imposed by decisions of administrative authorities and resulting from Force Majeure.

§ 8. BENEFIT PAYMENT

1. Benefit payment rules and criteria are regulated in § 16 of the GTCs, subject to the provisions of this paragraph.
2. Upon the Insurable Event referred to in § 5 Section 1, we will pay to the Life Insured the Benefit under the Rider executed on the basis of DDC Conditions in the amount of the Sum Insured set out in the Policy, in effect as of the date of disease diagnosis or the date of the surgical operation, subject to § 6.
3. If the scope of coverage has been enhanced with Communicable Diseases of the Child, as defined in § 4 Sections 1-9 of the Rider, upon the Insurable Event referred to in § 5 Section 2 Clause a), we will pay to the Life Insured the Benefit in the amount of the Sum Insured in respect of Communicable Disease set out in the Policy, in effect as of the date of Communicable Disease diagnosis.
4. Payment of the Benefit pursuant to Section 2 and Section 3 hereinbefore shall not result in expiry of insurance coverage of the

Life Insured under the Rider executed on the basis of DDC Conditions, provided that the Life Insured continues to be covered under the Basic Contract, subject to Section 5 hereinafter.

5. After the Insurable Event and the payment of the Benefit to the Life Insured, the following items shall be excluded from the scope of coverage provided under the Rider executed on the basis of DDC Conditions:
 - a) The Dread Disease of a Child in respect of which the Life Insured received the Benefit equivalent to 100% of the Sum Insured relevant for the Rider executed on the basis of DDC Conditions, and those Dread Diseases of a Child which are related to that Dread Disease on a cause-and-effect basis, subject to Clause b) hereinafter;
 - b) Only such Malignant Neoplasm case (a health condition) in respect of which the Life Insured received the Benefit and those Malignant Neoplasm cases (health conditions) which are related to that Malignant Neoplasm case (a health condition) on a cause-and-effect basis (upon the Insurable Event that consists in a Malignant Neoplasm);
 - c) Communicable Disease on account of which the Life Insured received a Benefit equal to 100% of the Sum Insured applicable to the Rider executed on the basis of DDC Conditions.
6. When the Insurable Event that meets the criteria of more than one Dread Disease of a Child set forth in § 3 originated in result of one and the same Accident or one and the same disease, we will pay the Benefit to the Life Insured only in respect of one Dread Disease of the Child.
7. When any of the diseases or surgical operations referred to in § 3 herein in respect of which the Benefit is payable is diagnosed or performed on the Child, respectively, if the scope of coverage under this Rider has been enhanced with Pharmaceutical Benefit, referred to in § 5 Section 2 Clause b), we will pay to the Life Insured the Pharmaceutical Benefit in the amount in effect as of the disease diagnosis or surgical operation, set out in the Policy.
8. The Benefit will be paid out once we receive and approve the complete set of documents required for the determination of our liability pursuant to DDC Conditions.
9. We will determine the right to the Benefit under the Rider executed on the basis of DDC Conditions based on:
 - a) Properly completed Claim Form;
 - b) Duplicate copy of ID document of the Life Insured;
 - c) Duplicate copy of abridged excerpt from the Child's birth certificate;
 - d) Duplicate copy of medical records of the Child (including medical history, descriptions of test results, medical records of the diagnostic and treatment process, for example);
 - e) Duplicate copy of documents with a description of the circumstances of the accident issued by the institution that conducts the proceedings (e.g. the police, prosecutor's office);
 - f) Written statement by the Child that they consent to the processing of their personal data and a written consent for us to obtain, at the request of a physician authorized by us, information from the health care providers who provided health care services to the Child - including a copy of the medical records concerning the circumstances related to the determination of the right to the Benefit - in the case of a Child who is 18 years of age or older on the date of the Claim Form;
 - g) Documentation underlying the certificate on the Loss of Independent Existence - in the case of the Child with respect to whom the certificate on the Loss of Independent Existence has been issued;
 - h) Other records required to determine legitimacy of the claim - upon our request.
10. With the purpose to determine the right to and the amount of the Benefit under the Rider executed on the basis of DDC Conditions, we may refer the Child for medical examinations the scope of which shall be specified by us in the referrals, with the exception of genetic tests. Medical examinations shall be carried out in medical facilities or doctor surgeries indicated by us. The cost of medical examinations shall be covered by us.
11. Under the circumstances referred to in Section 10 hereinbefore, the right to the Benefit shall be determined based on the opinion of a medical practitioner authorized by us, issued on the basis of a complete set of documents referred to in Section 9 hereinbefore, and based on the results of examinations referred to

in Section 10 hereinbefore, to which we have referred the Child.

12. If the Life Insured refuses to subject the Child to the examinations referred to in Section 10 hereinbefore, we may decline to pay the Life Insured a Benefit under the Rider executed on the basis of the DDC Conditions.

§ 9. DELIVERY OF MEDICAL SERVICES

1. Medical services are provided through the Operating Center, accessible through a hotline number provided in the Certificate. The cost of connection with the hotline as per the pricelist of telecommunication services operator.
2. If the Child is suspected of any of the diseases or needs any of the surgical operations referred to in § 3 of this Rider, if the scope of coverage under this Rider has been enhanced with Medical Services, we will arrange for and cover the cost of Medical Services referred to in § 5 Section 2 Clause c) hereinabove, including:
 - a) Consultations with specialist physicians (internal medicine physician, pediatrician, orthopedist, surgeon, ophthalmologist, neurologist, diabetologist, oncologist, cardiologist, pulmonologist, gynecologist);
 - b) Diagnostic tests (ultrasound imaging, ECG, X-ray, CT, MRI) - on the basis of a medical referral issued by the attending specialist physician.
3. To access Medical Services referred to in Section 2 Clauses a) - b) hereinbefore, you should contact the Operating Center. While on the phone, the Life Insured or the Child should provide the following details:
 - a) Name and Surname of the Life Insured;
 - b) PESEL number of the Life Insured or, when no PESEL number assigned, the date of birth of the Life Insured;
 - c) Name, Surname and PESEL number of the Child;
 - d) Degree of kinship;
 - e) Telephone number or e-mail address for contact with the Life Insured.
4. If there is a suspicion of any of the diseases of the Child or the need to perform any of the surgical operations on the Child listed in § 3 herein, the Child is eligible for up to 7 medical consultations, at the maximum, referred to in Section 2 Clause a) hereinbefore, and diagnostic tests referred to in Section 2 Clause b) hereinbefore, within the total amount of PLN 3000 for all diagnostic tests. The limits referred to in the preceding sentence are counted separately for each Child.
5. To be able to use Medical Services, medical documentation indicated by the Operating Center must be sent to the Operating Center in a manner pre-agreed by the parties, in connection with a disease of a Child or the need for a surgical operation on a Child listed in § 3 of this Rider.
6. On the basis of medical documentation, the physician working at the Operating Center will communicate with the Life Insured or a Child within 3 Business Days, at the maximum, counting from the day of receipt of medical documentation, to inform whether the event and medical documentation presented entitle to the Medical Service requested by the Life Insured or a Child.
7. Medical consultations and diagnostic tests are held at medical facilities designated by the Operating Center.
8. The following Medical Services delivery waiting times are applicable:
 - a) Up to 2 Working Days from the date of provision of the information referred to in Section 6 hereinbefore in the case of consultation with an internal medicine physician;
 - b) Up to 5 Business Days from the date of provision of the information referred to in Section 6 hereinbefore in the case of medical consultations with other specialties indicated in § 9 Section 2 (a) hereinbefore and in the case of diagnostic ultrasound, ECG, X-ray;
 - c) Up to 10 Business Days from the date of provision of the information referred to in Section 6 hereinbefore in the case of CT and MRI scans, unless a later date is indicated by the Life Insured or the Child.
9. Our liability does not cover Medical Services deliverable outside the territory of the Republic of Poland.
10. The cost of medical services provided in accordance with DDC Rider Conditions is payable directly to the medical entities or facilities that deliver the service.

Background information for Group Insurance Rider Terms and Conditions in respect of Specialized Treatment of a Child, extending the scope of coverage provided under the Group Life Insurance General Terms and Conditions

Type of information	Provision
1. Statutory requirements for the payment of insurance claim and other benefits or the cash value.	§ 1 Clause 2; § 4 in connection with § 2 and § 3; § 5 in connection with § 2 and § 3; § 7 Clause 1–2 and 5–6 in connection with § 2 and § 3.
2. Liability limitations and exclusions authorizing the Insurer not to pay the claims and other benefits or to reduce their value.	§ 1 Clause 2; § 5 in connection with § 2 and § 3; § 6 in connection with § 2 and § 3; § 7 Clause 3–4 in connection with § 2 and § 3.

GROUP INSURANCE RIDER TERMS AND CONDITIONS IN RESPECT OF SPECIALIZED TREATMENT OF A CHILD

§ 1. GENERAL PROVISIONS

- The provisions of these Group Insurance Rider Terms and Conditions in respect of Specialized Treatment of a Child, approved by way of Unum Management Board Resolution No. 3/08/2022 of August 9, 2022 and comes into effect as of September 15, 2022, (hereinafter referred to as the 'ChST Rider Conditions'), apply to the Rider extending the scope of insurance coverage provided pursuant to Group Life Insurance General Terms and Conditions (hereinafter referred to as the 'GTCs').
- In the matters not provided for under these ChST Rider Conditions, the provisions of the GTCs, the Policy and generally applicable laws and regulations shall apply.

§ 2. DEFINITIONS

- The terms used in these ChST Rider Conditions shall be defined as per the GTCs, subject to Section 2 hereunder.
- For the purpose of the Rider executed on the basis of ChST Rider Conditions, the following definitions are introduced:
 - Child** – a biological or adopted child of the Life Insured, as per the Family and Guardianship Code in Poland, born alive and under 25 years of age on the date of the Insurable Event; If Loss of Independent Existence has been confirmed with respect to the Child, the age limit of 25 years shall not apply;
 - Date of the Event** – a date on which:
 - The first dose of a medication was administered – as applicable to Chemotherapy, Interferon Therapy, Antiviral Therapy;
 - The first dose of ionizing radiation was administered – as applicable to Radiation Therapy;
 - Implantation of cardioverter/defibrillator/pacemaker was carried out;
 - Ablation was carried out;
 - The first dialysis was carried out in the first-time Dialysis Therapy;
 - Surgery has been performed – as applicable to Gamma Knife and Cyber-Knife Treatment, Vertebroplasty, Cochlear Implantation;

- Specialized Treatment** – a process associated with one of the therapeutic procedures referred to and defined in § 3 performed in connection with the medical treatment of a Child, medically necessary to restore the normal function of a malfunctioning organ or system;
- Loss of Independent Existence** – a condition whereby the Child has been totally unable to perform (whether aided or unaided) at least three of the following six Activities of Daily Living for a period of at least six months:
 - The ability to wash in the bath or shower, unaided (including getting into and out of the bath or shower) or wash satisfactorily by other means;
 - The ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
 - The ability to move from a bed to an upright chair or wheelchair and vice versa;
 - The ability to move indoors from room to room on level surfaces;
 - The ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
 - The ability to feed oneself once the meal has been prepared and served.

The condition referred to above must be confirmed by a physician as permanent.

§ 3. SPECIALIZED TREATMENT PROCEDURES APPLICABLE TO A CHILD

- Ablation** – a cardiological procedure aimed at destroying or isolating the area of heart tissue that is responsible for causing heart rhythm disorders;
- Chemotherapy** – a systemic treatment of neoplasia with at least one anti-neoplastic drug from the L group of drugs according to the ATC;
- Dialysis Therapy** – a method of treatment for end-stage renal failure or acute kidney injury using hemodialysis or peritoneal dialysis;

4. **Gamma Knife and Cyber-Knife** – a method of treatment for the following non-cancerous diseases: trigeminal neuralgia, spontaneous tremor, vascular malformations;
5. **Antiviral Therapy** – treatment of chronic viral hepatitis B or C to inhibit HBV replication or to eliminate the HCV;
6. **Radiation Therapy** – treatment of neoplasia with ionizing radiation;
7. **Interferon Therapy** – parenteral administration of interferon as treatment for Multiple Sclerosis or chronic hepatitis B or C;
8. **Vertebroplasty** – a procedure used to treat lesions or traumatic injuries in the spine, involving the injection of a cementing substance into the vertebrae;
9. **Cochlear implantation** – a procedure performed to treat total bilateral deafness, partial deafness or profound hearing loss - hearing impairment
10. **Implantation of a cardioverter / defibrillator** – implantation of an electronic device with detection and defibrillation functions in the case of a serious arrhythmia of ventricular origin or sudden cardiac arrest episodes;
11. **Implantation of a Pacemaker (Cardio Stimulator)** – implantation of an electronic device designed to stimulate heart rate.

§ 4. INSURABLE EVENT

1. The Insurable Event covered under the Rider executed on the basis of ChST Rider Conditions shall be defined as the Specialized Treatment of a Child, originating during the period of coverage of the Life Insured under the Rider executed on the basis of ChST Rider Conditions. The effective date of the Specialized Treatment of a Child shall be the date relevant for a procedure referred to in § 3, performed as part of this Specialized Treatment.

§ 5. EFFECTIVE TERM OF OUR LIABILITY

1. Our liability for the Life Insured comes into force as of the effective date of coverage of the Life Insured under the Rider executed on the basis of ChST Rider Conditions, with the provision that within three months directly following the above-said date our liability is limited to the payment of Benefit equivalent to 10% of the Sum Insured in effect as of the Date of the Event (Waiting Period), as set forth in the Policy. The rules governing commencement and termination of our liability are set forth in the GTCs, unless stated otherwise in the Policy.
2. If the Sum Insured is upgraded during the term of our liability for the Life Insured under the Rider executed on the basis of ChST Rider Conditions, our liability in respect of Specialized Treatment of a Child shall be limited, in the first three months following the date of such an upgrade, to the Sum Insured in effect prior to the date of the upgrade (Waiting Period).

§ 6. LIMITATIONS AND EXCLUSIONS OF OUR LIABILITY

1. The Benefit under the Rider executed on the basis of ChST Rider Conditions shall not be paid out if the Specialized Treatment of a Child resulted from:
 - a) Hostilities, active participation of the Child in the acts of terror or riots;
 - b) Suicide attempted by the Child, self-mutilation or mutilation at one's own request, irrespective of state of mind of the Child;
 - c) Medical experiment or medical intervention performed on the Child without supervision of a physician or other authorized personnel.
2. The Benefit under the Rider executed on the basis of ChST Rider Conditions shall not be paid out if the referral for the Specialized Treatment had been issued in the period of two years prior to the effective date of coverage provided to the Life Insured under this Rider, or when the decision to have the treatment administered to the Child had been made two years prior to the above-said date, subject to Section 4 and Section 5 hereinafter.
3. The Benefit under the Rider executed on the basis of ChST Rider Conditions shall not be paid out if a disease associated on a cause-and-effect basis to the procedure carried out as part of the Specialized Treatment was diagnosed with the Child or in connection with which the diagnostics or treatment continued or was initiated with the Child during the period of two years prior to the effective date of coverage provided by us to the Life Insured under this Rider, subject to Section 4 and Section 5

hereinafter.

4. If the Insurable Event occurs after three years from the effective date of coverage provided by us to the Life Insured under the Rider executed on the basis of ChST Rider Conditions, the provisions of Section 2 and Section 3 hereinbefore shall not apply.
5. Provided that the following conditions are met, jointly:
 - a) Directly prior to enrollment in the Rider executed on the basis of ChST Conditions, the Life Insured was covered under the Previous Group Insurance Contract, and Specialized Treatment of a Child was included in their scope of coverage;
 - b) The coverage provided to the Life Insured under the Previous Group Insurance Contract had been terminated on the eve of enrollment in this Rider;
 - c) The Policyholder has provided us with information about the scope of coverage provided to the Life Insured together with the sums insured and confirmation of termination of the Previous Group Insurance Contract,
 the provisions of Section 2 and Section 3 hereinbefore shall not apply.

§ 7. BENEFIT PAYMENT

1. Benefit payment rules and criteria are regulated in § 16 of the GTCs, subject to the provisions of this paragraph.
2. Upon the Insurable Event referred to in § 4, we shall pay to the Life Insured the Benefit under the Rider executed on the basis of ChST Rider Conditions, equivalent to the Sum Insured in force as of the date of the Event, set forth in the Policy, subject to § 5.
3. Following the Insurable Event, the scope of insurance coverage under the Rider executed on the basis of ChST Rider Conditions shall be reduced in accordance with the procedure carried out as part of the Specialized Treatment of the Child, in respect of which the Benefit had been paid to the Life Insured, and in accordance with those Specialized Treatment procedures carried out on the Child which are related to that procedure on a cause-and-effect basis, subject to Section 4 hereinafter.
4. Should another Insurable Event take place, the title to the Benefit shall not be granted to the Life Insured if the subsequent Specialized Treatment procedure carried out on the Child is related to the same disease or to the same accident in connection with which the Life Insured had already received the Benefit and one of the procedures referred to in § 3 hereinbefore.
5. The Benefit will be paid out once we receive and approve the complete set of documents required for the determination of our liability pursuant to ChST Rider Conditions.
6. We will determine the right to the Benefit under the Rider executed on the basis of ChST Rider Conditions based on:
 - a) Properly completed Claim Form;
 - b) Duplicate copy of ID document of the Life Insured;
 - c) Duplicate copy of short form birth certificate of the Child;
 - d) Duplicate copy of medical records testifying to the Insurable Event;
 - e) Documentation confirming a certified Loss of Independent Existence – in the case of a Child certified for the Loss of Independent Existence;
 - f) Other records required to determine legitimacy of the claim – upon our request.

Background information for Group Insurance Rider Terms and Conditions in respect of Surgical Operations of a Child, extending the scope of coverage provided under the Group Life Insurance General Terms and Conditions

Type of information	Provision
1. Statutory requirements for the payment of insurance claim and other benefits or the cash value.	§ 1 Clause 2; § 3 in connection with § 2; § 4 in connection with § 2; § 6 Clause 1–2 and Clause 6–8 in connection with § 2.
2. Liability limitations and exclusions authorizing the Insurer not to pay the claims and other benefits or to reduce their value.	§ 1 Clause 2; § 4 in connection with § 2; § 5 in connection with § 2; § 6 Clause 3–5 in connection with § 2.

GROUP INSURANCE RIDER TERMS AND CONDITIONS IN RESPECT OF SURGICAL OPERATIONS OF A CHILD

§ 1. GENERAL PROVISIONS

- The provisions of these Group Insurance Rider Terms and Conditions in respect of Surgical Operations of a Child, approved by the Unum Management Board Resolution No. 3/08/2022 of August 9, 2022 and comes into effect as of September 15, 2022, (hereinafter referred to as the '**SOC Rider Conditions**'), apply to the Rider extending the scope of insurance coverage provided pursuant to Group Life Insurance General Terms and Conditions (hereinafter referred to as the '**GTCs**').
- In the matters not provided for under these SOC Rider Conditions, the provisions of the GTCs, the Policy and generally applicable laws and regulations shall apply.

§ 2. DEFINITIONS

- The terms used in these SOC Rider Conditions shall be defined as per the GTCs, subject to Section 2 hereunder.
- For the purpose of the Rider executed on the basis of SOC Rider Conditions, the following definitions are introduced:
 - Disease** – condition or abnormality that causes disturbances in the functioning of bodily organs regardless of anyone's volition, of pathological origin and diagnosable by a qualified medical practitioner;
 - Child** – a biological or adopted child of the Life Insured, as per the Family and Guardianship Code, born alive and under 25 years of age on the date of the Insurable Event; If Loss of Independent Existence has been confirmed with respect to the Child, the age limit of 25 years shall not apply;
 - Accident** – sudden event resulting solely from an external cause, not related to the volition or health status of the Child, which is the only cause of Surgical Operation performed on the Child and does not arise from any physical or mental impairment of the Child. Heart attack, stroke, cerebral hemorrhage, poisoning, or any other disease or infection (including acute ones) shall not be defined as an Accident;
 - Loss of Independent Existence** – a condition whereby the Child has been totally unable to perform (whether aided or

unaided) at least three of the following six Activities of Daily Living for a period of at least six months:

- The ability to wash in the bath or shower, unaided (including getting into and out of the bath or shower) or wash satisfactorily by other means;
- The ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
- The ability to move from a bed to an upright chair or wheelchair and vice versa;
- The ability to move indoors from room to room on level surfaces;
- The ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
- The ability to feed oneself once the meal has been prepared and served.

The condition referred to above must be confirmed by a physician as permanent.

- Surgical Operation** – surgical procedure performed on a Child in connection with a Disease or physical bodily injury resulting from an Accident. We may only be held liable for the cases specified in the Table of Surgical Operations;
- Pharmaceutical Benefit** – additional Pharmaceutical Benefit payable to the Life Insured in the event that a Surgical Operation specified in the Table of Surgical Operations is performed on the Child, subject to § 6 Section 6 herein;
- Table of Surgical Operations** – table which specifies the types of Surgical Operations, together with the corresponding Benefit amounts expressed in percentage of the Sum Insured, representing an integral part of SOC Rider Conditions.

§ 3. INSURABLE EVENT

- The Insurable Event covered under the Rider executed on the basis of SOC Rider Conditions is defined as a Surgical Operation performed on the Child during the term of our liability under the

Rider executed on the basis of SOC Rider Conditions.

2. The scope of coverage under this Rider may be enhanced with Pharmaceutical Benefit, as duly acknowledged in the Policy.

§ 4. EFFECTIVE TERM OF OUR LIABILITY

1. Our liability for the Life Insured shall come into force as of the effective date of coverage of the Life Insured under the Rider executed on the basis of SOC Rider Conditions, with the provision that if the Insurable Event occurs within three months from the above-said date, our liability shall be limited only and exclusively to events resulting from an Accident that occurred during the effective term of our liability under this Rider (Waiting Period). Should there be an extension of coverage, referred to in § 3 Section 2, our liability for the extended coverage shall come into force as of the effective date of such extended coverage of the Life Insured. The rules governing commencement and termination of our liability are set forth in the GTCs, unless stated otherwise in the Policy.
2. If the Sum Insured is upgraded during the term of our liability for the Life Insured under the Rider executed on the basis of SOC Rider Conditions, our liability in respect of Surgical Operation of a Child that does not result from an Accident shall be limited, in the first three months following the date of such an upgrade, to the Sum Insured in effect prior to the date of the upgrade (Waiting Period).

§ 5. LIMITATIONS AND EXCLUSIONS OF OUR LIABILITY

1. The Benefit under the Rider executed on the basis of SOC Rider Conditions shall not be paid out if the Surgical Operation of a Child was performed as a result of:
 - a) War operations, active participation of the Child in the acts of terror or riots;
 - b) Suicide attempted by the Child, self-mutilation or mutilation at one's own request by the Life Insured, irrespective of state of mind of the Child;
 - c) Congenital defects revealed in the first 12 months of the Child's life;
 - d) Plastic or cosmetic surgery, with the exception of treatment of consequences of Accidents of the Child taking place during the term of our liability for the Life Insured under the Rider executed on the basis of SOC Rider Conditions;
 - e) Traffic Accident caused by the Child in a state after alcohol consumption or in the state of alcohol intoxication, after the use of under the influence of drugs, intoxicating substances, psychotropic substances, alternative measures or new psychoactive substances within the meaning of the Polish Law against Substance Abuse (except for the substances taken under the direction of a qualified medical practitioner), which contributed to the Traffic Accident;
 - f) Diseases resulting from HIV infection;
 - g) An illegal act with statutory characteristics of intentional crime committed by the Child, which has been established by a final court decision.

§ 6. BENEFIT PAYMENT

1. Benefit payment rules and criteria are regulated in § 16 of the GTCs, subject to the provisions of this paragraph.
2. Upon the Insurable Event referred to in § 3, we shall pay to the Life Insured the Benefit in respect of Surgical Operation performed on a Child equivalent to the percentage value, specified in the Table of Surgical Operations, of the Sum Insured in force as of the date of the Surgical Operation performed on the Child, set out in the Policy, subject to § 4.
3. Irrespective of the number of Surgical Operations performed on the Child within 1 year, counting from the date of the first of those Surgical Operations, if the need to perform Surgical Operations was related to the same cause, i.e., the same Disease or the same Accident, we shall pay the Benefit in respect of one Surgical Operation only – the one that generates the highest Benefit according to the Table of Surgical Operations. The aforementioned provision does not apply to Surgical Operations on a Child performed on paired organs due to the same Disease or the same Accident.
4. In the event that more than one Surgical Operation is performed on a Child within three consecutive days, we shall pay the Benefit

for one Surgical Operation only – the one that generates the highest Benefit according to the Table of Surgical Operations.

5. If more than one Surgical Operation listed in the Table of Surgical Operations is performed while in the Operating Room, then, irrespective of the number of Surgical Operations performed, we shall pay the Benefit in respect of one Surgical Operation only – the one that generates the highest Benefit according to the Table of Surgical Operations.
6. In the event that a Surgical Operation is performed on the Child with the Benefit equivalent to at least 40% of the Sum Insured, and provided that the scope of coverage has been enhanced with Pharmaceutical Benefit referred to in § 3 Section 2, we will pay to the Life Insured the Pharmaceutical Benefit in the amount in effect as of the date of the Surgical Operation, set out in the Policy.
7. The Benefit will be paid out once we receive and approve the complete set of documents required for the determination of our liability pursuant to SOC Conditions.
8. We will determine the right to the Benefit under the Rider executed on the basis of SOC Rider Conditions based on:
 - a) Properly completed Claim Form;
 - b) Duplicate copy of ID document of the Life Insured;
 - c) Abridged excerpt from the Child's birth certificate;
 - d) Medical records of the Child (including medical history, descriptions of test results, surgical operation descriptions);
 - e) Documents with a description of the circumstances of the accident issued by the institution that conducts the proceedings (e.g., the police, prosecutor's office);
 - f) Written statement by the Child that they consent to the processing of their personal data and a written consent authorizing us to obtain information, at the request of a physician authorized by us, from the health care providers who provided health care services to the Child - including a copy of medical records concerning the circumstances related to the determination of the right to the Benefit - in the case of a Child who is 18 years of age or older on the date of the Claim Form;
 - g) Documentation underlying the certificate on the Loss of Independent Existence – in the case of the Child with respect to whom the certificate on the Loss of Independent Existence has been issued;
 - h) Other records required to determine legitimacy of the claim – upon our request.

Background information for Group Insurance Rider Terms and Conditions in respect of Hospitalization of a Child, extending the scope of coverage provided under the Group Life Insurance General Terms and Conditions

Type of information	Provision
1. Statutory requirements for the payment of insurance claim and other benefits or the cash value.	§ 1 Clause 2; § 3 in connection with § 2; § 4 in connection with § 2; § 6 Clause 1–5 and Clause 8–13 in connection with § 2; § 7 Clause 1–6 in connection with § 2.
2. Liability limitations and exclusions authorizing the Insurer not to pay the claims and other benefits or to reduce their value.	§ 1 Clause 2; § 4 in connection with § 2; § 5 in connection with § 2; § 6 Clause 4–7 in connection with § 2; § 7 Clause 7 in connection with § 2.

GROUP INSURANCE RIDER TERMS AND CONDITIONS IN RESPECT OF HOSPITALIZATION OF A CHILD

§ 1. GENERAL PROVISIONS

- The provisions of these Group Insurance Rider Terms and Conditions in respect of Hospitalization of a Child, approved by the Unum Management Board Resolution No. 3/08/2022 of August 9, 2022 and comes into effect as of September 15, 2022, (hereinafter referred to as the **"HIRC Conditions"**), apply to the Rider extending the scope of insurance coverage provided pursuant to Group Life Insurance General Terms and Conditions (hereinafter referred to as the **"GTCs"**).
- In the matters not provided for under these HIRC Conditions, the provisions of the GTCs, the Policy and generally applicable laws and regulations shall apply.

§ 2. DEFINITIONS

- The terms used in these HIRC Rider Conditions shall be defined as per the GTCs, subject to Section 2 hereunder.
- For the purpose of the Rider executed on the basis of HIRC Conditions, the following definitions are introduced:
 - Operating Center** - an entity that works with us to organize and deliver medical and assistance services;
 - Disease** - condition or abnormality that causes disturbances in the functioning of bodily organs regardless of anyone's volition, of pathological origin and diagnosable by a qualified medical practitioner;
 - Oncological Disease** - defined as follows:
 - Only such **Malignant Neoplasm** that means the presence of one or more malignant tumors characterized by uncontrolled growth, spread of malignant cells, invasion and destruction of normal tissue, including leukemia, lymphatic system tumors and Hodgkin's Disease. For the Benefit to be due, the presence of Malignant Tumor in the Child must be evidenced in a histopathology test

result by a physician specializing in oncology or pathomorphology.

The following malignant neoplasms are excluded from coverage:

- Tumors described as carcinoma in situ (including cervical dysplasia CIN-1, CIN-2, CIN-3), or those histologically described as pre-invasive;
- Any skin neoplasia, unless there is evidence of metastases to other organs or unless the tumor is a malignant melanoma more than 1.5 mm thick according to histological examination or categorized as invasive above class 3 according to Clark's classification;
- Kaposi's sarcoma and other tumors associated with HIV or AIDS;
- Prostate cancer described as less advanced than T2N0M0 or Gleason Score below 7;
- Papillary micro-carcinoma of the thyroid histologically described as microcarcinoma.

With regard to the Malignant Neoplasm, the date of the diagnosis shall be defined as the date of histological test specimen collection;

- Only such **Low Malignant Potential (LPM) Tumor** that is early-stage cancer whose stage or low degree of malignancy give rise to a good prognosis and which requires specialized oncological treatment: surgical treatment or radiotherapy, or chemotherapy. The following are included in coverage:
 - Precancerous lesion with cervical dysplasia CIN-3, which requires surgery;
 - Borderline ovarian cancer requiring chemotherapy or surgery;
 - Myeloproliferative, myelodysplastic,

myeloproliferative-dysplastic syndrome requiring hematological treatment;

- d. Papillary micro-carcinoma of the thyroid histologically described as microcarcinoma, requiring surgery;
- e. Any LMP or borderline tumor according to histopathology report, requiring surgery or chemotherapy/radiotherapy.

LPM Tumor must be evidenced in histopathology report.

With regard to LPM Tumor, the date of the diagnosis shall be defined as the date of histological test specimen collection;

- d) **Child** – a biological or adopted child of the Life Insured, as per the Family and Guardianship Code, born alive and under 25 years of age on the date of the Insurable Event; If Loss of Independent Existence has been confirmed with respect to the Child, the age limit of 25 years shall not apply;
- e) **Accident** – a sudden event resulting solely from an external cause, not related to the volition or health status of the Child, which is the only cause of Hospitalization of the Child and does not arise from any physical or mental impairment of the Child. Heart attack, stroke, cerebral hemorrhage, poisoning, or any other disease or infection (including acute ones) shall not be defined as an Accident;
- f) **Loss of Independent Existence** – a condition whereby the Child has been totally unable to perform (whether aided or unaided) at least three of the following six Activities of Daily Living for a period of at least six months:
 - i. The ability to wash in the bath or shower, unaided (including getting into and out of the bath or shower) or wash satisfactorily by other means;
 - ii. The ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
 - iii. The ability to move from a bed to an upright chair or wheelchair and vice versa;
 - iv. The ability to move indoors from room to room on level surfaces,
 - v. The ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
 - vi. The ability to feed oneself once the meal has been prepared and served.

The condition referred to above must be confirmed by a physician as permanent.
- g) **Hospitalization** – a documented stay in a Hospital, on a constant and continuous basis, with the purpose to maintain, restore or improve the Child's health condition. One day of Hospitalization is defined as one calendar day, with the first day of Hospitalization defined as the date of admission to the Hospital and the last day of Hospitalization defined as the date of discharge from the Hospital.
The following shall not be regarded as Hospitalization: hospital visit the sole purpose of which was rehabilitation (except for the cases when such Hospitalization involves the first-time rehabilitation associated with the treatment following a stroke or heart attack), visits at rehabilitation department or day care unit;
- h) **Vehicle** – means of transport authorized and intended for:
 - i. Road traffic operation - within the meaning of the Polish Road Traffic Law, with the exception of quads, bicycles, bicycle trailers, electric scooters, personal transport devices;
 - ii. Rail traffic operation to carry persons or goods;
 - iii. Inland waterway traffic operation - within the meaning of the Inland Waterways Act, and maritime traffic within the meaning of the Maritime Code;
 - iv. Air traffic operation as a passenger aircraft of a licensed airline operator;
- i) **Force Majeure** – an external, unforeseeable and unpreventable event that precludes or delays the delivery of service by the Operating Center;
- j) **Hospital** – public or non-public inpatient health care facility, operating pursuant to the applicable legal provisions, with the purpose to provide round-the-clock care and treatment for sick patients, with adequate diagnostic and therapeutic resources, employing medical personnel so as to ensure

continuous care by at least one nurse and one physician, and keeping full medical records of each patient in compliance with applicable regulations. The following facilities shall not be included in the definition of a Hospital: a welfare home, a geriatric care facility, a hospice, any rehab facility for those addicted to alcohol or other substances, convalescence center, rehabilitation center, sanatorium facility, spa facility, preventive care facility, sanatorium hospital, spa hospital, resort facility, nursing home;

- k) **Outpatient Services** – Benefits including medical consultations as well as laboratory and diagnostic tests provided in properly equipped, permanent premises, in the circumstances that do not call for inpatient and round-the-clock service delivery, deliverable in the event of Hospitalization of the Child that continued uninterrupted for at least 7 days;
- l) **Pharmaceutical Benefit** – additional Benefit payable to the Life Insured in the event of Hospitalization of the Child, subject to § 6 Section 9 herein;
- m) **Traffic Accident** – a sudden event resulting solely from an external cause, not related to the volition or health status of the Child, which involves a moving Vehicle and is the only cause of Hospitalization of the Child and does not arise from any physical or mental impairment of the Child. Traffic Accident definition includes an accident occurring when the Child was not moving in a Vehicle but was hit by a Vehicle.

§ 3. INSURABLE EVENT

1. The Insurable Event covered under the Rider executed on the basis of HIR Conditions consist in Hospitalization of the Child Insured which started and continued during the effective term of our liability under this Rider. Coverage is restricted to Hospitalization resulting from the causes set out in the Policy.
2. The scope of coverage under this Rider can be extended with:
 - a) ICU Stay of the Child which started and continued during the effective term of our liability under this Rider,
 - b) Pharmaceutical Benefit,
 - c) Outpatient Services for the Child,

As duly confirmed in the Policy.

§ 4. EFFECTIVE TERM OF OUR LIABILITY

1. Our liability for the Life Insured shall come into force as of the effective date of coverage of the Life Insured under the Rider executed on the basis of HIRC Conditions, with the provision that if the Insurable Event occurs within one month from the above-said date, our liability shall be limited only and exclusively to events resulting from an Accident that occurred during the effective term of our liability under this Rider (Waiting Period). Should there be an extension of coverage, referred to in § 3 Section 2, our liability for the extended coverage shall come into force as of the effective date of such extended coverage of the Life Insured. The rules governing commencement and termination of our liability are set forth in the GTCs, unless stated otherwise in the Policy.
2. If the Sum Insured is upgraded during the term of our liability for the Life Insured under the Rider executed on the basis of HIRC Conditions, our liability in respect of Hospitalization of a Child that does not result from an Accident shall be limited, within one month from the date of such an upgrade, to the Sum Insured in effect prior to the date of the upgrade (Waiting Period).

§ 5. LIMITATIONS AND EXCLUSIONS OF OUR LIABILITY

1. The Benefit under the Rider executed on the basis of HIRC Conditions shall not be paid out if the Hospitalization of a Child or the ICU Stay of a Child resulted from:
 - a) War operations, active participation of the Child in the acts of terror or riots;
 - b) Suicide attempted by the Child, self-mutilation or mutilation at one's own request by the Life Insured, irrespective of state of mind of the Child;
 - c) An illegal act with statutory characteristics of intentional crime committed by the Child, which has been established by a final court decision;
 - d) Traffic Accident caused by the Child in a state after alcohol consumption or in the state of alcohol intoxication, after the use of under the influence of drugs, intoxicating substances,

psychotropic substances, alternative measures or new psychoactive substances within the meaning of the Polish Law against Substance Abuse (except for the substances taken under the direction of a qualified medical practitioner), which contributed to the Traffic Accident;

- e) Diseases resulting from HIV infection;
 - f) Congenital defects revealed in the first 12 months of the Child's life;
 - g) Plastic or cosmetic surgery performed on the Child, with the exception of treatment of consequences of Accidents taking place during the term of our liability under the Rider executed on the basis of HIRC Conditions;
 - h) Regular check-ups or other medical checks performed on the Child when there are no objective symptoms of impaired health condition, and laboratory diagnostics or X-ray tests, except for the tests and examinations performed in connection with a Disease diagnosed in prior medical tests and examinations;
 - i) Treatment of health problems induced by the use of drugs, intoxicating substances, psychotropic substances, alternative measures or new psychoactive substances within the meaning of the Polish Law against Substance Abuse (except for the substances taken under the direction of a qualified medical practitioner);
 - j) Treatment of the Diseases caused by alcohol abuse.
2. We are not liable for delays in the performance of Outpatient Services or for non-performance or ill performance of Outpatient Services resulting from strikes, civil unrest, acts of terrorism, acts of war, effects of radioactivity, epidemics, pandemics, as well as mobility restrictions imposed by decisions of administrative authorities and resulting from Force Majeure.

§ 6. BENEFIT PAYMENT

1. Benefit payment rules and criteria are regulated in § 16 of the GTCs, subject to the provisions of this paragraph.
2. Upon the Insurable Event referred to in § 3 Section 1, we will pay to the Life Insured, in a given Insurance Year, the Benefit in respect of the Rider executed on the basis of HIRC Conditions for each day of Hospitalization started by the Child, in the amount of the Sum Insured (hereinafter: Day Rate) in force as of the first day of Hospitalization of the Child, subject to § 4 and Section 3 and Section 7 hereunder.
3. When Hospitalization resulted from a Disease (or Heart Attack, or Stroke, or Oncological Disease), we shall pay the Benefit provided that Hospitalization continued for more than 1 day (1 date change).
4. The amount of the Day Rate per one day of Hospitalization of the Child, depending on the cause of such Hospitalization, is defined in the Policy.
5. When Hospitalization of the Child resulted from an Accident or a Traffic Accident, occurring prior to the effective date of coverage of the Life Insured under the Rider executed on the basis of HIRC Conditions, and also when Hospitalization of the Child resulted from Oncological Disease diagnosed prior to the effective date of coverage of the Life Insured under the Rider executed on the basis of HIRC Conditions, for each day of such Hospitalization we shall pay to the Life Insured the Benefit equivalent to the amount of the Day Rate specified in respect of Hospitalization of the Child due to a Disease.
6. When Hospitalization of the Child resulted concurrently from an Accident (or a Traffic Accident) and a Disease (or Oncological Disease), the amount of the Benefit payable under the Rider executed on the basis of HIRC Conditions shall be determined on the basis of the Day Rate relevant for the Hospitalization of the Child due to the cause for which the amount of the Day Rate provided for in the Policy is the highest.
7. When Hospitalization of the Child resulted from the treatment of mental diseases or behavioral disorders as per the ICD, the Benefit shall be paid out, at the maximum, for 30 days of Hospitalization of the Child in each Insurance Year.
8. If the scope of coverage under this Rider is enhanced with the ICU Stay of the Child, upon the Insurable Event referred to in § 3 Section 2 Clause a) we shall pay to the Life Insured, in accordance with the model of Benefit payment set out in the Policy:
 - a) The Lump sum Benefit, regardless of the number of days

of ICU Stay of the Child, in the amount of the Sum Insured payable in respect of the ICU Stay of the Child provided for in the Policy in effect as of the first day of ICU Stay of the Child, or

- b) The Benefit in respect of each day of ICU Stay of the Child, but in any case, for not more than 5 consecutive days, in the amount equivalent to the Day Rate in respect of ICU Stay provided for in the Policy in effect as of the first day of the ICU Stay of the Child.
9. If the scope of coverage under this Rider is enhanced with Pharmaceutical Benefit, in the event of Hospitalization of the Child referred to in § 3 Section 1 of the Rider, under which the Benefit is due, we shall pay to the Life Insured – regardless of the cause of Hospitalization – one Pharmaceutical Benefit in the amount in effect as of the first day of Hospitalization of the Child, set forth in the Policy. In a given Insurance Year, Pharmaceutical Benefit can be paid to the Life Insured after not more than three Hospitalizations of the Child, which started and continued in a given Insurance Year.
 10. When Hospitalization of the Child started prior to the effective date of coverage for the Life Insured under the Rider executed on the basis of HIRC Conditions and continued uninterrupted on the effective date of coverage for the Life Insured under this Rider, and the following conditions are met, jointly:
 - a) Directly prior to enrollment in this Rider, the Life Insured was covered under the Previous Group Insurance Contract, and Hospitalization of the Child was included in their scope of coverage;
 - b) The coverage provided to the Life Insured under the Previous Group Insurance Contract had been terminated on the eve of enrollment in this Rider;
 - c) The Policyholder has provided us with information about the scope of coverage provided to the Life Insured together with the sums insured and confirmation of termination of the Previous Group Insurance Contract,
 we shall pay to the Life Insured the Benefit in respect of, only and exclusively, the period of Hospitalization of the Child falling after the effective date of our coverage for the Life Insured, in the amount equivalent to the Day Rate in effect as of the first day of Hospitalization of the Child.
 11. The Benefit will be paid out once we receive and approve the complete set of documents required for the determination of our liability pursuant to HIRC Conditions.
 12. We will determine the right to the Benefit under the Rider executed on the basis of HIRC Conditions based on:
 - a) Properly completed Claim Form;
 - b) Duplicate copy of ID document of the Life Insured;
 - c) Abridged excerpt from the Child's birth certificate;
 - d) Duplicate copy of medical records of the Child;
 - e) Duplicate copy of documents with a description of the circumstances of the accident issued by the institution that conducts the proceedings (e.g. the police, prosecutor's office);
 - f) Other records required to determine legitimacy of the claim – upon our request.

§ 7. DELIVERY OF OUTPATIENT SERVICES

1. Outpatient Services are provided through the Operating Center, accessible through a hotline number provided in the Certificate. The cost of connection with the hotline as per the pricelist of telecommunication services operator.
2. In the event of Hospitalization of the Child that continued for at least 7 days, if the scope of coverage under this Rider was enhanced with Outpatient Services, we will organize and pay for the Outpatient Services, including:
 - a) Consultations with specialist physicians (internal medicine physician, pediatrician, orthopedist, surgeon, ophthalmologist, neurologist, diabetologist, cardiologist, oncologist, pulmonologist, gynecologist);
 - b) Laboratory tests (hematology tests, coagulation testing, glucose testing, lipid panel, sodium, potassium, urea, creatinine, protein, general urinalysis, liver tests - transaminases, bilirubin) - on the basis of a medical referral issued by the attending specialist physician or documented medical orders;
 - c) Diagnostic tests (X-ray, MRI, CT, ultrasound imaging, incl. echocardiography, ECG, spirometry) - on the basis of

a medical referral issued by the attending specialist physician or documented medical orders.

3. To access Outpatient Services referred to in Section 2 hereinbefore, you should contact the Operating Center. While on the phone, the Life Insured or the Child should provide the following details:
 - a) Name and Surname of the Life Insured;
 - b) PESEL number of the Life Insured or, when no PESEL number assigned, the date of birth of the Life Insured;
 - c) Name, Surname and PESEL number of the Child;
 - d) Degree of kinship;
 - e) Telephone number or e-mail address for contact with the Life Insured.
4. With regard to one Insurable Event referred to in § 3 Section 1 hereinbefore, the Child is entitled to not more than 15 Outpatient Services, at the maximum, with the provision that each medical consultation listed in Section 2 Clause a), and each diagnostic procedure listed in Section 2 Clause c), represents one Outpatient Service. Laboratory tests referred to in Section 2 Clause b), on one referral, represent one Outpatient Service, irrespective of test number and type. The limits referred to in the preceding sentence are counted separately for each Child.
5. Medical appointments, laboratory tests and diagnostic tests are held at medical facilities designated by the Operating Center.
6. The following Outpatient Services delivery waiting times are applicable:
 - a) Up to 1 Business Day from the date of request to the Operating Center in the case of laboratory tests;
 - b) Up to 2 Business Days from the date of request to the Operating Center in the case of consultations with an internal medicine physician;
 - c) Up to 5 Business Days from the date of request to the Operating Center – in the case of consultations with other physicians listed in § 7 Section 2 Clause a) and in the case of diagnostic procedures: X-ray, ultrasound, incl. echocardiography, ECG, spirometry;
 - d) Up to 10 Business Days from the date of request to the Operating Center in the case of computed tomography or magnetic resonance;

unless a later date is indicated by the Life Insured or the Child.
7. Our liability does not cover Outpatient Services deliverable outside the territory of the Republic of Poland.
8. The cost of Outpatient Services provided in accordance with HIRC Rider Conditions is payable directly to the medical entities or facilities that deliver the service.

Background information for Group Insurance Rider Terms and Conditions in respect of a Childbirth, extending the scope of coverage provided under the Group Life Insurance General Terms and Conditions

Type of information	Provision
1. Statutory requirements for the payment of insurance claim and other benefits or the cash value.	§ 1 Clause 2; § 3 in connection with § 2; § 4 in connection with § 2; § 6 in connection with § 2.
2. Liability limitations and exclusions authorizing the Insurer not to pay the claims and other benefits or to reduce their value.	§ 1 Clause 2; § 4 in connection with § 2; § 5 in connection with § 2.

GROUP INSURANCE RIDER TERMS AND CONDITIONS IN RESPECT OF A CHILDBIRTH

§ 1. GENERAL PROVISIONS

- The provisions of these Group Insurance Rider Terms and Conditions in respect of a Childbirth, approved by way of Unum Management Board Resolution No. 3/08/2022 of August 9, 2022 and comes into effect as of September 15, 2022, (hereinafter referred to as the 'CB Rider Conditions'), apply to the Rider extending the scope of insurance coverage provided pursuant to Group Life Insurance General Terms and Conditions (hereinafter referred to as the 'GTCs').
- In the matters not provided for under these CB Rider Conditions, the provisions of the GTCs, the Policy and generally applicable laws and regulations shall apply.

§ 2. DEFINITIONS

- The terms used in these CB Rider Conditions shall be defined as per the GTCs, subject to Section 2 hereunder.
- For the purpose of the Rider executed on the basis of CB Rider Conditions, the following definitions are introduced:
 - Child** – a child of the Life Insured, born alive, which was duly acknowledged in the short form birth certificate;
 - Childbirth** – birth of a Child or adoption of a child by the Life Insured within the meaning of the Family and Guardianship Code in Poland, provided that the Life Insured is named as a parent of the Child in the short form birth certificate of the Child;
 - Multiple Pregnancy Childbirth** – giving birth to more than one Child as a result of a multiple pregnancy, as duly acknowledged in the short form birth certificate.

§ 3. INSURABLE EVENT

- The Insurable Event covered under the Rider executed on the basis of CB Rider Conditions is defined as a Childbirth which occurred during the term of our liability under the Rider executed on the basis of CB Rider Conditions.
- The scope of coverage under this Rider can be extended with Multiple Pregnancy Childbirth that occurs during the term of our liability under the Rider executed on the basis of CB Rider Conditions, as duly acknowledged in the Policy.

§ 4. EFFECTIVE TERM OF OUR LIABILITY

- Our liability for the Life Insured comes into force as of the effective date of coverage of the Life Insured under the Rider executed on the basis of CB Rider Conditions, with the provision that within nine months directly following the above-said date our liability is limited to the payment of Benefit equivalent to 10% of the Sum Insured in effect as of the Childbirth date (Waiting Period), as set forth in the Policy. Should there be an extension of coverage, referred to in § 3 Section 2, our liability for the extended coverage shall come into force as of the effective date of such extended coverage for the Life Insured. The rules governing commencement and termination of our liability are set forth in the GTCs, unless stated otherwise in the Policy.
- If the Sum Insured is upgraded during the term of our liability for the Life Insured under the Rider executed on the basis of CB Rider Conditions, our liability in respect of Childbirth shall be limited, in the first nine months following the date of such an upgrade, to the Sum Insured in effect prior to the date of the upgrade (Waiting Period).

§ 5. LIMITATIONS AND EXCLUSIONS OF OUR LIABILITY

- Liability limitations and exclusions shall not apply to this Rider.

§ 6. BENEFIT PAYMENT

- Benefit payment rules and criteria are regulated in § 16 of the GTCs, subject to the provisions of this paragraph.
- Upon the Insurable Event referred to in § 3, Section 1, we shall pay to the Life Insured the Benefit under the Rider executed on the basis of CB Rider Conditions, in the amount of the Sum Insured set out in the Policy in effect as of the date of Childbirth, subject to § 4.
- If the scope of coverage has been enhanced with Multiple Pregnancy Childbirth referred to in § 3 Section 2, upon the Insurable Event in the form of Multiple Pregnancy Childbirth we shall pay to the Life Insured an additional, lumpsum Benefit in the amount of the Sum Insured under Multiple Pregnancy Childbirth set out in the Policy in effect as of the date of the Insurable Event.

4. The Benefit will be paid out once we receive and approve the complete set of documents required for the determination of our liability pursuant to CB Rider Conditions.
5. We will determine the right to the Benefit under the Rider executed on the basis of CB Rider Conditions based on:
 - a) Properly completed Claim Form;
 - b) Duplicate copy of ID document of the Life Insured;
 - c) Short form birth certificate of the Child;
 - d) When the Child has been adopted – documentary evidence of adoption;
 - e) Other records required to determine legitimacy of the claim – upon our request.

Background information for Group Insurance Rider Terms and Conditions in respect of Birth of a Stillborn Child, extending the scope of coverage provided under the Group Life Insurance General Terms and Conditions

Type of information	Provision
1. Statutory requirements for the payment of insurance claim and other benefits or the cash value.	§ 1 Clause 2; § 3 in connection with § 2; § 4 in connection with § 2; § 6 in connection with § 2.
2. Liability limitations and exclusions authorizing the Insurer not to pay the claims and other benefits or to reduce their value.	§ 1 Clause 2; § 5 in connection with § 2.

GROUP INSURANCE RIDER TERMS AND CONDITIONS IN RESPECT OF BIRTH OF A STILLBORN CHILD

§ 1. GENERAL PROVISIONS

- The provisions of these Group Insurance Rider Terms and Conditions in respect of Birth of a Stillborn Child, approved by way of Unum Management Board Resolution No. 3/08/2022 of August 9, 2022 and comes into effect as of September 15, 2022, (hereinafter referred to as the '**BSC Rider Conditions**'), apply to the Rider extending the scope of insurance coverage provided pursuant to Group Life Insurance General Terms and Conditions (hereinafter referred to as the '**GTCs**').
- In the matters not provided for under these BSC Rider Conditions, the provisions of the GTCs, the Policy and generally applicable laws and regulations shall apply.

§ 2. DEFINITIONS

- The terms used in these BSC Rider Conditions shall be defined as per the GTCs, subject to Section 2 hereunder.
- For the purpose of the Rider executed on the basis of BSC Rider Conditions, the following definitions are introduced:
 - Stillborn Child** – a child of the Life Insured, stillborn after the 22nd week of pregnancy, which was duly acknowledged in the short form birth certificate;
 - Miscarriage** – premature and spontaneous loss of pregnancy in the first 22 weeks of gestation (21 weeks and 7 days), acknowledged with a relevant note in the short form birth certificate of the child, in which the Life Insured is named as a parent of the child;
 - Birth of a Stillborn Child** – birth of a stillborn Child after the 22nd week of gestation, acknowledged with a relevant note in the short form birth certificate of the child, in which the Life Insured is named as a parent of the child.

§ 3. INSURABLE EVENT

- The Insurable Event covered under the Rider executed on the basis of BSC Rider Conditions is defined as a Childbirth that occurs during the term of our liability under the Rider executed on the basis of BSC Rider Conditions.
- The scope of coverage under this Rider can be extended with Miscarriage that occurs during the term of our liability under the Rider executed on the basis of BSC Rider Conditions, as duly acknowledged in the Policy.

§ 4. EFFECTIVE TERM OF OUR LIABILITY

- Our liability for the Life Insured comes into force on the day on which the coverage for such Life Insured under the Rider executed on the basis of BSC Rider Conditions comes into effect. Should there be an extension of coverage, referred to in § 3 Section 2, our liability for the extended coverage shall come into force as of the effective date of such extended coverage of the Life Insured. The rules governing commencement and termination of our liability are set forth in the GTCs, unless stated otherwise in the Policy.

§ 5. LIMITATIONS AND EXCLUSIONS OF OUR LIABILITY

- The Benefit under the Rider executed on the basis of BSC Rider Conditions shall not be paid out if Birth of a Stillborn Child resulted from:
 - The fact that the biological mother of the Child, when pregnant, used alcohol, drugs, intoxicating substances, psychotropic substances, alternative measures or new psychoactive substances within the meaning of the Polish Law against Substance Abuse (except for the substances taken under the direction of a qualified medical practitioner) or medications not prescribed by a physician or not administered in conformity with medical guidance.

§ 6. BENEFIT PAYMENT

- Benefit payment rules and criteria are regulated in § 16 of the GTCs, subject to the provisions of this paragraph.
- Upon the Insurable Event referred to in § 3 Section 1, we shall pay to the Life Insured the Benefit under the Rider executed on the basis of BSC Rider Conditions, equivalent to the Sum Insured specified in respect of Birth of a Stillborn Child in force as of the date of Birth of a Stillborn Child, set forth in the Policy.
- Upon the Insurable Event referred to in § 3, Section 2, we shall pay to the Life Insured the Benefit under the Rider executed on the basis of BSC Rider Conditions, equivalent to the Sum Insured specified in respect of Miscarriage in force as of the date of Miscarriage, set forth in the Policy.
- The Benefit will be paid out once we receive and approve the complete set of documents required for the determination of our liability pursuant to BSC Rider Conditions.

5. We will determine the right to the Benefit under the Rider executed on the basis of BSC Rider Conditions based on:
- a) Properly completed Claim Form;
 - b) Duplicate copy of ID document of the Life Insured;
 - c) Short form birth certificate of the Child with a note that the Child was stillborn;
 - d) A document testifying to the week of gestation (e.g., hospital information chart);
 - e) Other records required to determine legitimacy of the claim – upon our request.

Background information for Group Insurance Rider Terms and Conditions in respect of Birth of a Child in need of Medical Intervention, extending the scope of coverage provided under the Group Life Insurance General Terms and Conditions

Type of information	Provision
1. Statutory requirements for the payment of insurance claim and other benefits or the cash value.	§ 1 Clause 2; § 3 in connection with § 2; § 4 in connection with § 2; § 6 Clause 1–3 and Clause 5–6 in connection with § 2; § 7 Clause 1–5 in connection with § 2.
2. Liability limitations and exclusions authorizing the Insurer not to pay the claims and other benefits or to reduce their value.	§ 1 Clause 2; § 4 in connection with § 2; § 5 in connection with § 2; § 6 Clause 4 in connection with § 2; § 7 Clause 6 in connection with § 2.

GROUP INSURANCE RIDER TERMS AND CONDITIONS IN RESPECT OF BIRTH OF A CHILD IN NEED OF MEDICAL INTERVENTION

§ 1. GENERAL PROVISIONS

- The provisions of these Group Insurance Rider Terms and Conditions in respect of Birth of a Child in need of Medical Intervention, approved by way of Unum Management Board Resolution No. 3/08/2022 of August 9, 2022 and comes into effect as of September 15, 2022, (hereinafter referred to as the '**BCMI Rider Conditions**'), apply to the Rider extending the scope of insurance coverage provided pursuant to Group Life Insurance General Terms and Conditions (hereinafter referred to as the '**GTCs**').
- In the matters not provided for under these BCMI Rider Conditions, the provisions of the GTCs, the Policy and generally applicable laws and regulations shall apply.

§ 2. DEFINITIONS

- The terms used in these BCMI Rider Conditions shall be defined as per the GTCs, subject to Section 2 hereunder.
- For the purpose of the Rider executed on the basis of BCMI Rider Conditions, the following definitions are introduced:
 - Operating Center** – an entity that works with us to organize and deliver medical and assistance services;
 - Child** – child of the Life Insured, born alive, which was duly acknowledged in short form birth certificate;
 - Force Majeure** – external, unforeseeable and unpreventable event that precludes or delays the delivery of service by the Operating Center;
 - Apgar Score** – scoring system for standardized assessment of infants after delivery, with measurements taken in the 1st, 3rd, 5th and 10th minute since birth. For Apgar Score, the final reading is taken into account;
 - Medical services and medical rehabilitation** – an additional benefit that consists in medical examinations, medical visits and medical rehabilitation of the Child in the event of

the Birth of a Child in need of Medical Intervention;

- Childbirth** – birth of a Child, provided that the Life Insured is named as a parent of the Child in the short form birth certificate of the Child;
- Birth of a Child in need of Medical Intervention** – Birth of a Child with a Congenital Defect or with Apgar Score reading between 0 and 8, or birth of a Premature Baby;
- Congenital Defect** – only such defect that means a developmental anomaly of body parts or organs, as well as enzymatic defects acquired during the embryonic or fetal period and leading to the development of metabolic diseases, impairing the function of the body, which existed at the time of the Childbirth or was diagnosed before the 1st birthday of the Child, with ICD classification of congenital malformations, deformities and chromosomal aberrations;
- Premature Baby** – a Child born before the beginning of the 36th week of gestation, provided that the Life Insured is named as a parent of the Child in the short form birth certificate of the Child.

§ 3. INSURABLE EVENT

- The Insurable Event covered under the Rider executed on the basis of BCMI Rider Conditions is defined as Birth of a Child in need of Medical Intervention during the term of our liability under the Rider executed on the basis of BCMI Rider Conditions.
- The scope of coverage under this Rider may be enhanced with medical services and medical rehabilitation for the Child, as duly acknowledged in the Policy.

§ 4. EFFECTIVE TERM OF OUR LIABILITY

- Our liability for the Life Insured comes into force as of the effective date of coverage of the Life Insured under the Rider executed

on the basis of BCMI Rider Conditions, with the provision that within nine months directly following the above-said date our liability is limited to the payment of Benefit equivalent to 10% of the Sum Insured in effect as of the Birth of a Child in need of Medical Intervention (Waiting Period), as set forth in the Policy. Should there be an extension of coverage, referred to in § 3 Section 2, our liability for the extended coverage shall come into force as of the effective date of such extended coverage of the Life Insured. The rules governing commencement and termination of our liability are set forth in the GTCs, unless stated otherwise in the Policy.

2. If the Sum Insured is upgraded during the term of our liability for the Life Insured under the Rider executed on the basis of BCMI Rider Conditions, our liability in respect of Birth of a Child in need of Medical Intervention shall be limited, in the first nine months following the date of such an upgrade, to the Sum Insured in effect prior to the date of the upgrade (Waiting Period).

§ 5. LIMITATIONS AND EXCLUSIONS OF OUR LIABILITY

1. The Benefit under the Rider executed on the basis of BCMI Rider Conditions shall not be paid out if the Birth of a Child in need of Medical Intervention resulted from:
 - a) Disease or injury of the Child which originated during child-birth;
 - b) AIDS or HIV infection of the Child during the embryonic or fetal period;
 - c) The fact that the biological mother of the Child, when pregnant, used alcohol, drugs, intoxicating substances, psychotropic substances, alternative measures or new psychoactive substances within the meaning of the Polish Law against Substance Abuse (except for the substances taken under the direction of a qualified medical practitioner) or medications not prescribed by a physician or not administered in conformity with medical guidance.
2. We are not liable for delays in the performance of medical services and medical rehabilitation or for non-performance or ill performance of medical services and medical rehabilitation resulting from strikes, civil unrest, acts of terrorism, acts of war, effects of radioactivity, epidemics, pandemics, as well as mobility restrictions imposed by decisions of administrative authorities and resulting from Force Majeure.

§ 6. BENEFIT PAYMENT

1. Benefit payment rules and criteria are regulated in § 16 of the GTCs, subject to the provisions of this paragraph.
2. Upon the Insurable Event referred to in § 3 Section 1, we shall pay to the Life Insured the Benefit under the Rider executed on the basis of BCMI Rider Conditions, in the amount of the Sum Insured set out in the Policy under the Rider executed on the basis of BCMI Rider Conditions in effect as of the date of the Insurable Event, subject to Section 3 and Section 4 hereunder.
3. In the event of Birth of a Child with Apgar Score reading between 0 and 4, we shall pay to the Life Insured an additional Benefit in the amount of the Sum Insured set out in the Policy under the Rider executed on the basis of BCMI Rider Conditions in effect as of the date of the Insurable Event.
4. Upon the Insurable Event, irrespective of the number of Congenital Defects diagnosed with the Child, we will only pay to the Life Insured one Benefit in respect of Birth of a Child with a Congenital Defect.
5. The Benefit will be paid out once we receive and approve the complete set of documents required for the determination of our liability pursuant to BCMI Rider Conditions.
6. We will determine the right to the Benefit under the Rider executed on the basis of BCMI Rider Conditions based on:
 - a) Properly completed Claim Form;
 - b) Duplicate copy of ID document of the Life Insured;
 - c) Short form birth certificate of the Child;
 - d) Duplicate copy of medical evidence of the Birth of a Child in need of Medical Intervention and the Gestation Chart;
 - e) Duplicate copy of medical evidence of Congenital Defect diagnosis;
 - f) When the Child had been adopted – documentary evidence of adoption;
 - g) Other records required to determine legitimacy of the claim – upon our request.

§ 7. DELIVERY OF MEDICAL SERVICES AND MEDICAL REHABILITATION

1. Medical services and medical rehabilitation of a Child are provided through the Operating Center, accessible through a hotline number provided in the Certificate. The cost of connection with the hotline as per the pricelist of telecommunication services operator.
2. Upon the Birth of a Child in need of Medical Intervention, if the scope of coverage under this Rider was enhanced with medical services and medical rehabilitation of a Child, we will arrange and cover the costs of medical services and medical rehabilitation up to the total amount of PLN 10,000 per one Insurable Event, including:
 - a) Consultations with physicians who specialize in the care of young children (neonatologist, neurologist, cardiac surgeon, pediatrician, surgeon, ophthalmologist, orthopedist);
 - b) Medical rehabilitation on the basis of a medical referral issued by the attending specialist physician or documented medical recommendations;
 - c) Medical tests (ultrasound, CRP, blood count, total IgE, PET) – on the basis of a medical referral issued by the attending specialist physician or documented medical recommendations.
3. To access medical services and medical rehabilitation of a Child, one should contact the Operating Center. While on the phone, the Life Insured should provide the following details:
 - a) Name and Surname of the Life Insured;
 - b) PESEL number of the Life Insured or, when no PESEL number assigned, the date of birth of the Life Insured;
 - c) Name and Surname of the Child;
 - d) Family relationship or affinity;
 - e) Telephone number or e-mail address for contact with the Life Insured.
4. Medical services and medical rehabilitation of a Child are deliverable in medical facilities designated by the Operating Center.
5. The following service delivery waiting times are applicable:
 - a) Within 5 Business Days from the date of contact with the Operating Center - in the case of medical consultation and medical rehabilitation;
 - b) Within 15 Business Day from the date of contact with the Operating Center - in the case of PET;
 - c) Within 5 Business Day from the date of contact with the Operating Center - in the case of remaining medical tests referred to in § 7, Section 2, Clause c), unless a later date is indicated by the Life Insured.
6. Our liability does not cover medical services and medical rehabilitation deliverable outside the territory of the Republic of Poland
7. The cost of medical services and medical rehabilitation provided in accordance with BCMI Rider Conditions is payable directly to the medical entities or facilities that deliver the service.

Background information for Group Insurance Rider Terms and Conditions in respect of an Orphaned Child, extending the scope of coverage provided under the Group Life Insurance General Terms and Conditions

Type of information	Provision
1. Statutory requirements for the payment of insurance claim and other benefits or the cash value.	§ 1 Clause 2; § 3 in connection with § 2; § 4 in connection with § 2; § 6 in connection with § 2.
2. Liability limitations and exclusions authorizing the Insurer not to pay the claims and other benefits or to reduce their value.	§ 1 Clause 2; § 5 in connection with § 2.

GROUP INSURANCE RIDER TERMS AND CONDITIONS IN RESPECT OF AN ORPHANED CHILD

§ 1. GENERAL PROVISIONS

- The provisions of these Group Insurance Rider Terms and Conditions in respect of an Orphaned Child, approved by way of Unum Management Board Resolution No. 3/08/2022 of August 9, 2022 and comes into effect as of September 15, 2022, (hereinafter referred to as the '**OC Rider Conditions**'), apply to the Rider extending the scope of insurance coverage provided pursuant to Group Life Insurance General Terms and Conditions (hereinafter referred to as the '**GTCs**')
- In the matters not provided for under these OC Rider Conditions, the provisions of the GTCs, the Policy and generally applicable laws and regulations shall apply.

§ 2. DEFINITIONS

- The terms used in these OC Rider Conditions shall be defined as per the GTCs, subject to Section 2 hereunder.
- For the purpose of the Rider executed on the basis of OC Rider Conditions, the following definitions are introduced:
 - Child** – biological or adopted child of the Life Insured, as per the Family and Guardianship Code in Poland, born alive and under 25 years of age on the date of the Insurable Event; if Loss of Independent Existence has been confirmed with respect to the Child, the age limit of 25 years shall not apply;
 - Orphaned Child** – death of a Life Insured who has a Child;
 - Loss of Independent Existence** – a condition whereby the Child has been totally unable to perform (whether aided or unaided) at least three of the following six Activities of Daily Living for a period of at least six months:
 - The ability to wash in the bath or shower, unaided (including getting into and out of the bath or shower) or wash satisfactorily by other means;
 - The ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
 - The ability to move from a bed to an upright chair or wheelchair and vice versa;
 - The ability to move indoors from room to room on level surfaces;
 - The ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory

level of personal hygiene;

- The ability to feed oneself once the meal has been prepared and served.

The condition referred to above must be confirmed by a physician as permanent;

- Accident** – sudden event resulting solely from an external cause, not related to the volition or health status of the Parent, which is the only cause of Death of the Parent and does not arise from any physical or mental impairment of the Parent. Heart attack, stroke, cerebral hemorrhage, poisoning, or any other disease or infection (including acute ones) shall not be defined as an Accident;
- Parent** – a father or a mother of the Child (as per the Family and Guardianship Code in Poland).

§ 3. INSURABLE EVENT

- The Insurable Event covered under the Rider executed on the basis of OC Rider Conditions is defined as:
 - Orphaned Child, and
 - Death of both Parents of the Child as a result of the same Accident,
 which occurred during the term of our liability under the Rider executed on the basis of OC Rider Conditions.

§ 4. EFFECTIVE TERM OF OUR LIABILITY

- Our liability for the Life Insured comes into force on the day on which the coverage for such Life Insured under the Rider executed on the basis of OC Conditions comes into effect. The rules governing commencement and termination of our liability are set forth in the GTCs, unless stated otherwise in the Policy.

§ 5. LIMITATIONS AND EXCLUSIONS OF OUR LIABILITY

- The Benefit under the Rider executed on the basis of OC Rider Conditions shall not be paid out if Orphaned Child resulted from:
 - Hostilities, active participation of the Life Insured in the acts of terror or riots;
 - Suicide committed by the Life Insured - irrespective of their state of mind - within 2 years following the effective date of insurance coverage under this Rider.

§ 6. BENEFIT PAYMENT

1. Benefit payment rules and criteria are regulated in § 16 of the GTCs, subject to the provisions of this paragraph.
2. Upon the Insurable Event referred to in § 3, Section 1, Clause a), we shall pay to each eligible Child the Benefit under the Rider executed on the basis of OC Rider Conditions, equivalent to the Sum Insured in force as of the date of death of the Life Insured, set forth in the Policy, subject to § 3 hereunder.
3. Upon the Insurable Event referred to in § 3, Section 1, Clause b), we shall pay to each eligible Child an additional Benefit under the Rider executed on the basis of OC Rider Conditions, equivalent to the Sum Insured in force as of the date of the Accident, set forth in the Policy.
4. The Benefit will be paid out once we receive and approve the complete set of documents required for the determination of our liability pursuant to OC Rider Conditions.
5. We will determine the right to the Benefit under the Rider executed on the basis of OC Rider Conditions based on:
 - a) Properly completed Claim Form;
 - b) Short form Death Certificate of the Life Insured;
 - c) Short form Death Certificate of the other Parent in the event that both Parents died as a result of the same Accident;
 - d) Short form birth certificate of the Child or a duplicate copy of ID document of the Child;
 - e) Death Statistical Chart or, if unavailable, other medical documentation certifying to the cause of death;
 - f) In the case of a Child certified for the Loss of Independent Existence – documentation confirming the certified Loss of Independent Existence;
 - g) Other records required to determine legitimacy of the claim – upon our request.

Background information for Group Insurance Rider Terms and Conditions in respect of Severe Accidental Injury of a Child, extending the scope of coverage provided under the Group Life Insurance General Terms and Conditions

Type of information	Provision
1. Statutory requirements for the payment of insurance claim and other benefits or the cash value.	§ 1 Clause 2; § 3 in connection with § 2; § 4 in connection with § 2; § 6 Clause 1–3 and Clause 8–12 in connection with § 2.
2. Liability limitations and exclusions authorizing the Insurer not to pay the claims and other benefits or to reduce their value.	§ 1 Clause 2; § 5 in connection with § 2; § 6 Clause 4–7 and Clause 13 in connection with § 2.

GROUP INSURANCE RIDER TERMS AND CONDITIONS IN RESPECT OF SEVERE ACCIDENTAL INJURY OF A CHILD

§ 1. GENERAL PROVISIONS

- The provisions of these Group Insurance Rider Terms and Conditions in respect of Severe Accidental Injury of a Child, approved by way of Unum Management Board Resolution No. 3/08/2022 of August 9, 2022 and comes into effect as of September 15, 2022, (hereinafter referred to as the '**SAIC Rider Conditions**'), apply to the Rider extending the scope of insurance coverage provided pursuant to Group Life Insurance General Terms and Conditions (hereinafter referred to as the '**GTCs**').
- In the matters not provided for under these SAIC Rider Conditions, the provisions of the GTCs, the Policy and generally applicable laws and regulations shall apply.

§ 2. DEFINITIONS

- The terms used in these SAIC Rider Conditions shall be defined as per the GTCs, subject to Section 2 hereunder.
- For the purpose of the Rider executed on the basis of SAIC Rider Conditions, the following definitions are introduced:
 - Child** – biological or adopted child of the Life Insured, as per the Family and Guardianship Code in Poland, born alive and under 25 years of age on the date of the Insurable Event; If Loss of Independent Existence has been confirmed with respect to the Child, the age limit of 25 years shall not apply;
 - Accident** – sudden event resulting solely from an external cause, not related to the volition or health status of the Child, which is the only cause of Severe Injury of the Child and does not arise from any physical or mental impairment of the Child. Heart attack, stroke, cerebral hemorrhage, poisoning, or any other disease or infection (including acute ones) shall not be defined as an Accident;
 - Loss of Independent Existence** – a condition whereby the Child has been totally unable to perform (whether aided or unaided) at least three of the following six Activities of Daily Living for a period of at least six months:
 - The ability to wash in the bath or shower, unaided (including getting into and out of the bath or shower) or wash satisfactorily by other means;

- The ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
- The ability to move from a bed to an upright chair or wheelchair and vice versa;
- The ability to move indoors from room to room on level surfaces;
- The ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
- The ability to feed oneself once the meal has been prepared and served.

The condition referred to above must be confirmed by a physician as permanent.

- Severe Injury** – Accident-related physical loss of or permanent damage to an organ, system or limb function, as well as a fracture not leading to a permanent loss of or a permanent damage to an organ, system or limb function. Only the cases referred to in the Table of Injuries are covered;
- Table of Injuries** – a Table specifying the types of Severe Injuries and corresponding Benefit amounts, expressed as a percentage value of the Sum Insured, which represents an integral part of SAIC Rider Conditions.

§ 3. INSURABLE EVENT

- Insurable Event covered under the Rider executed on the basis of SAIC Rider Conditions is defined as Severe Accidental Injury of a Child, provided that the following conditions are met, jointly:
 - Severe Injury of a Child resulted directly and exclusively from an Accident;
 - Severe Injury of a Child was diagnosed within one year from the date of the Accident;
 - The Accident resulting in the Severe Injury of a Child occurred during the term of our liability under the Rider executed on the basis of SAIC Rider Conditions.

§ 4. EFFECTIVE TERM OF OUR LIABILITY

1. Our liability for to the Life Insured comes into force on the day on which the coverage for such Life Insured under the Rider executed on the basis of SAIC Rider Conditions comes into effect. The rules governing commencement and termination of our liability are set forth in the GTCs, unless stated otherwise in the Policy.

§ 5. LIMITATIONS AND EXCLUSIONS OF OUR LIABILITY

1. The Benefit under the Rider executed on the basis of SAIC Rider Conditions shall not be paid out if the Severe Injury of a Child resulted from:
 - a) Hostilities, active participation of the Child in the acts of terror or riots;
 - b) Suicide attempted by the Child, self-mutilation or mutilation at one's own request, irrespective of state of mind of the Child;
 - c) An illegal act with statutory characteristics of intentional crime committed by the Child, which has been established by a final court decision;
 - d) Traffic Accident caused by the Child in a state after alcohol consumption or in the state of alcohol intoxication, after the use of under the influence of drugs, intoxicating substances, psychotropic substances, alternative measures or new psychoactive substances within the meaning of the Polish Law against Substance Abuse (except for the substances taken under the direction of a qualified medical practitioner), which contributed to the Traffic Accident.

§ 6. BENEFIT PAYMENT

1. Benefit payment rules and criteria are regulated in § 16 of the GTCs, subject to the provisions of this paragraph.
2. Upon the Insurable Event referred to in § 3, we shall pay to the Life Insured the Benefit under the Rider executed on the basis of SAIC Rider Conditions, which is the product of the percentage of Severe Injury specified in the Table of Injuries and the Sum Insured in force as of the date of the Accident, set out in the Policy.
3. The type and degree of Severe Injury of a Child will be determined in line with the Table of Injuries upon completion of the therapeutic process and the rehabilitation period – if it is required that they be completed so that the type and degree of Severe Injury can be determined – but, in any case, not later than within 2 years from the date of the Accident.
4. The Benefit in respect of Severe Injury of a Child shall be reduced in proportion to any amounts payable or paid already in respect of Severe Injury of the Child resulting from that same Accident on a prior basis as per SAIC – Conditions.
5. For all Severe Injuries of a Child resulting from one Accident, we will pay to the Life Insured the Benefit not greater than the amount of the 100% of the Sum Insured under the Rider executed on the basis of SAIC Rider Conditions, set forth in the Policy.
6. In the event of Severe Accidental Injury of a Child involving an organ, system or limb the function of which had been impaired prior to such Accident, and that fact affected the determination of the degree of Severe Injury of the Child after the Accident, the type and degree of Severe Injury of the Child shall be determined by way of analysis as a difference between the impairment of such an organ, system or limb before and after the Accident.
7. The Benefit in respect of Severe Accidental Injury of a Child shall be reduced in proportion to any amounts payable or paid already in respect of Severe Injury of the Child resulting from that same Accident on a prior basis, as per the terms of the Rider executed on the basis of SAIC Rider Conditions.
8. In the event of anatomical loss of a limb by the Child, we will determine the legitimacy of the claim as regards the incontestable portion of the Benefit without waiting for the completion of the therapeutic process and the rehabilitation period.
9. The Benefit will be paid out once we receive and approve the complete set of documents required for the determination of our liability pursuant to SAIC Rider Conditions.
10. We will determine the right to the Benefit under the Rider executed on the basis of SAIC Rider Conditions based on:
 - a) Properly completed Claim Form;
 - b) Duplicate copy of ID document of the Life Insured;
 - c) Short form birth certificate of the Child;

- d) Duplicate copy of medical records testifying to the first aid, therapy and rehabilitation;
- e) Duplicate copy of documents with a description of the circumstances of the accident of the Child, issued by the institution that conducts the proceedings (e.g., the police, prosecutor's office);
- f) Documentation confirming a certified Loss of Independent Existence – in the case of the Child certified for the Loss of Independent Existence;
- g) Written statement by the Child to confirm that they consent to the processing of their personal data and their written consent for us to obtain, at the request of a physician authorized by us, information from the health care providers who provided health care services to the Child - including a copy of the medical records concerning the circumstances related to the determination of the right to the Benefit - in the case of a Child who is 18 years of age or older on the date of the Claim Form;
- h) Other records required to determine legitimacy of the claim – upon our request.
11. With the purpose to determine the right to and the amount of the Benefit under the Rider executed on the basis of SAIC Rider Conditions, we may refer the Child for medical examinations the scope of which shall be specified by us in the referrals, with the exception of genetic tests. Medical examinations shall be carried out in medical facilities or doctor surgeries indicated by us. The cost of medical examinations shall be covered by us.
12. Under the circumstances referred to in Section 11 hereinbefore, the right to the Benefit shall be determined based on the opinion of a medical practitioner authorized by us, issued on the basis of a complete set of documents required for the determination of our liability referred to in Section 10 hereinbefore, and based on the results of examinations referred to in Section 11 hereinbefore.
13. In the event of a refusal to subject the Child to the examinations referred to in Section 11 hereinbefore, we may decline to pay the Life Insured the Benefit under the Rider executed on the basis of the SAIC Rider Conditions.

Background information for Group Insurance Rider Terms and Conditions in respect of Psychological or Psychiatric Counseling for a Child, extending the scope of coverage provided under the Group Life Insurance General Terms and Conditions

Type of information	Provision
1. Statutory requirements for the payment of insurance claim and other benefits or the cash value.	§ 1 Clause 2; § 3 in connection with § 2; § 4 in connection with § 2; § 6 Clause 1–5 in connection with § 2.
2. Liability limitations and exclusions authorizing the Insurer not to pay the claims and other benefits or to reduce their value.	§ 1 Clause 2; § 5 in connection with § 2; § 6 Clause 6 in connection with § 2.

GROUP INSURANCE RIDER TERMS AND CONDITIONS IN RESPECT OF PSYCHOLOGICAL OR PSYCHIATRIC COUNSELING FOR A CHILD

§ 1. GENERAL PROVISIONS

- The provisions of these Group Insurance Rider Terms and Conditions in respect of Psychological or Psychiatric Counseling for a Child, approved by way of Unum Management Board Resolution No. 3/08/2022 of August 9, 2022 and comes into effect as of September 15, 2022, (hereinafter referred to as the '**ChPPC Rider Conditions**'), apply to the Rider extending the scope of insurance coverage provided pursuant to Group Life Insurance General Terms and Conditions (hereinafter referred to as the '**GTCs**')
- In the matters not provided for under these ChPPC Rider Conditions, the provisions of the GTCs, the Policy and generally applicable laws and regulations shall apply.

§ 2. DEFINITIONS

- The terms used in these ChPPC Rider Conditions shall be defined as per the GTCs, subject to Section 2 hereunder.
- For the purpose of the Rider executed on the basis of ChPPC Rider Conditions, the following definitions are introduced:
 - Operating Center** – an entity that works with us to organize and deliver medical and assistance services;
 - Child** – biological or adopted child of the Life Insured, as per the Family and Guardianship Code in Poland, born alive and under 25 years of age on the date of the Insurable Event; If Loss of Independent Existence has been confirmed with respect to the Child, the age limit of 25 years shall not apply;
 - Loss of Independent Existence** – a condition whereby the Child has been totally unable to perform (whether aided or unaided) at least three of the following six Activities of Daily Living for a period of at least six months:
 - The ability to wash in the bath or shower, unaided (including getting into and out of the bath or shower) or wash satisfactorily by other means;
 - The ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
 - The ability to move from a bed to an upright chair or wheelchair and vice versa;
 - The ability to move indoors from room to room on level surfaces,

- The ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
- The ability to feed oneself once the meal has been prepared and served.

The condition referred to above must be confirmed by a physician as permanent;

- Force Majeure** – external, unforeseeable and unpreventable event that precludes or delays the delivery of service by the Operating Center.
- Life Emergency** – sudden and unforeseen event occurring during the term of our liability which, based on a written referral from the attending physician, requires psychological or psychiatric counseling or tele-counseling.

§ 3. INSURABLE EVENT

- The Insurable Event covered under the Rider executed on the basis of ChPPC Rider Conditions is defined as Child's Life Emergency which occurred during the term of our liability for the Life Insured under this Rider.

§ 4. EFFECTIVE TERM OF OUR LIABILITY

- Our liability for the Life Insured comes into force on the day on which the coverage for such Life Insured under the Rider executed on the basis of ChPPC Rider Conditions comes into effect. Psychological or psychiatric counseling for a Child is provided during the term of our liability for the Life Insured under this Rider. The rules governing commencement and termination of our liability are set forth in the GTCs, unless stated otherwise in the Policy.

§ 5. LIMITATIONS AND EXCLUSIONS OF OUR LIABILITY

- We are not liable for delays in the provision of psychological or psychiatric counseling or tele-counseling or for non-performance or ill performance of psychological or psychiatric counseling or tele-counseling resulting from strikes, civil unrest, acts of terrorism, acts of war, effects of radioactivity, epidemics, pandemics, as well as mobility restrictions imposed by decisions of administrative authorities and resulting from Force Majeure.

§ 6. DELIVERY OF SERVICES

1. Psychological or psychiatric counseling or tele-counseling for a Child is provided through the Operating Center, accessible through a hotline number provided in the Certificate. The cost of connection with the hotline as per the pricelist of telecommunication services operator.
2. Upon the Insurable Event we will provide psychological or psychiatric counseling or tele-counseling for a Child and we will cover its cost.
3. To access psychological or psychiatric counseling or tele-counseling for a Child, one should contact the Operating Center. While on the phone, the Life Insured or the Child should provide the following details:
 - a) Name and Surname of the Life Insured;
 - b) PESEL number of the Life Insured or, when no PESEL number assigned, the date of birth of the Life Insured;
 - c) Telephone number or e-mail address for contact with the Life Insured;
 - d) Family relationship or affinity;
 - e) Name and Surname; PESEL number of the Child or, when no PESEL number assigned, the date of birth of the Child;
4. Each Child of the Life Insured is entitled to a total of 3 psychological or psychiatric counseling or tele-counseling sessions in each 12-month period of coverage, regardless of the number of Insurable Events.
5. The waiting time for the provision of the service is up to 5 Business Days, calculated from the date of contact with the Operating Center, unless the Life Insured or the Child choose a specific facility or a later date on which the Child would like to benefit from psychological or psychiatric counseling or tele-counseling.
6. Narcotic drugs can only be prescribed if there is an inpatient counseling session with a psychologist or psychiatrist.
7. The cost of psychological or psychiatric counseling for a Child provided in accordance with ChPPC Rider Conditions is payable directly to the medical entities or facilities that deliver the service.

Background information for Group Insurance Rider Terms and Conditions in respect of Medical and Assistance Services resulting from Accident of a Child, extending the scope of coverage provided under the Group Life Insurance General Terms and Conditions

Type of information	Provision
1. Statutory requirements for the payment of insurance claim and other benefits or the cash value.	§ 1 Clause 2; § 3 in connection with § 2; § 4 in connection with § 2; § 5 in connection with § 2; § 7 Clause 1–3 and Clause 5–8 in connection with § 2.
2. Liability limitations and exclusions authorizing the Insurer not to pay the claims and other benefits or to reduce their value.	§ 1 Clause 2; § 6 in connection with § 2; § 7 Clause 4 in connection with § 2.

GROUP INSURANCE RIDER TERMS AND IN RESPECT OF MEDICAL AND ASSISTANCE SERVICES RESULTING FROM ACCIDENT OF A CHILD

§ 1. GENERAL PROVISIONS

- The provisions of these Group Insurance Rider Terms and Conditions in respect of Medical and Assistance Services resulting from Accident of a Child, approved by way of Unum Management Board Resolution No. 3/08/2022 of August 9, 2022 and comes into effect as of September 15, 2022, (hereinafter referred to as the 'ChASA Rider Conditions'), apply to the Rider extending the scope of insurance coverage provided pursuant to Group Life Insurance General Terms and Conditions (hereinafter referred to as the 'GTCs').
- In the matters not provided for under these ChASA Rider Conditions, the provisions of the GTCs, the Policy and generally applicable laws and regulations shall apply.

§ 2. DEFINITIONS

- The terms used in these ChASA Rider Conditions shall be defined as per the GTCs, subject to Section 2 hereunder.
- For the purpose of the Rider executed on the basis of ChASA Rider Conditions, the following definitions are introduced:
 - Operating Center** – an entity that works with us to organize and deliver medical and assistance services;
 - Chronic Disease:**
 - Health condition diagnosed with a Child prior to their effective date of coverage under this Rider, characterized by slow progression and long-term course, or
 - Health condition of a Child continuously or periodically treated on an outpatient or inpatient basis in the period of 12 months directly preceding the effective date of coverage of the Life Insured under this Rider;
 - Accident** – sudden event resulting solely from an external cause, not related to the volition or health status of the Child, which is the only cause of provision of medical and assistance services to the Child and does not arise from any physical or mental impairment of the Child. Heart attack, stroke, cerebral hemorrhage, poisoning, or any other disease or infection (including acute ones) shall not be defined as an Accident;

- Child** – biological or adopted child of the Life Insured, as per the Family and Guardianship Code in Poland, born alive and under 25 years of age on the date of the Insurable Event; if Loss of Independent Existence has been confirmed with respect to the Child, the age limit of 25 years shall not apply;
- Loss of Independent Existence** – a condition whereby the Child has been totally unable to perform (whether aided or unaided) at least three of the following six Activities of Daily Living for a period of at least six months:
 - The ability to wash in the bath or shower, unaided (including getting into and out of the bath or shower) or wash satisfactorily by other means;
 - The ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
 - The ability to move from a bed to an upright chair or wheelchair and vice versa;
 - The ability to move indoors from room to room on level surfaces;
 - The ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
 - The ability to feed oneself once the meal has been prepared and served.

The condition referred to above must be confirmed by a physician as permanent;

- Force Majeure** – external, unforeseeable and unpreventable event that precludes or delays the delivery of service by the Operating Center.

§ 3. INSURABLE EVENT

- The Insurable Event covered under the Rider executed on the basis of ChASA Rider Conditions shall be defined as an Accident of a Child which occurred during the term of our liability for the Life Insured under this Rider.

§ 4. EFFECTIVE TERM OF OUR LIABILITY

- Our liability for the Life Insured comes into force on the day on which the coverage for such Life Insured under the Rider executed on the basis of ChASA Rider Conditions comes into effect. The rules governing commencement and termination of our liability are set forth in the GTCs, unless stated otherwise in the Policy.

§ 5. MEDICAL AND ASSISTANCE SERVICES APPLICABLE IN THE EVENT OF ACCIDENT OF A CHILD

- Upon the Insurable Event, we will arrange for and cover the cost of medical and assistance services resulting from an Accident of a Child, including:

Medical and Assistance Services resulting from an Accident of a Child	Quantitative limit per one Insurable Event
a) CT scan – on the basis of a medical referral issued by the attending specialist physician or documented medical indications/recommendations.	25 services indicated in points a)-p)
b) MRI – on the basis of a medical referral issued by the attending specialist physician or documented medical indications/recommendations.	
c) Ultrasound – on the basis of a medical referral issued by the attending specialist physician or documented medical indications/recommendations.	
d) Laboratory tests – on the basis of a medical referral issued by the attending specialist physician or documented medical indications/recommendations.	
e) Outpatient procedures (including other radiological examinations) – on the basis of a medical referral issued by the attending specialist physician or documented medical indications/recommendations.	
f) Delivery of drugs or rehabilitation equipment – on the basis of documented medical indications/recommendations.	
g) Purchase of rehabilitation equipment – on the basis of documented medical indications/recommendations.	
h) Psychological counselling following hospitalization.	
i) Fitness coach consultations – on the basis of documented medical indications/recommendations.	
j) Physiotherapist consultation – on the basis of a medical referral issued by the attending specialist physician or documented medical indications/recommendations.	
k) Visits of a specialist physician (orthopedist, surgeon, neurosurgeon) or psychotherapist, following hospitalization – on the basis of a medical referral issued by the attending specialist physician or documented medical indications/recommendations.	
l) Medical transportation to the medical facility.	
l) Medical transportation from the medical facility.	
m) Visit of an internal medicine physician.	
n) Cost reimbursement for an unattended sporting event (marathon, triathlon, race, etc.).	
o) Purchase or rental of orthopedic appliances and other types of aids – on the basis of documented medical indications/recommendations.	
p) Accommodation for a parent in the event of hospitalization of a child.	
q) Arrangements and payment for the rehabilitation process – on the basis of a medical referral issued by the attending specialist physician or documented medical indications/recommendations.	40 procedures

r) Nurse assistance, following hospitalization – on the basis of documented medical indications/recommendations.	up to 5 days
s) Home assistance (when no other member of the household is available).	up to 5 days
t) Care over children and dependents.	For up to 5 days

§ 6. LIMITATIONS AND EXCLUSIONS OF OUR LIABILITY

- The Benefit under the Rider executed on the basis of ChASA Rider Conditions shall not be provided when the Accident of the of the Child resulted from:
 - Willful misconduct or gross negligence;
 - Illegal act with statutory characteristics of intentional crime committed by the Child, which has been established by a final court decision; or attempt of such crime made by the Child;
 - Deliberate self-mutilation, attempted suicide;
 - Hostilities, martial law, emergency law, nuclear explosion, spills, pollution, contamination, nuclear reaction, contamination caused by nuclear weapons or radioactivity;
 - Treatment that is experimental or not evidence-based;
 - Procedures undertaken due to aesthetic indications, regardless of the reason;
 - Routine or restorative dental treatment, whether performed by a dentist or facial-maxillofacial surgeon;
 - Congenital defects;
 - HIV or sexually transmitted diseases, AIDS;
 - Chronic conditions;
 - Non-compliance with the recommendations of the attending physician in connection with treatment due to the Insurable Event;
 - Any medical, restorative or preventive procedures, unless recommended by a physician;
 - Competitive or professional sports, understood as regular or intensive training combined with participation in competitions, events or conditioning and training camps, also within the framework of membership in sports clubs, unions and organizations, whether for profit or not;
 - Natural disasters;
 - Biological or chemical materials, substances or components used to put human life or health in danger;
 - Traffic Accident caused by the Child in a state after alcohol consumption or in the state of alcohol intoxication, after the use of under the influence of drugs, intoxicating substances, psychotropic substances, alternative measures or new psychoactive substances within the meaning of the Polish Law against Substance Abuse (except for the substances taken under the direction of a qualified medical practitioner), which contributed to the Traffic Accident;
 - Military service performed by the Child in any country or participation of the Child in armed forces operations;
 - Emergency Medical Rehabilitation, in particular, within the framework of emergency care provided by emergency rescue services (resuscitation ambulance service, accident response ambulance service).
- Cost of the following items is excluded from coverage:
 - Medical and assistance services delivered outside the territory of the Republic of Poland;
 - Treatment of injuries and diseases resulting from wars, hostilities, armed conflicts, riots, civil commotion, coups d'état, acts of terror, insurrection, strikes, chemical or radioactive contamination, impact of nuclear materials, burning of nuclear fuel, asbestosis.
- We are not liable for delays in the performance of medical and assistance services or for non-performance or ill performance of services resulting from strikes, civil unrest, acts of terrorism, acts of war, effects of radioactivity, epidemics, pandemics, as well as mobility restrictions imposed by decisions of administrative authorities and resulting from Force Majeure.

§ 7. SERVICE DELIVERY

- Medical and assistance services resulting from an Accident of a Child are provided through the Operating Center, accessible through a hotline number provided in the Certificate. The cost of

connection with the hotline as per the pricelist of telecommunication services operator.

2. To access medical and assistance services in case of Accident of a Child, one should contact the Operating Center. While on the phone, the Life Insured or the Child should provide the following details:
 - a) Name and Surname of the Life Insured;
 - b) PESEL number of the Life Insured or, when no PESEL number assigned, the date of birth of the Life Insured;
 - c) Telephone number for contact with the Life Insured;
 - d) Name and Surname, PESEL number of the Child, when no PESEL number assigned, the date of birth of the Child;
 - e) Family relationship or affinity;
 - f) Date of the Accident of the Child;
 - g) Description of the event and type of assistance required.
3. When the Insurable Event is not reported, the service will be considered once the Life Insured has submitted complete documentation necessary to establish the validity of the claim, i.e., the records testifying to the cause and scope of medical assistance provided or regarding other costs covered by the insurance, as well as copies of receipts and proofs of payment.
4. When the service has been arranged independently, without notifying the Operating Center, the Operating Center reserves the right to pay the benefit in the amount corresponding to the costs incurred if the services were arranged by the Operating Center.
5. The following service delivery waiting times are applicable:
 - a) Within 5 Business Days from the date of contact with the Operating Center – in the case of medical consultation, psychological counselling following hospitalization, fitness coach consultation, physiotherapist consultation;
 - b) Within 1 Business Day from the date of contact with the Operating Center – in the case of remaining medical and assistance services;unless a later date is indicated by the Life Insured or the Child.
6. If the connection with the physician cannot be made or takes too long, and health or well-being of the Child deteriorates, the Life Insured or the Child should immediately seek help from another medical facility. In the event of sudden deterioration of health or well-being, the Life Insured or the Child should immediately contact the emergency number 112 to call an ambulance or visit the nearest medical facility.
7. If our liability for the requested service is not acknowledged, the Operating Center will communicate with the Life Insured within 3 Business Days, at the maximum, from the receipt of medical records specified by the Operating Center, to inform the Life Insured about the negative decision and explain why the service is undue.
8. The cost of medical and assistance services provided in accordance with ChASA Rider Conditions is payable directly to the medical entities or facilities that deliver the service.

Background information for Group Insurance Rider Terms and Conditions in respect of Death of a Parent, extending the scope of coverage provided under the Group Life Insurance General Terms and Conditions

Type of information	Provision
1. Statutory requirements for the payment of insurance claim and other benefits or the cash value.	§ 1 Clause 2; § 3 in connection with § 2; § 4 in connection with § 2; § 6 in connection with § 2.
2. Liability limitations and exclusions authorizing the Insurer not to pay the claims and other benefits or to reduce their value.	§ 1 Clause 2; § 4 in connection with § 2; § 5 in connection with § 2.

GROUP INSURANCE RIDER TERMS AND CONDITIONS IN RESPECT OF DEATH OF A PARENT

§ 1. GENERAL PROVISIONS

- The provisions of these Group Insurance Rider Terms and Conditions in respect of Death of a Parent, approved by way of Unum Management Board Resolution No. 3/08/2022 of August 9, 2022 and comes into effect as of September 15, 2022, (hereinafter referred to as the '**DP Rider Conditions**'), apply to the Rider extending the scope of insurance coverage provided pursuant to Group Life Insurance General Terms and Conditions (hereinafter referred to as the '**GTCs**').
- In the matters not provided for under these DP Rider Conditions, the provisions of the GTCs, the Policy and generally applicable laws and regulations shall apply.

§ 2. DEFINITIONS

- The terms used in these DP Rider Conditions shall be defined as per the GTCs, subject to Section 2 hereunder.
- For the purpose of the Rider executed on the basis of DP Rider Conditions, the following definitions are introduced:
 - Stepmother** – the wife, legitimate as of the date of the Insurable Event, of the father of the Life Insured, or a widow bereaved by the father of the Life Insured (unless she has remarried), who is not a biological mother of the Life Insured. The definition of a Stepmother shall include the wife, legitimate as of the date of the Insurable Event, of the father of the Spouse or Partner, or a widow bereaved by the father of the Spouse or Partner (unless she has remarried), who is not a biological mother of the Spouse or Partner;
 - Accident** – sudden event resulting solely from an external cause, not related to the volition or health status of the Parent, which is the only cause of Death of the Parent and does not arise from any physical or mental impairment of the Parent. Heart attack, stroke, cerebral hemorrhage, poisoning, or any other disease or infection (including acute ones) shall not be defined as an Accident;
 - Stepfather** – the husband, legitimate as of the date of the Insurable Event, of the mother of the Life Insured, or a widower bereaved by the mother of the Life Insured (unless

he has remarried), who is not a biological father of the Life Insured. The definition of a Stepfather shall include the husband, legitimate as of the date of the Insurable Event, of the mother of the Spouse or Partner, or a widower bereaved by the mother of the Spouse or Partner (unless he has remarried), who is not a biological father of the Spouse or Partner;

- Parent** – a father or a mother of the Life Insured or a father or a mother of the Spouse or Partner (as per the Family and Guardianship Code in Poland), as well as a Stepmother or a Stepfather in the case when the father or the mother of the Life Insured is deceased, or when the father or the mother of the Spouse or Partner is deceased.

§ 3. INSURABLE EVENT

- The Insurable Event covered under the Rider executed on the basis of DP Rider Conditions shall be defined as Death of a Parent during the effective term of our liability under this Rider.

§ 4. EFFECTIVE TERM OF OUR LIABILITY

- Our liability for the Life Insured comes into force as of the effective date of coverage of the Life Insured under the Rider executed on the basis of DP Rider Conditions, with the provision that if the Insurable Event occurs within six months directly following the hereinbefore-said date, our liability shall be limited to an event resulting from an Accident which occurs during the term of our liability under this Rider (Waiting Period). The rules governing commencement and termination of our liability are set forth in the GTCs, unless stated otherwise in the Policy.
- If the Sum Insured is upgraded during the term of our liability for the Life Insured under the Rider executed on the basis of DP Rider Conditions, our liability in respect of death of a Parent that does not result from an Accident shall be limited, in the first six months following the date of such an upgrade, to the Sum Insured in effect prior to the date of the upgrade (Waiting Period).

§ 5. LIMITATIONS AND EXCLUSIONS OF OUR LIABILITY

1. Liability limitations and exclusions shall not apply to this Rider.

§ 6. BENEFIT PAYMENT

1. Benefit payment rules and criteria are regulated in § 16 of the GTCs, subject to the provisions of this paragraph.
2. Upon the Insurable Event referred to in § 3, we will pay to the Life Insured the Benefit under the Rider executed on the basis of DP Rider Conditions in the amount of the Sum Insured in effect as of the date of death of a Parent, as set out in the Policy, subject to § 4.
3. The Benefit will be paid out once we receive and approve the complete set of documents required for the determination of our liability pursuant to DP Rider Conditions.
4. We will determine the right to the Benefit under the Rider executed on the basis of DP Rider Conditions based on:
 - a) Properly completed Claim Form;
 - b) Duplicate copy of ID document of the Life Insured;
 - c) Short form Death Certificate of the Parent;
 - d) Death Statistical Chart or, if unavailable, other medical documentation certifying to the cause of death;
 - e) Valid copy of short form marriage certificate – in the event of Death of a Parent;
 - f) Other records required to determine legitimacy of the claim – upon our request.

Background information for Group Insurance Rider Terms and Conditions in respect of Accidental Death of a Parent, extending the scope of coverage provided under the Group Life Insurance General Terms and Conditions

Type of information	Provision
1. Statutory requirements for the payment of insurance claim and other benefits or the cash value.	§ 1 Clause 2; § 3 in connection with § 2; § 4 in connection with § 2; § 6 in connection with § 2.
2. Liability limitations and exclusions authorizing the Insurer not to pay the claims and other benefits or to reduce their value.	§ 1 Clause 2; § 5 in connection with § 2.

GROUP INSURANCE RIDER TERMS AND CONDITIONS IN RESPECT OF ACCIDENTAL DEATH OF A PARENT

§ 1. GENERAL PROVISIONS

- The provisions of these Group Insurance Rider Terms and Conditions in respect of Accidental Death of a Parent, approved by way of Unum Management Board Resolution No. 3/08/2022 of August 9, 2022 and comes into effect as of September 15, 2022, (hereinafter referred to as the 'ADP Rider Conditions'), apply to the Rider extending the scope of insurance coverage provided pursuant to Group Life Insurance General Terms and Conditions (hereinafter referred to as the 'GTCs').
- In the matters not provided for under these ADP Rider Conditions, the provisions of the GTCs, the Policy and generally applicable laws and regulations shall apply.

§ 2. DEFINITIONS

- The terms used in these ADP Rider Conditions shall be defined as per the GTCs, subject to Section 2 hereunder.
- For the purpose of the Rider executed on the basis of ADP Rider Conditions, the following definitions are introduced:
 - Stepmother** – the wife, legitimate as of the date of the Insurable Event, of the father of the Life Insured, or a widow bereaved by the father of the Life Insured (unless she has remarried), who is not a biological mother of the Life Insured. The definition of a Stepmother shall include the wife, legitimate as of the date of the Insurable Event, of the father of the Spouse or Partner, or a widow bereaved by the father of the Spouse or Partner (unless she has remarried), who is not a biological mother of the Spouse or Partner;
 - Accident** – sudden event resulting solely from an external cause, not related to the volition or health status of the Parent, which is the only cause of Death of the Parent and does not arise from any physical or mental impairment of the Parent. Heart attack, stroke, cerebral hemorrhage, poisoning, or any other disease or infection (including acute ones) shall not be defined as an Accident;
 - Stepfather** – the husband, legitimate as of the date of the Insurable Event, of the mother of the Life Insured, or a widower bereaved by the mother of the Life Insured (unless he has remarried), who is not a biological father of the Life Insured. The definition of a Stepfather shall include the husband, legitimate as of the date of the Insurable Event, of the mother of the Spouse or Partner, or a widower bereaved

by the mother of the Spouse or Partner (unless he has remarried), who is not a biological father of the Spouse or Partner;

- Parent** – a father or a mother of the Life Insured or a father or a mother of the Spouse or Partner (as per the Family and Guardianship Code in Poland), as well as a Stepmother or a Stepfather in the case when the father or the mother of the Life Insured is deceased, or when the father or the mother of the Spouse or Partner is deceased.

§ 3. INSURABLE EVENT

- Insurable Event covered under the Rider executed on the basis of ADP Rider Conditions is defined as Accidental Death of a Parent, provided that the following conditions are met, jointly:
 - The only and direct cause of death of a Parent was the bodily injury resulting from the Accident;
 - Death of a Parent occurred within one year from the date of the Accident;
 - Accident and death of a Parent occurred during the term of our liability under the Rider executed on the basis of ADP Rider Conditions.

§ 4. EFFECTIVE TERM OF OUR LIABILITY

- Our liability for the Life Insured comes into force on the day on which the coverage for such Life Insured under the Rider executed on the basis of ADP Rider Conditions comes into effect. The rules governing commencement and termination of our liability are set forth in the GTCs, unless stated otherwise in the Policy.

§ 5. LIMITATIONS AND EXCLUSIONS OF OUR LIABILITY

- The Benefit under the Rider executed on the basis of ADP Rider Conditions shall not be paid out if Accidental Death of a Parent resulted from:
 - Traffic Accident caused by a Parent in a state after alcohol consumption or in the state of alcohol intoxication, after the use of under the influence of drugs, intoxicating substances, psychotropic substances, alternative measures or new psychoactive substances within the meaning of the Polish Law against Substance Abuse (except for the substances taken under the direction of a qualified medical practitioner), which contributed to the Traffic Accident.

§ 6. BENEFIT PAYMENT

1. Benefit payment rules and criteria are regulated in § 16 of the GTCs, subject to the provisions of this paragraph.
2. Upon the Insurable Event referred to in § 3, we shall pay to the Life Insured the Benefit under the Rider executed on the basis of ADP Rider Conditions, equivalent to the Sum Insured in force as of the date of the Accident of a Parent, set forth in the Policy.
3. The Benefit will be paid out once we receive and approve the complete set of documents required for the determination of our liability pursuant to ADP Rider Conditions.
4. We will determine the right to the Benefit under the Rider executed on the basis of ADP Rider Conditions based on:
 - a) Properly completed Claim Form;
 - b) Duplicate copy of ID document of the Life Insured;
 - c) Short form Death Certificate for the Parent;
 - d) Death Statistical Chart or, if unavailable, other medical documentation certifying to the cause of death;
 - e) Documents with a description of the circumstances of the accident issued by the institution that conducts the proceedings (e.g., the police, prosecutor's office) - provided they are in the possession of the applicant;
 - f) Duplicate copy of a valid short form marriage certificate - in the event of Death of a Parent of the Spouse;
 - g) Other records required to determine legitimacy of the claim - upon our request.

Background information for Group Insurance Rider Terms and Conditions in respect of Death of a Parent due to Traffic Accident, extending the scope of coverage provided under the Group Life Insurance General Terms and Conditions

Type of information	Provision
1. Statutory requirements for the payment of insurance claim and other benefits or the cash value.	§ 1 Clause 2; § 3 in connection with § 2; § 4 in connection with § 2; § 6 in connection with § 2.
2. Liability limitations and exclusions authorizing the Insurer not to pay the claims and other benefits or to reduce their value.	§ 1 Clause 2; § 5 in connection with § 2.

GROUP INSURANCE RIDER TERMS AND CONDITIONS IN RESPECT OF DEATH OF A PARENT DUE TO TRAFFIC ACCIDENT

§ 1. GENERAL PROVISIONS

- The provisions of these Group Insurance Rider Terms and Conditions in respect of Death of a Parent due to Traffic Accident, approved by way of Unum Management Board Resolution No. 3/08/2022 of August 9, 2022 and comes into effect as of September 15, 2022, (hereinafter referred to as the 'DPTA Rider Conditions'), apply to the Rider extending the scope of insurance coverage provided pursuant to Group Life Insurance General Terms and Conditions (hereinafter referred to as the 'GTCs').
- In the matters not provided for under these DPTA Rider Conditions, the provisions of the GTCs, the Policy and generally applicable laws and regulations shall apply.

§ 2. DEFINITIONS

- The terms used in these DPTA Rider Conditions shall be defined as per the GTCs, subject to Section 2 hereunder.
- For the purpose of the Rider executed on the basis of DPTA Rider Conditions, the following definitions are introduced:
 - Stepmother** – the wife, legitimate as of the date of the Insurable Event, of the father of the Life Insured, or a widow bereaved by the father of the Life Insured (unless she has remarried), who is not a biological mother of the Life Insured. The definition of a Stepmother shall include the wife, legitimate as of the date of the Insurable Event, of the father of the Spouse or Partner, or a widow bereaved by the father of the Spouse or Partner (unless she has remarried), who is not a biological mother of the Spouse or Partner;
 - Stepfather** – the husband, legitimate as of the date of the Insurable Event, of the mother of the Life Insured, or a widower bereaved by the mother of the Life Insured (unless he has remarried), who is not a biological father of the Life Insured. The definition of a Stepfather shall include the husband, legitimate as of the date of the Insurable Event, of the mother of the Spouse or Partner, or a widower bereaved by the mother of the Spouse or Partner (unless he has remarried), who is not a biological father of the Spouse or Partner;
 - Vehicle** – means of transport authorized and intended for:
 - Road traffic - within the meaning of the Polish Road Traffic Law, with the exception of quads, bicycles, bicycle

- trailers, electric scooters, personal transport devices;
 - Rail traffic to carry persons or goods;
 - Inland waterway traffic - within the meaning of Inland Waterways Act in Poland, and maritime traffic within the meaning of Polish Maritime Code;
 - Air traffic as a passenger aircraft of a licensed airline operator;
- Parent** – a father or a mother of the Life Insured or a father or a mother of the Spouse or Partner (as per the Family and Guardianship Code in Poland), as well as a Stepmother or a Stepfather in the case when the father or the mother of the Life Insured is deceased, or when the father or the mother of the Spouse or Partner is deceased;
 - Traffic Accident** – sudden event resulting solely from an external cause, not related to the volition or health status of a Parent, which involves a moving Vehicle and is the only cause of Death of the Parent and does not arise from any physical or mental impairment of the Parent. Traffic Accident definition includes an accident occurring when the Parent was not moving in a Vehicle but was hit by a Vehicle.

§ 3. INSURABLE EVENT

- Insurable Event covered under the Rider executed on the basis of DPTA Rider Conditions is defined as Death of a Parent due to Traffic Accident, provided that the following conditions are met, jointly:
 - The only and direct cause of death of a Parent was the bodily injury resulting from the Traffic Accident of the Parent;
 - Death of a Parent occurred within one year from the date of the Traffic Accident;
 - Traffic Accident of a Parent and Death of the Parent occurred during the term of our liability under the Rider executed on the basis of DPTA Rider Conditions.

§ 4. EFFECTIVE TERM OF OUR LIABILITY

- Our liability for the Life Insured comes into force on the day on which the coverage for such Life Insured under the Rider executed on the basis of DPTA Rider Conditions comes into effect. The rules governing commencement and termination of our liability are set forth in the GTCs, unless stated otherwise in the Policy.

§ 5. LIMITATIONS AND EXCLUSIONS OF OUR LIABILITY

1. The Benefit under the **Rider** executed on the basis of DPTA Rider Conditions shall not be paid out if Death of a Parent due to Traffic Accident resulted from:
 - a) The Parent driving a Vehicle without proper licenses driving a vehicle not authorized for road, under applicable regulations;
 - b) An illegal act with statutory characteristics of intentional crime committed by the Parent, which has been established by a final court decision;
 - c) The Parent being in a state after alcohol consumption or in the state of alcohol intoxication, after the use of under the influence of drugs, intoxicating substances, psychotropic substances, alternative measures or new psychoactive substances within the meaning of the Polish Law against Substance Abuse (except for the substances taken under the direction of a qualified medical practitioner), which contributed to the Traffic Accident.

§ 6. BENEFIT PAYMENT

1. Benefit payment rules and criteria are regulated in § 16 of the GTCs, subject to the provisions of this paragraph.
2. Upon the Insurable Event referred to in § 3, we will pay to the Life Insured the Benefit under the Rider executed on the basis of DPTA Rider Conditions equivalent to the Sum Insured in force as of the date of the Traffic Accident of a Parent, set forth in the Policy.
3. The Benefit will be paid out once we receive and approve the complete set of documents required for the determination of our liability pursuant to DPTA Rider Conditions.
4. We will determine the right to the Benefit under the Rider executed on the basis of DPTA Rider Conditions based on:
 - a) Properly completed Claim Form;
 - b) Duplicate copy of ID document of the Life Insured;
 - c) Short form Death Certificate for the Parent;
 - d) Death Statistical Chart or, if unavailable, other medical documentation certifying to the cause of death;
 - e) Documents with a description of the circumstances of the accident issued by the institution that conducts the proceedings (e.g., the police, prosecutor's office);
 - f) Other records required to determine legitimacy of the claim – upon our request.

Background information for Medical Assistance Group Insurance Rider Terms and Conditions, extending the scope of coverage provided under the Group Life Insurance General Terms and Conditions

Type of information	Provision
1. Statutory requirements for the payment of insurance claim and other benefits or the cash value.	§ 1 Clause 2; § 4 in connection with § 2 and § 3; § 5 in connection with § 2 and § 3; § 6 in connection with § 2 and § 3; § 8 Clause 1–4 and Clause 6–7 in connection with § 2 and § 3.
2. Liability limitations and exclusions authorizing the Insurer not to pay the claims and other benefits or to reduce their value.	§ 1 Clause 2; § 7 in connection with § 2 and § 3; § 8 Clause 5 in connection with § 2 and § 3.

MEDICAL ASSISTANCE GROUP INSURANCE RIDER TERMS AND CONDITIONS

§ 1. GENERAL PROVISIONS

- The provisions of these Group Insurance Rider Terms and Conditions in respect of Medical Assistance, approved by way of Unum Management Board Resolution No. 3/08/2022 of August 9, 2022 and comes into effect as of September 15, 2022, (hereinafter referred to as the 'MA Rider Conditions'), apply to the Rider extending the scope of insurance coverage provided pursuant to Group Life Insurance General Terms and Conditions (hereinafter referred to as the 'GTCs').
- In the matters not provided for under these MA Rider Conditions, the provisions of the GTCs, the Policy and generally applicable laws and regulations shall apply.

§ 2. DEFINITIONS

- The terms used in these MA Rider Conditions shall be defined as per the GTCs, subject to Section 2 hereunder.
- For the purpose of the Rider executed on the basis of MA Rider Conditions, the following definitions are introduced:
 - Medical Assistance** – medical and assistance services organized by the Operating Center;
 - Operating Center** – an entity that works with us to organize and deliver medical and assistance services;
 - Chronic Disease:**
 - Health condition diagnosed with the Life Insured, Spouse or Partner prior to the effective date of coverage of the Life Insured under this Rider, characterized by slow progression and long-term course, or
 - Health condition continuously or periodically treated on an outpatient basis or causing Hospitalization of the Life Insured, Spouse or Partner or a Child in the period of 12 months directly preceding the effective date of coverage of the Life Insured under this Rider;
 - Child** – a biological or adopted child of the Life Insured, Spouse or Partner as per the Family and Guardianship Code in Poland, born alive and under 25 years of age on the date

- of the Insurable Event. If Loss of Independent Existence has been confirmed with respect to the Child, the age limit of 25 years shall not apply;
- Stepmother** – the wife, legitimate as of the date of the Insurable Event, of the father of the Life Insured, or a widow bereaved by the father of the Life Insured (unless she has remarried), who is not a biological mother of the Life Insured. The definition of a Stepmother shall include the wife, legitimate as of the date of the Insurable Event, of the father of the Spouse or Partner, or a widow bereaved by the father of the Spouse or Partner (unless she has remarried), who is not a biological mother of the Spouse or Partner;
 - Health Emergency** – a sudden and unforeseen pathological condition that threatens the life or health of the Life Insured, Spouse or Partner, Child or Parent, that calls for immediate medical assistance;
 - Accident** – sudden event resulting solely from an external cause, not related to the volition or health status of the Life Insured, Spouse or Partner or a Child which does not arise from any physical or mental impairment of the Life Insured, Spouse or Partner or a Child, respectively. Heart attack, stroke, cerebral hemorrhage, poisoning, or any other disease or infection (including acute ones) shall not be defined as an Accident;
 - Loss of Independent Existence** – a condition whereby the Child has been totally unable to perform (whether aided or unaided) at least three of the following six Activities of Daily Living for a period of at least six months:
 - The ability to wash in the bath or shower, unaided (including getting into and out of the bath or shower) or wash satisfactorily by other means;
 - The ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
 - The ability to move from a bed to an upright chair or

- wheelchair and vice versa;
 - iv. The ability to move indoors from room to room on level surfaces;
 - v. The ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
 - vi. The ability to feed oneself once the meal has been prepared and served.
- The condition referred to above must be confirmed by a physician as permanent
- i) **Stepfather** – the husband, legitimate as of the date of the Insurable Event, of the mother of the Life Insured, or a widower bereaved by the mother of the Life Insured (unless he has remarried), who is not a biological father of the Life Insured. The definition of a Stepfather shall include the husband, legitimate as of the date of the Insurable Event, of the mother of the Spouse or Partner, or a widower bereaved by the mother of the Spouse or Partner (unless he has remarried), who is not a biological father of the Spouse or Partner;
 - j) **Dependent Person** – anyone who lives in the same household as the Life Insured, Spouse or Partner who is unable to cater independently for his or her own needs and requires permanent care owing to poor health, old age or congenital defects;
 - k) **Medical Facility** – Hospital, outpatient clinic or medical practice operating under the applicable laws and regulations as part of the healthcare system in the territory of the Republic of Poland;
 - l) **Miscarriage** – premature and spontaneous loss of pregnancy in the first 22 weeks of gestation (21 weeks and 7 days);
 - m) **Parent** – a father or a mother (as per the Family and Guardianship Code in Poland) of the Life Insured or Spouse or Partner, as well as a Stepmother or a Stepfather in the case when the father or the mother of the Life Insured is deceased, or when the father or the mother of the Spouse or Partner is deceased;
 - n) **Force Majeure** – an external, unforeseeable and unpreventable event that precludes or delays the delivery Medical Services by the Operating Center;
 - o) **Rehabilitation Equipment** – equipment necessary for rehabilitation, which allows the Life Insured, Spouse or Partner or Child to live independently or facilitates his or her functioning. Rehabilitation Equipment includes exercise balls, resistance bands and rollers for physiotherapy, walking frames, walkers, strollers, crutches, canes, corsets, collars, stationary bicycles, foam rollers, half foam rollers, wedges, foam cubes, stability discs (including sensorimotor ones), exercise weights, exercise mats, soft casts, orthopedic pillows (in coccyx fractures, cervical spine injuries), stabilizers, including braces (e.g., AFO braces), orthoses, elastic bands, orthopedic footwear, orthopedic insoles, including gel ones (for injuries such as metatarsal fractures, Achilles tendon injuries, for example), orthopedic corsets (including lumbosacral supports, Jewett braces), rib belts, postpartum belts, chest support braces, hernia trusses;
 - p) **Hospital** – public or non-public inpatient health care facility, operating pursuant to the applicable legal provisions, with the purpose to provide round-the-clock care and treatment for sick patients, with adequate diagnostic and therapeutic resources, employing medical personnel so as to ensure continuous care by at least one nurse and one physician, and keeping full medical records of each patient in compliance with applicable regulations. The following facilities shall not be included in the definition of a Hospital: a welfare home, a geriatric care facility, a hospice, any rehab facility for those addicted to alcohol or other substances, convalescence center, rehabilitation center, sanatorium facility, spa facility, preventive care facility, sanatorium hospital, spa hospital, resort facility, nursing home;
 - q) **Medical Transportation** – transportation for the Life Insured, the Spouse or Partner or a Child, adapted to his or her health condition and provided if, in the opinion of the attending physician or ambulance dispatch service, his or her health condition does not require an emergency ambulance service intervention. A trip to a follow-up visit or rehabilitation center

is not considered Medical Transportation;

- r) **Emergency** – a sudden and unforeseen event occurring during the term of coverage of the Life Insured under this Rider, i.e., an Acute Disease of the Life Insured, his or her Spouse or Partner or a Child; Stillbirth, Miscarriage by the Life Insured, Spouse or Partner, Death of a Child, Death of the Spouse, Death of a Parent;
- s) **Childbirth** – live birth of a Child of the Life Insured, Spouse or Partner, duly acknowledged in the short form birth certificate;
- t) **Birth of a Stillborn Child** – birth of a stillborn Child after the 22nd week of pregnancy, acknowledged with a relevant note in the short form birth certificate of a Child, with the Life Insured, Spouse or Partner named a parent.

§ 3. MEDICAL ASSISTANCE SERVICES

Only the services listed hereunder are included in Medical Assistance for which we are liable:

1. **Delivery of medicines** – in the event of Health Emergency or Life Emergency of the Life Insured, Spouse or Partner or a Child, respectively, we shall arrange and cover the costs of delivery of medicines prescribed by the attending physician to the place of residence of the Life Insured, Spouse or Partner or Child, respectively, if - according to a written recommendation of the attending physician - the Life Insured, Spouse or Partner or Child, respectively, need medical treatment. The cost of medicines shall be covered by the Life Insured or Spouse or Partner.
2. **Baby Assistance hotline** – as part of the baby assistance hotline, the Life Insured or Spouse or Partner can access the following information:
 - a) Symptoms of pregnancy;
 - b) Prenatal tests;
 - c) Advice on how to prepare for the childbirth;
 - d) Contact details for birthing schools;
 - e) Prenatal and pos-natal care;
 - f) Feeding the newborn;
 - g) Mandatory vaccinations for infants;
 - h) Newborn care.
3. **Medical hotline** – as part of the medical hotline, the Life Insured or Spouse or Partner of Child can access the following information:
 - a) Preparation for medical procedures or tests;
 - b) Diet and nutrition;
 - c) Therapeutic effects and side effects of medicines, interactions with other medicines and suitability for pregnant patients;
 - d) Contact details of public and private healthcare facilities;
 - e) Contact details of rehabilitation facilities;
 - f) Contact details of retail outlets with Rehabilitation Equipment;
 - g) Contact details of residential care facilities and hospices;
 - h) Contact details of 24/7 pharmacies.
4. **Care for adult Dependent Persons and Minor Children** – in the event of Health Emergency or Life Emergency of the Life Insured, Spouse or Partner, respectively, we shall arrange and cover the costs of care for adult Dependent Persons and Minor Children who share the household with the Life Insured, Spouse or Partner, respectively. Care for adult Dependent Persons and Minor Children shall be provided at the request of the Life Insured or Spouse or Partner, respectively, and upon their written consent. We shall cover the cost of care for adult Dependent Persons and Minor Children for up to 5 days, at the maximum;
5. **Care for adult Dependent Persons and Minor Children in the event of Accident** – in the event of Accident of the Dependent Person, we shall arrange and cover the costs of care for the Dependent Persons who shares the household with the Life Insured, Spouse or Partner, respectively. Care for Dependent Person in the event of Accident shall be provided at the request of the Life Insured or Spouse or Partner, respectively, and upon their written consent. We shall cover the cost of care for Dependent Person for up to 5 days, at the maximum;
6. **Care for a Child in the event of Accident** – in the event of Accident of a Child, we shall arrange and cover the costs of care for the Child who shares the household with the Life Insured, Spouse or Partner, respectively. Care for the Child in the event of

Accident shall be provided at the request of the Life Insured or Spouse or Partner, respectively, and upon their written consent. We shall cover the cost of care for the Child for up to 5 days, at the maximum.

7. **Per Care** – in the event of Health Emergency or Accident of the Life Insured, Spouse or Partner, respectively, we shall arrange and pay for:
 - a) Cost of care for a pet (i.e., a dog or a cat) at the place of residence of the Life Insured, Spouse or Partner,
 - b) Cost of transport of pets (i.e., a dog or a cat) to the designated carer specified in writing by the Life Insured, Spouse or Partner, respectively, who will take care of the pets, or to the facility specified by the Life Insured, Spouse or Partner, respectively.

Pet care shall be provided at the request of the Life Insured, Spouse or Partner and upon his or her written consent, on condition of producing a current certificate of mandatory vaccinations.
8. **Arrangements and payment for the rehabilitation process** – in the event of Health Emergency or Accident of the Life Insured, Spouse or Partner, or Child, we shall arrange and cover the costs of a rehabilitation process if the Life Insured, Spouse or Partner, or Child, respectively, according to a written referral drawn up by the attending physician, needs rehabilitation at a rehabilitation clinic or at his or her place of residence.
The costs of the rehabilitation process include the costs of transportation of the Life Insured, Spouse or Partner, or Child, to the rehabilitation clinic and of visits at the rehabilitation clinic or the costs of visits by a physiotherapist at the place of residence of the Life Insured, Spouse or Partner, or Child, respectively.
9. **Private tuition for a Child** – in the event of Health Emergency or Accident of the Child, we shall arrange and cover the costs of private tuition at the place of residence of the Child for no more than ninety days from the final day of the sick leave, provided that it has been issued by the Attending Physician for a period longer than 7 days.
10. **Personal assistance for a Parent** – in the event of Health Emergency or Accident of the Parent, we shall arrange and cover the costs of private assistance to accompany the Parent during transportation to a follow-up visit (recommended in a written referral issued by the Attending Physician) to and from a Medical Facility and shall provide help at admission to and discharge from a Medical Facility.
11. **Guardian's stay** – in the event of Health Emergency or Accident of the Child, we shall arrange and cover the costs of stay of one guardian of the Child in the Hospital, if possible in the hospital setting, or otherwise in a hospital hotel facility.
12. **Domestic Help** – in the event of Health Emergency or Accident of the Life Insured, Spouse or Partner, respectively, we shall arrange and cover the costs of domestic help. The service includes assistance with meal preparation, shopping, getting dressed, washing and personal care as well as minor cleaning chores such as dusting, mopping floors or washing dishes. The scope of the service does not include cleaning windows or moving furniture. We cover the cost of Domestic Help for up to 5 days, 4 hours a day, at the maximum.
13. **Domestic and nursing help for a Parent** – in the event of Health Emergency or Accident of the Parent, we shall arrange and cover the costs of domestic and nursing help for a Parent in relation to a written recommendation of the Attending Physician for obtaining nursing help at the place of residence of the Parent.
14. **Psychological counselling in Life Emergency** – if, during the effective term of our liability under this Rider, the Life Insured or their Spouse or Partner, respectively, is affected by Life Emergency, we shall arrange and cover the costs of assistance of a psychologist for the Life Insured or their Spouse or Partner, respectively.
15. **Transportation of Minor Children to a Designated Carer** – in the event of Health Emergency or Accident of the Life Insured, Spouse or Partner, respectively, we shall arrange and cover the cost of transporting the Child to the place of residence of the Designated Carer named in writing by the Life Insured, Spouse or Partner, respectively, and their return. Transportation of a Child to the Designated Carer shall take place under the care of a person designated by the Operating Center. Transportation

of Child to the Designated Carer shall be provided at the request of the Life Insured or their Spouse or Partner, respectively, provided that at the place of residence of the Child there is no one who could take care of the Child. We shall cover the cost of first-class bus or railway tickets necessary to transport the Child to the Designated Carer.

16. **Medical Transportation to a Medical Facility** – in the event of Health Emergency or Accident of the Life Insured, Spouse or Partner, or Child, respectively, who require immediate medical care, we shall arrange and cover the cost of Medical Transportation to the Medical Facility provided that, in the opinion of ambulance dispatch service, an emergency ambulance service intervention due to a life-threatening condition is not required.
17. **Medical Transportation from one Medical Facility to another** – in the event of Health Emergency or Accident of the Life Insured, Spouse or Partner, or Child, respectively, Medical Transportation between Medical Facilities if the Life Insured, his or her Spouse or Partner or Child stays in a Medical Facility which, in the opinion of the attending physician, does not meet therapeutic requirements suitable for his or her condition or when the Life Insured, his or her Spouse or Partner or Child has been referred by the attending physician for specialist tests or surgical procedure in another Medical Facility.
18. **Medical Transportation from a Medical Facility** – in the event of Health Emergency or Accident of the Life Insured, Spouse or Partner, or Child, respectively, we shall arrange and cover the cost of Medical Transportation from the Medical Facility to a designated location provided that the Life Insured, his or her Spouse or Partner or Child requires such transportation according to a written recommendation of the attending physician.
19. **Transportation of a Parent for a follow-up visit** – in the event of Health Emergency or Accident of the Parent we shall arrange and cover the cost of transportation for a follow-up visit, according to a written referral for a follow-up visit issued by the attending physician if, in the opinion of the ambulance dispatch service, an emergency ambulance service intervention due to an imminent threat to life or health is not required.
20. **Visit with an internal medicine physician or pediatrician** – in the event of Health Emergency or Accident of the Life Insured, Spouse or Partner, or Child, respectively, we shall:
 - a) Arrange and cover the costs of a teleconsultation or a visit of the Life Insured, Spouse or Partner, or Child, respectively, with an internal medicine physician,
 - b) Cover the cost of travel of the internal medicine physician to the place of residence of the Life Insured, Spouse or Partner, or Child, respectively, as well as the physician's fee,
 - c) Arrange and cover the costs of a teleconsultation or a visit of the Child with a pediatrician in a Medical Facility or cover the cost of the physician's fee if, in the opinion of ambulance dispatch service, an emergency ambulance service intervention due to a life-threatening condition is not required.

We shall cover the cost of Health Emergency visit with an internal medicine physician or pediatrician for up to 3 home visits or visits in a Medical Facility, in total, during each 12-month period of coverage, and up to 6 teleconsultations during each 12-month period of coverage. The above-said limit is applicable to each eligible individual separately.
21. **Visit with a specialist physician** – in the event of Health Emergency or Accident of the Life Insured, Spouse or Partner, or Child, respectively, based on a referral or written instruction drawn up by the attending physician, we shall arrange and cover the costs of a teleconsultation or a Medical Facility visit of the Life Insured, Spouse or Partner, or Child, respectively, with a specialist physician, i.e., a surgeon, orthopedist, ENT physician, ophthalmologist, neurologist, cardiologist, medical rehabilitation physician, pulmonologist, otolaryngologist, neurosurgeon, and we shall cover the fee of the said specialist physician.
We shall cover the cost of Health Emergency visit with a specialist physician for up to 3 visits during each 12-month period of coverage, and up to 6 teleconsultations during each 12-month period of coverage. The above-said limit is applicable to each eligible individual separately.
22. **Nurse visit** – in the event of Health Emergency or Accident of the Life Insured, Spouse or Partner, or Child, respectively, we shall arrange and cover the costs of travel of a nurse to the place

of residence of the Life Insured, Spouse or Partner, or Child, respectively, as well as the physician's fee a teleconsultation or a Medical Facility visit of the Life Insured, Spouse or Partner, or Child, respectively, with a specialist nurse's fee, provided that such a visit is required as per a written instruction of the attending physician.

23. **Midwife visit** – in the event of Childbirth by the Life Insured, Spouse or Partner, respectively, during the effective term of our coverage under the Rider, we shall arrange and cover the costs of travel of a midwife to the place of residence of the Life Insured, Spouse or Partner, respectively, as well as the midwife's fee, within thirty days of the date on which the mother leaves the Hospital in which she has given birth.

We shall cover the cost of one midwife visit per one Insurable Event.

24. **Rental or purchase of Rehabilitation Equipment** – in the event of Health Emergency or Accident of the Life Insured, Spouse or Partner, or Child, respectively, we shall arrange and cover the costs of rental or purchase of Rehabilitation Equipment, provided that such Rehabilitation Equipment should be used by the Life Insured, Spouse or Partner, or Child, respectively, according

to a written instruction of the attending physician.

Medical Assistance services are deliverable in the territory of the Republic of Poland.

§ 4. INSURABLE EVENT

1. Insurable Event covered under the Rider executed on the basis of MA Rider Conditions is defined as follows:
- Health Emergency or Accident of the Life Insured, Spouse or Partner, or Child;
 - Life Emergency of the Life Insured, Spouse or Partner, or Childbirth of the Life Insured, Spouse or Partner; taking place during the effective term of coverage of the Life Insured under this Rider.

§ 5. EFFECTIVE TERM OF OUR LIABILITY

1. Our liability for the Life Insured comes into force on the day on which the coverage for such Life Insured under the Rider executed on the basis of MA Rider Conditions comes into effect. The rules governing commencement and termination of our liability are set forth in the GTCs, unless stated otherwise in the Policy.

§ 6. SCOPE OF MEDICAL ASSISTANCE SERVICES

1. Upon Insurable Event, we shall arrange and cover the cost of Medical Assistance services up to the total amount of PLN 10 000 per one Insurable Event, as per the scope and additional limits listed in the Table below.

ITEM	MEDICAL ASSISTANCE SERVICES	QUANTITATIVE LIMIT PER ONE INSURABLE EVENT	INSURABLE EVENT	REDOM-MENDATIONS OF THE ATTENDING PHYSICIAN	WHO IS ELIGIBLE FOR MEDICAL ASSISTANCE SERVICES
1.	Delivery of medicines		Health Emergency or Accident of the Life Insured, Spouse or Partner, or Child	YES	Life Insured, Spouse or Partner, or Child
2.	Baby Assistance hotline		-	NO	Life Insured, Spouse or Partner
3.	Medical hotline		-	NO	Life Insured, Spouse or Partner, or Child
4.	Care for adult Dependent Persons and Minor Children	max. 5 days	Health Emergency or Accident of the Life Insured, Spouse or Partner, or Child	NO	Life Insured, Spouse or Partner
5.	Care for adult Dependent Persons in case of an Accident	max. 5 days	Accident of a Dependent Person	NO	Life Insured, Spouse or Partner
6.	Care for a Child in case of an Accident	max. 5 days	Accident of a Child	NO	Life Insured, Spouse or Partner
7.	Per care		Health Emergency or Accident of the Life Insured, Spouse or Partner	NO	Life Insured, Spouse or Partner
8.	Arrangements and payment for the rehabilitation process		Health Emergency or Accident of the Life Insured, Spouse or Partner, or Child	NO	Life Insured, Spouse or Partner, or Child
9.	Private tuition for a Child		Health Emergency or Accident of a Child	YES	Life Insured, Spouse or Partner
10.	Personal assistant for a Parent		Health Emergency or Accident of a Parent	NO	Life Insured, Spouse or Partner
11.	Guardian's stay		Health Emergency or Accident of a Child	YES	Life Insured, Spouse or Partner
12.	Domestic help	max. 5 days (4 hours each)	Health Emergency or Accident of the Life Insured, Spouse or Partner	NO	Life Insured, Spouse or Partner
13.	Domestic and nursing assistance for a Parent		Health Emergency or Accident of a Parent	YES	Life Insured, Spouse or Partner
14.	Psychological counselling in case of Life Emergency		Life Emergency of the Life Insured, Spouse or Partner	NO	Life Insured, Spouse or Partner
15.	Transportation of Minor Children to a Designated Carer		Health Emergency or Accident of the Life Insured, Spouse or Partner	NO	Life Insured, Spouse or Partner

16.	Medical Transportation to a Medical Facility		Health Emergency or Accident of the Life Insured, Spouse or Partner, or Child	YES	Life Insured, Spouse or Partner, or Child
17.	Medical Transportation from one Medical Facility to another		Health Emergency or Accident of the Life Insured, Spouse or Partner, or Child	YES	Life Insured, Spouse or Partner, or Child
18.	Medical Transportation from a Medical Facility		Health Emergency or Accident of the Life Insured, Spouse or Partner, or Child	YES	Life Insured, Spouse or Partner, or Child
19.	Transportation of a Parent for a follow-up visit		Health Emergency or Accident of the Parent	YES	Life Insured, Spouse or Partner
20.	Visit of a GP or internal medicine physician	Home visit of medical facility visits in connection with Health Emergency - 3 visits per a 12-month period of insurance for each eligible individual separately Teleconsultation in connection with Health Emergency – 6 teleconsultations per a 12-month period of insurance for each eligible individual separately	Health Emergency or Accident of the Life Insured, Spouse or Partner, or Child	NO	Life Insured, Spouse or Partner, or Child
21.	Visit of a specialist physician	Medical facility visits in connection with Health Emergency - 3 visits per a 12-month period of insurance for each eligible individual separately Teleconsultation in connection with Health Emergency – 6 teleconsultations per a 12-month period of insurance for each eligible individual separately	Health Emergency or Accident of the Life Insured, Spouse or Partner, or Child	YES	Life Insured, Spouse or Partner, or Child
22.	Visit of a nurse		Health Emergency or Accident of the Life Insured, Spouse or Partner, or Child	YES	Life Insured, Spouse or Partner, or Child
23.	Visit of a midwife	1 visit per 1 Insurable Event	Birth of a Child of the Life Insured, Spouse or Partner	NO	Life Insured, Spouse or Partner
24.	Rental or purchase of Rehabilitation Equipment and its delivery		Health Emergency or Accident of the Life Insured, Spouse or Partner, or Child	YES	Life Insured, Spouse or Partner, or Child

§ 7. LIMITATIONS AND EXCLUSIONS OF OUR LIABILITY

1. The Benefit under the Rider executed on the basis of MA Rider Conditions is not payable if the Insurable Event resulted from:

- Hostilities, martial law, emergency law, nuclear explosion, spills, pollution, contamination, nuclear reaction, contamination caused by nuclear weapons or radioactivity,
- Strike, lockout, act of terrorism, sabotage, rebellion, riot, revolution, insurrection, civil and military disturbances, war, civil war, as well as confiscation, nationalization, detention, requisitioning and destruction of property under applicable law;
- Intentional act of the Life Insured, Spouse or Partner, or Child, respectively;
- An illegal act with statutory characteristics of intentional crime committed by the Life Insured, Spouse or Partner, or Child, respectively, which has been established by a final court decision, or attempted illegal act;
- Intentional self-mutilation by the Life Insured, Spouse or Partner, or Child, respectively;
- Suicide attempted by the Life Insured, Spouse or Partner, or Child, respectively;
- Experimental treatment that is not evidence-based;
- Procedures performed for aesthetic indications, regardless of the reason;
- Congenital defects;
- HIV or sexually transmitted diseases, AIDS;
- Chronic conditions;
- Non-compliance with the recommendations of the attending physician;

- Competitive or professional sports, understood as regular or intensive training combined with participation in competitions, events or conditioning and training camps, also within the framework of membership in sports clubs, unions and organizations, regardless of potential profits or lack thereof;
 - Natural disasters;
 - Biological or chemical materials, substances or components used to put human life or health in danger;
 - Alcohol consumption or use of intoxicating substances, psychotropic substances, alternative measures or new psychoactive substances within the meaning of the Polish Law against Substance Abuse, drugs that were not recommended by a qualified medical practitioner or were used in non-compliance with medical recommendations or indications for use, as long as the harmful behavior was related to the use of such substances on a cause-and-effect basis;
 - Mental diseases or behavioral disorders as per the ICD.
2. The following items are not included in the scope of coverage:
- Routine physical examinations, including gynecological examinations and tests, vaccinations and medications, or preventive procedures;
 - Medical Assistance services in connection with the events that took place outside the territory of the Republic of Poland;
 - Payment of monetary compensation for damages;
 - Treatment for aesthetic indications, heliotherapy, regardless of the reason;
 - Treatment of injuries and diseases resulting from wars, hostilities, armed conflicts, riots, civil commotion, coups d'état, acts of terror, insurrection, strikes, chemical or radioactive

contamination, impact of nuclear materials, burning of nuclear fuel, asbestosis.

3. We are not liable for delays in the performance of Medical Assistance services or for non-performance or ill performance of Medical Assistance services resulting from strikes, civil unrest, acts of terrorism, acts of war, effects of radioactivity, epidemics, pandemics, as well as mobility restrictions imposed by decisions of administrative authorities and resulting from Force Majeure.

§ 8. SERVICE DELIVERY

1. Medical Assistance services are provided through the Operating Center, accessible through a hotline number provided in the Certificate.
2. To access Medical Assistance services promptly after the Insurable Event and prior to taking any action on one's own, one should contact the Operating Center. While on the phone, the Life Insured should provide the following details:
 - a) Name and Surname of the Life Insured;
 - b) PESEL number of the Life Insured or, when no PESEL number assigned, the date of birth of the Life Insured;
 - c) Name, Surname and PESEL number of the Spouse or Partner, Child or Parent, respectively;
 - d) Address of the place where the event occurred;
 - e) Telephone number or e-mail address for contact with the Life Insured;
 - f) Address of the place of residence;
 - g) Degree of kinship;
 - h) Description of the event and type of assistance required.
3. When reporting the Insurable Event on the phone, the Life Insured, Spouse or Partner, or Child, respectively, should explain their circumstances to the agent of the Operating Center in detail and specify what it is that they need, and also make sure that the Operating Center physician has access to all medical records.
4. If the connection with the physician cannot be made or takes too long, and health or well-being of the Life Insured deteriorates, the Life Insured should immediately seek help from another medical facility. In the event of a sudden deterioration of health or well-being, the Life Insured should immediately contact the emergency number 112 to call an ambulance or visit the nearest medical facility.
5. When the Life Insured has made their own service arrangements without notifying the Operating Center, the Operating Center reserves the right to pay a benefit in the amount corresponding to the costs incurred if the services were arranged by the Operating Center. The claim will be considered once complete documentation necessary to establish the validity of the claim and the amount of the benefit has been submitted, such as: duplicate copy of medical diagnosis, records testifying to the cause and scope of medical assistance provided or regarding other costs covered by the insurance, as well as copies of receipts and proofs of payment.
6. The cost of Medical Assistance services provided in accordance with MA Rider Conditions is payable directly to the medical entities or facilities that deliver the service.
7. Waiting time applicable to Medical Assistance services is within 1 Business Day, counting from the date of report to the Operating Center, in case of home visits.

RIDER ATTACHMENTS

TABLE OF STANDARDS FOR THE PERCENTAGE APPRAISAL OF PERMANENT DETRIMENT TO HEALTH

This Table of Standards for the Percentage Appraisal of Permanent Detriment to Health (hereinafter: 'Table of Standards') is an integral part of the following Rider Conditions:

- Group Insurance Rider Terms and Conditions in respect of Accidental Detriment to Health of the Life Insured (hereinafter referred to as the 'ADH Rider Conditions');
- Group Insurance Rider Terms and Conditions in respect of Accidental Detriment to Health of the Life Insured with Progressive Payment (hereinafter referred to as the 'ADHPP Rider Conditions');
- Group Insurance Rider Terms and Conditions in respect of Severe Accidental Detriment to Health of the Life Insured with Benefits paid in Installments (hereinafter referred to as the 'SADHI Rider Conditions');
- Group Insurance Rider Terms and Conditions in respect of Accidental Detriment to Health of the Spouse or Partner (hereinafter referred to as the 'SPADH Rider Conditions');
- Group Insurance Rider Terms and Conditions in respect of Accidental Detriment to Health of the Spouse or Partner with progressive payment (hereinafter referred to as the 'SPADHPP Rider Conditions');
- Group Insurance Rider Terms and Conditions in respect of Accidental Detriment to Health of a Child (hereinafter referred to as the 'ChADH Rider Conditions');
- Group Insurance Rider Terms and Conditions in respect of Accidental Detriment to Health of a Child with Progressive Payment (hereinafter referred to as the 'ChADHPP Rider Conditions').

The (capitalized) terms used in this Table of Standards shall be defined as per the GTCs, ADH Rider Conditions, ADHPP Rider Conditions, SADHI, SPADH Rider Conditions, SPADHPP Rider Conditions, ChADH Rider Conditions or ChADHPP Rider Conditions, unless provided for otherwise in the Table of Standards.

For the purpose of this Table of Standards, the terms listed below shall be defined as follows:

- **Wound** – damage to the skin or subcutaneous tissue, provided with surgical dressing, where the surgical dressing should be understood as stitching with surgical sutures, clamps or ligatures, or excision of necrotic tissue;
- **1% TBSA** – the area corresponding to the surface of a palm of an adult, fingers included;
- **The Wallace rule of nines** – the rule for the estimation of the size of a burn, according to which: a) the area of the head or the area of each upper limb is equal to 9% of the body's surface, b) the area of the abdomen is equal to 9% of the body's surface, c) the area of the chest is equal to 9% of the body's surface, d) the area of the back of the trunk is equal to 18% of the body's surface, e) the area of each of the lower limbs is equal to 18% of the body's surface;
- **Hospitalization** – a documented, permanent and uninterrupted stay in a hospital that continues for at least one day understood as one date change;
- **Immobilization** – immobilization of a joint or a bone by means of: plaster, orthosis, stabilizer, orthopedic collar, back brace, gorse, splint or triangular bandage, documented in medical records.

NOTA BENE:

- In mixed type First/Second or Second/Third degree burns, the higher degree shall be applied;
- When the same injury is treated conservatively and surgically, Detriment to Health is applicable with respect to surgical treatment only, and the Benefit is payable only in that respect.

A. HEAD INJURIES		PERCENTAGE (DEGREE) OF DETRIMENT TO HEALTH
1. Damage to cranial coating, with surgical dressing (without damage to the bone):		
a) Wound of the scalp from 3 cm to 10 cm in size		1
b) Wound of the scalp greater than 10 cm in size		5
c) Loss of the scalp up to 2 cm in size		1
d) Loss of the scalp between 3 cm to 5 cm in size		4
e) Loss of the scalp greater than 5 cm in size		10
2. Cranial bone fracture		
a) cranial vault (for each bone)		2
b) base of the skull (for each bone)		5
3. Diagnosis of concussion resulting from cerebrocranial trauma:		
a) with Hospitalization 1-2 days		1
b) with Hospitalization 3-5 days		2
c) with Hospitalization 6-10 days		5
d) with Hospitalization longer than 10 days		10
4. Intracranial hemorrhages and hematomas resulting from cerebrocranial trauma:		
a) Traumatic intracranial hematoma evidenced in brain imaging examinations (MR, CT) – conservative treatment		5
b) Traumatic intracranial hematoma – surgical treatment		20

5. Damage to cranial nerves (for each):	
a) trochlear, accessory, hypoglossal	2
b) oculomotor, abducens, trigeminal, facial, vagus, glossopharyngeal	5
B. FACE INJURIES	PERCENTAGE (DEGREE) OF DETRIMENT TO HEALTH
6. Damage to the face integument (wounds and defects):	
a) Wound of the face from 2 cm to 8 cm in size	1
b) Wound of the face greater than 8 cm in size	10
c) Burns starting from the second degree – for each 1% TBSA	5
7. Damage to the nose (Fracture must be evidenced with imaging results):	
a) Fracture of nasal bone or nasal septum, multiple with displacement	5
b) Fracture of nasal bone or nasal septum, with displacement	2
c) other Fractures of nasal bone or nasal septum, without displacement	1
d) loss of a part of the nose requiring reconstructive surgery	7
e) complete loss (nasal bones included)	30
8. Loss of teeth:	
a) permanent incisors and canines – for each tooth:	
i. partial loss of a tooth crown (below ½ of the crown)	0,5
ii. loss of a tooth crown (at least ½ of the crown) and/or the root	1
b) other teeth – for each tooth:	
i. loss of a tooth crown (at least ½ of the crown)	0,5
ii. complete loss of a tooth, root included	1
9. Fracture of craniofacial bones (orbital bones, jaw bones, zygomatic bones):	
a) Multiple fracture with displacement of fragments	6
b) Multiple fracture	4
c) other Fractures	1
10. Loss of maxilla or mandible:	
a) partial	15
b) complete	40
11. Mandibular fracture:	
a) Multiple fracture, with displacement of fragments	6
b) Multiple fracture	4
c) other Fractures	1
12. Palatal defect	15
13. Tongue injury:	
a) Wound of the tongue	1
b) partial loss of the tongue	3
c) complete loss of the tongue	50
C. EYESIGHT DAMAGE (damage is not aggregated)	PERCENTAGE (DEGREE) OF DETRIMENT TO HEALTH
14. Paralysis of accommodation in the absence of disturbances in visual acuity after correction:	
a) one eye	15
b) both eyes	30
15. Damage to the eyeball resulting from blunt injury, penetrating injury, chemical injury, thermal injury or caused by electromagnetic radiation or electricity:	
a) without visual acuity impairment	2
b) with partial visual acuity impairment in one eye	5
c) with partial visual acuity impairment in both eyes	15
d) with complete loss of sight in one eye	35
e) with complete loss of sight in both eyes	100
f) loss of the eyeball	40

16. Visual field defects:	
a) bitemporal hemianopsia	60
b) binasal hemianopsia	30
c) homonymous hemianopsia	30
d) other visual field defects (unilateral)	5
17. Traumatic aphakia:	
a) in one eye	15
b) in both eyes	30
18. Damage to nasolacrimal canal, treated surgically:	
a) in one eye	5
b) in both eyes	15
19. Retinal detachment in one eye, only after an eye or head trauma:	
a) without visual acuity impairment	2
b) with partial visual acuity impairment in one eye	5
c) with complete loss of sight in one eye	35
20. Traumatic secondary glaucoma, only after an eye or head injury	3
21. Traumatic pulsating exophthalmos	40
IMPORTANT NOTE: Visual acuity is always determined after correction with lenses, both in the case of corneal opacification or opacification of the lens, and in the case of a coexistent damage to the retina or the optic nerve.	
D. HEARING DAMAGE (Damage is not aggregated)	
PERCENTAGE (DEGREE) OF DETRIMENT TO HEALTH	
22. Auricle injuries:	
a) Wound (each one)	1
b) loss of a part of the auricle	2
c) loss of a part of the auricle with reconstructive surgery	7
d) complete loss of one auricle	15
e) complete loss of both auricles	30
f) burn of the auricle from the 2nd degree on	1
23. Traumatic damage to the middle ear, tympanic membrane, ossicles, inner ear:	
a) without auditory damage, unilateral	2
b) with partial auditory damage, unilateral	5
c) with complete auditory damage, unilateral	20
d) with partial auditory damage, bilateral	10
e) with complete auditory damage, bilateral	50
24. Facial nerve damage (including petrosal bone split):	
a) unilateral	20
b) bilateral	40
E. NECK, LARYNX, TRACHEA AND ESOPHAGUS INJURIES	
PERCENTAGE (DEGREE) OF DETRIMENT TO HEALTH	
25. Pharynx, larynx or trachea injury, with the following treatment:	
a) endoscopic	2
b) surgical (open surgery)	7
c) reconstructive	30
26. Esophagus injury, with the following treatment:	
a) endoscopic	2
b) surgical (open surgery)	7
c) reconstructive	30
27. Neck skin injury:	
a) Wound (each one)	1
b) Burn from the 2nd degree on – for each 1% TBSA	2

F. CHEST INJURIES AND THEIR IMPLICATIONS		PERCENTAGE (DEGREE) OF DETRIMENT TO HEALTH
28. Injuries to the soft parts of the chest or back (not listed in Section 29 below):		
a) Wound between 3 cm and 10 cm in size (each one)		1
b) Wound greater than 10 cm in size (each one)		3
c) Burn from the 2nd degree on – for each 2% TBSA		1
29. Breast injury or loss:		
a) Wound of the breast or the nipple		2
b) partial or complete loss of the nipple		3
c) breast hematomas requiring incision		2
d) partial loss of the breast		5
e) complete loss of the breast		20
30. Rib Fractures – evidenced in radiology (X-ray, CT, MRI):		
a) Fracture of 1 rib		1
b) Fracture of 2 to 4 ribs		2
c) Fracture of 5 to 10 ribs		7
d) Fracture of more than 10 ribs		10
31. Sternum Fracture:		
a) without displacement		2
b) with displacement		4
c) Multiple fracture with displacement		6
32. Lung and pleura injury:		
a) pleural hematoma or pneumothorax, treated conservatively		2
b) pleural hematoma or pneumothorax, treated only with pleural drainage		5
c) pleural hematoma or pneumothorax, treated surgically		10
d) partial loss of lung		15
e) complete loss of lung		30
33. Cardiac or pericardium injury:		
a) cardiac injuries with pericardial puncture		10
b) cardiac or pericardial injuries treated surgically		30
G. ABDOMINAL INJURIES AND THEIR IMPLICATIONS		PERCENTAGE (DEGREE) OF DETRIMENT TO HEALTH
34. Injury to abdominal cavity integuments:		
a) Wound between 3 cm and 10 cm in size		1
b) Wound greater than 10 cm in size		3
c) Burns from 2nd degree on – for each 3% TBSA		1
d) Wounds, wound of the fascia or wound of the muscle treated surgically without the opening of the peritoneal cavity		3
e) Abdominal wounds treated surgically with the opening of the peritoneal cavity		5
35. Injury to the stomach, intestines, omentum, bowel mesentery:		
a) with endoscopic treatment		2
b) with surgical treatment, without the loss of abdominal organs		5
c) partial loss of the stomach, small or large intestine		10
36. Injury to major blood vessels of the abdominal cavity and pelvis (abdominal aorta, common iliac arteries, external and internal iliac arteries, inferior vena cava, and common iliac veins), with surgical treatment		10
37. Injury to the rectum, anus, anal sphincter:		
a) treated surgically without the opening of the peritoneal cavity		3
b) treated surgically with the opening of the peritoneal cavity		5
c) with a stoma		20

38. Spleen injury:	
a) with conservative treatment (hematoma, organ rupture evidenced with imaging - US, CT, MRI)	2
b) with surgical treatment and organ preservation	5
c) loss of spleen	15
39. Injury to the liver and bile ducts, gallbladder or pancreas:	
a) with conservative treatment (hematoma, organ rupture evidenced with imaging - US, CT, MRI)	2
b) with surgical treatment and complete organ preservation	5
c) loss of the gallbladder, partial loss of liver, partial loss of pancreas	10
d) complete loss of liver or pancreas	100
H. GENITOURINARY INJURIES	
PERCENTAGE (DEGREE) OF DETRIMENT TO HEALTH	
40. Injury of one or both kidneys:	
a) with conservative treatment (hematoma, organ rupture evidenced with imaging - US, CT, MRI)	2
b) with surgical treatment and complete organ preservation	5
c) partial loss of kidney	15
d) complete loss of kidney	30
e) loss of both kidneys	100
41. Ureteral injury:	
a) with conservative treatment	2
b) with endoscopic treatment	5
c) with surgical, reconstructive treatment	15
42. Urinary bladder injury:	
a) with conservative treatment	2
b) with surgical treatment	10
c) complete loss of urinary bladder	50
43. Urethral injury:	
a) with conservative treatment	2
b) with endoscopic treatment	5
c) with surgical, reconstructive treatment	15
44. Penis injury:	
a) Wounds, injuries managed with local surgical dressing	3
b) partial loss of penis	10
c) complete loss of penis	40
45. Injury or loss of testicle or ovary:	
a) with conservative treatment (hydrocele, hematoma, organ rupture – evidenced with imaging - US, CT, MRI)	2
b) with surgical treatment and complete organ preservation	5
c) partial loss	10
d) complete loss	20
e) complete loss of both testes or both ovaries	40
46. Loss of uterus	40
47. Traumatic injury of perineum, scrotum, vulva, vagina:	
a) Wound	3
b) skin, muscle, fascia injuries treated with local surgical dressing	7
c) injury with surgical, reconstructive treatment	15
I. INJURIES OF THE SPINE AND SPINAL CORD HEALTH AND THEIR IMPLICATIONS	
PERCENTAGE (DEGREE) OF DETRIMENT TO HEALTH	
48. Cervical spine injury (C1-C7) evidenced in additional examinations (functional X-ray, CT, MRI):	
a) sprain with Immobilization	2
b) Fracture of vertebral bodies or arches treated conservatively (each one)	5
c) Fracture of vertebral bodies or arches treated surgically (each one)	7
d) Fracture of spinous or transverse processes (each one)	1

49. Thoracic spine injury (Th1-Th10) evidenced in additional examinations (functional X-ray, CT, MRI):	
a) sprain with Immobilization	2
b) Fracture of vertebral bodies or arches treated conservatively (each one)	5
c) Fracture of vertebral bodies or arches treated surgically (each one)	7
d) Fracture of spinous or transverse processes (each one)	1
50. Thoracolumbar spine injuries (Th11-L5) evidenced in additional examinations (functional X-ray, CT, MRI):	
a) sprain with Immobilization	2
b) Fracture of vertebral bodies or arches treated conservatively (each one)	5
c) Fracture of vertebral bodies or arches treated surgically (each one)	7
d) Fracture of spinous or transverse processes (each one)	1
51. Spinal cord injuries:	
a) spinal cord injury evidenced with imaging (MRI, CT) – unequivocal diagnosis in a hospital, with conservative treatment	5
b) spinal cord injury evidenced with imaging (MRI, CT) – unequivocal diagnosis in a hospital, with surgical treatment	20
J. PELVIC INJURIES	
PERCENTAGE (DEGREE) OF DETRIMENT TO HEALTH	
52. Traumatic pubic symphysis diastasis:	
a) with conservative treatment	2
b) with surgical treatment	5
53. Sacroiliac joint dislocation	10
54. Pelvic fracture with pelvic girdle rupture (single or multiple):	
a) at anterior section, unilaterally (pubic or ischial bone)	2
b) at anterior section – pubic and ischial bone or bilaterally	5
c) at both anterior and posterior sections (Malgaigne fracture) without displacement (pubic bone, ischial bone, sacral bone)	10
d) at both anterior and posterior sections with displacement (pubic bone, ischial bone, sacral bone)	20
55. Acetabular fracture:	
a) posterior column, posterior wall	15
b) anterior column, anterior wall	7
c) first degree central sprain	7
d) second degree central sprain	10
e) third degree central sprain	20
f) traumatic injury treated with hip prosthesis	20
56. Isolated pelvic and sacral Fracture without pelvic girdle rupture:	
a) single pelvic bone Fracture without displacement (e.g., Fracture of one branch of pubic bone or ischial bone), sacral bone Fracture without displacement	2
b) single pelvic bone Fracture with displacement (e.g., Fracture of one branch of pubic bone or ischial bone), sacral bone Fracture with displacement	4
c) multiple Fracture of pelvic bone and/or sacrum – without displacement	5
d) multiple Fracture of pelvic bone and/or sacrum – with displacement	10
e) isolated fractures of the wing of ileum, iliac spines, ischial tuberosity	3
f) coccyx Fracture without displacement	2
g) coccyx Fracture with displacement	4
K. UPPER LIMB INJURIES	
PERCENTAGE (DEGREE) OF DETRIMENT TO HEALTH	
SCAPULA	
57. Scapular Fractures:	
a) multiple Fracture with displacement of fragments	8
b) single Fracture with displacement	4
c) other Fractures	1

CLAVICLE	
58. Clavicular Fractures:	
a) multiple Fracture with displacement of fragments	6
b) single Fracture with displacement	2
c) other Fractures	1
59. Injury to acromioclavicular joint or sternoclavicular joint:	
a) first degree dislocation	1
b) second degree dislocation	3
c) third degree dislocation	5
SHOULDER – GLENOHUMERAL JOINT	
60. Glenohumeral joint injuries (dislocations, Fractures – humeral head, proximal epiphysis, sprains) and injuries of the remaining shoulder structures:	
a) sprain with Immobilization	2
b) sprain with repositioning by physician	3
c) multiple Fracture with displacement of fragments	10
d) single Fracture with displacement	5
e) other Fractures	2
f) Fracture treated with prosthesis surgery	20
61. Loss of limb at glenohumeral joint	70
62. Loss of limb together with the scapula	75
ARM	
63. Fracture of humeral diaphysis:	
a) multiple, open	12
b) open	10
c) multiple with displacement of fragments	7
d) single with displacement	4
e) other	2
64. Isolated injuries to the skin, muscles, tendons and their attachments:	
a) Wound greater than 4 cm in size (each one)	1
b) burns from the second degree on – for each 1% TBSA	1
c) biceps injury evidenced with imaging (US, CT, MRI) with conservative treatment	1
d) biceps injury managed surgically	4
e) injury to other muscles of the arm, managed surgically	3
65. Loss of the limb at the arm	65
ELBOW JOINT	
66. Elbow Fracture (distal epiphysis of the humeral bone, proximal epiphysis of the radial or ulnar bones)	
a) multiple with displacement of fragments	10
b) single with displacement	5
c) other	2
67. Another elbow injury:	
a) sprain with Immobilization	2
b) dislocation	4
FOREARM	
68. Fracture of distal epiphysis of one or both bones of the forearm:	
a) multiple with displacement of fragments	8
b) single with displacement	4
c) other	2
69. Fracture of the diaphysis of one or both bones of the forearm:	
a) multiple, open or Monteggia, Galeazzi fractures	10
b) open	8
c) multiple with displacement of fragments	6
d) single with displacement	4
e) other	2

70. Isolated injury to the soft parts of the forearm, skin, muscles, tendons:	
a) Wound greater than 4 cm in size (each one)	1
b) burns from the second degree on – for each 1% TBSA	1
c) muscle injury that requires surgical management	2
d) tendon injury with surgical management (each one)	2
71. Loss of the limb at the forearm	55
72. Loss of the forearm at the wrist	50
WRIST	
73. Wrist injuries:	
a) multiple Fracture of the wrist with displacement	10
b) single Fracture with displacement	4
c) other Fractures	2
d) dislocations	7
e) sprains with Immobilization	1
74. Loss of the hand at the wrist	50
METACARPUS	
75. Metacarpal injuries:	
a) Wound greater than 2 cm in size (each one)	1
b) burns from the second degree on – for each 1%TBSA	2
76. Metacarpal bone Fractures:	
a) The 1st metacarpal bone	
i. multiple Fracture with displacement of fragments	6
ii. single Fracture with displacement	4
iii. other Fractures	2
b) The 2nd metacarpal bone	
i. multiple Fracture with displacement	4
ii. single Fracture with displacement	2
iii. other Fractures	1
c) The 3rd, 4th, 5th metacarpal bones	
i. multiple Fracture with displacement	2
ii. single Fracture with displacement	1
iii. other Fractures	1
THUMB	
77. Loss at the thumb:	
a) partial loss of the fingertip	1
b) complete loss of the fingertip	3
c) loss of the distal phalanx	6
d) loss of both phalanges without metacarpal bones	12
e) loss of both phalanges with metacarpal bones	20
78. Other injuries to the thumb (fractures, dislocations, soft tissue injuries):	
a) multiple Fracture with displacement of fragments	6
b) single Fracture with displacement	4
c) other Fractures	2
d) Wounds greater than 2 cm in size	1
e) burns from the second degree on	1
f) tendon injuries and cuts (each one)	2
g) interphalangeal joint dislocations	2

h) metacarpophalangeal joint dislocations	2
INDEX FINGER	
79. Injuries to the index finger:	
a) partial loss of the fingertip	1
b) complete loss of the fingertip	1
c) loss of the distal phalanx	4
d) loss of the middle phalanx	8
e) loss of three phalanges	10
f) loss of the index finger with the metacarpal bone	14
80. Any other injuries to the index finger (fractures, dislocations, soft tissue injuries):	
a) multiple Fracture with displacement of fragments	4
b) single Fracture with displacement	2
c) other Fractures	1
d) Wounds greater than 2 cm in size	1
e) burns from the second degree on	2
f) tendon injuries and cuts (each one)	1
g) interphalangeal or metacarpophalangeal joint dislocations	2
THE THIRD, FOURTH AND FIFTH DIGIT	
81. The 3rd, 4th and 5th digit – depending on the degree of loss:	
a) the 3rd digit – loss of the distal phalanx	2
b) the 3rd digit – loss of two phalanges	5
c) the 3rd digit – loss of three phalanges	8
d) loss of the 3rd digit with the metacarpal bone	10
e) the 4th digit – loss of the distal phalanx	1
f) the 4th digit – loss of two phalanges	2
g) the 4th digit – loss of three phalanges	4
h) loss of the 4th digit with the metacarpal bone	5
i) the 5th digit – loss of the distal phalanx	1
j) the 5th digit – loss of two phalanges	2
k) the 5th digit – loss of three phalanges	3
l) loss of the 5th digit with the metacarpal bone	4
82. Any other injuries to the 3rd, 4th and 5th digit (fractures, dislocations, soft tissue injuries):	
a) the 3rd digit:	
i. multiple Fracture with displacement of fragments	3
ii. single Fracture with displacement	2
iii. other Fractures	1
iv. Wounds greater than 2 cm in size	1
v. burns from the second degree on	1
vi. tendon injuries and cuts	1
vii. interphalangeal or metacarpophalangeal joint dislocations	1
b) the 4th digit:	
i. multiple Fracture with displacement of fragments	2
ii. single Fracture with displacement	1
iii. other Fractures	1
iv. Wounds, burns from the second degree on, tendon injuries and cuts, interphalangeal or metacarpophalangeal joint dislocations	1
c) the 5th digit:	
i. multiple Fracture with displacement of fragments	1
ii. other Fractures	1
iii. Wounds, burns from the second degree on, tendon injuries and cuts, interphalangeal or metacarpophalangeal joint dislocations	1

Important comment:

The total percentage value of Detriment to Health determined in respect of upper limb injury shall not exceed the percentage value of the Detriment to Health determined for amputation at that level.

The total percentage value of Detriment to Health determined in respect of one-digit injury shall not exceed the percentage value of the Detriment to Health determined for a complete loss of that digit.

The total percentage value of Detriment to Health determined in respect of burns of digits in one hand shall not exceed 5%.

L. LOWER LIMB INJURIES		PERCENTAGE (DEGREE) OF DETRIMENT TO HEALTH
HIP JOINT		
83. Loss of the lower limb:		
a) by exarticulation of the hip joint		80
b) by amputation at the thigh		60
84. Injuries of the hip joint and proximal epiphysis of femoral bone, fractures of the proximal epiphysis of femoral bone, femoral neck fractures, trochanteric fractures, traumatic desquamation of femoral head:		
a) multiple Fracture with displacement of fragments		15
b) single Fracture with displacement		10
c) other Fractures		8
d) traumatic injury treated with hip joint prosthesis		20
THIGH		
85. Femoral bone Fracture:		
a) multiple, open		15
b) open		12
c) multiple with displacement of fragments		8
d) single with displacement		4
e) other		3
86. Isolated soft tissue injury – skin, muscles, tendons, vessels:		
a) Wounds greater than 4 cm in size (each one)		1
b) burns from the second degree on – for each 1% TBSA		1
c) thigh muscle injury evidenced with imaging (US, CT, MRI) with conservative treatment		1
d) muscle injury with surgical management		3
e) vessel injury (iliac, femoral, popliteal arteries or veins) with surgical treatment		8
KNEE		
87. Fracture of knee joint bones – distal femoral epiphysis, proximal tibial epiphysis:		
a) multiple, open, compression		20
b) multiple with displacement of fragments		10
c) single with displacement		5
d) other		3
88. Patellar Fracture:		
a) resulting in patella removal		10
b) multiple with displacement of fragments		8
c) single with displacement		5
d) other		3
89. Injury to the capsular ligament apparatus:		
a) knee sprain with Immobilization		2
b) medial meniscus injury		3
c) lateral meniscus injury		3
d) anterior cruciate ligament injury (ACL)		5
e) posterior cruciate ligament injury (PCL)		5
f) lateral collateral ligament injury (LCL)		4
g) medial collateral ligament injury (MCL)		4
h) dislocation of the patella with repositioning done by a physician (excluding habitual dislocations or dislocations fixed by the patient)		4
90. Loss of the limb at knee joint		50

LOWER LEG	
91. Fracture of lower leg bone (tibial or tibial and fibular):	
a) multiple, open, compression	15
b) open	12
c) multiple with displacement of fragments	10
d) single with displacement	5
e) other	3
92. Isolated Fracture of the fibular bone:	
a) multiple with displacement of fragments	3
b) single with displacement	2
c) other	1
93. Injuries of the soft tissue of the lower leg, skin, muscles, vessels, Achilles tendon and other tendons:	
a) Wounds greater than 4 cm in size (each one)	1
b) burns from the second degree on – for each 1% TBSA	1
c) triceps surae tear evidenced in imaging (US, CT, MRI) managed with conservative treatment	2
d) triceps surae tear managed with surgical treatment	7
e) Achilles tendon injury managed with conservative treatment	2
f) Achilles tendon injury managed with surgical treatment	7
g) injury of the anterior tibial muscle and digit extensors	3
h) other muscle and tendon injuries	2
94. Loss of the limb at the lower leg	50
ANKLE JOINT AND SUBTALAR JOIN, THE FOOT	
95. Ankle joint and subtalar joint injuries:	
a) sprains with Immobilization	2
b) sprain with structural articular injury (imaging with evidence of ligament injury, for example)	2
c) displaced lateral malleolar Fracture	3
d) lateral malleolar Fracture without displacement	2
e) displaced medial malleolar Fracture	5
f) medial malleolar Fracture without displacement	3
g) displaced bimalleolar Fracture	8
h) bimalleolar Fracture without displacement	5
i) displaced trimalleolar Fracture	10
j) trimalleolar Fracture without displacement	6
96. Talus Fracture:	
a) multiple with displacement of fragments	10
b) multiple	7
c) other	3
97. Calcaneus bone Fracture:	
a) multiple with displacement of fragments	12
b) multiple	10
c) other	5
98. Loss of the talus and/or calcaneus bone:	
a) partial loss	25
b) complete loss	40
99. Tarsal bone injuries (excluding the talus and calcaneus bone) – each one (with the provision that the maximum percentage value of the Detriment to Health cannot exceed 15%):	
a) Multiple fracture with displacement of fragments	6
b) Multiple fracture	4
c) other Fractures	2
100. Metatarsal bone Fracture – each one (with the provision that the maximum percentage value of the Detriment to Health cannot exceed 15%):	

a) multiple, open	6
b) open	5
c) multiple with displacement of fragments	4
d) other	2
101. Other tarsal, metatarsal and foot injury:	
a) Wounds at the dorsum of the foot (each one)	1
b) Wounds at the sole of the foot or Wounds of the foot (each one)	2
c) burn from the second degree on – for 1% TBSA	3
102. Loss of the entire foot	45
103. Loss of the foot at the ankle joint	40
104. Loss of the foot at the central part of tarsus	35
105. Loss of the foot at tarsal-metatarsal area	25
TOES	
106. Great toe injury:	
a) Wound	1
b) partial or complete loss of the tip of the great toe	1
c) loss of the distal phalanx of the great toe	5
d) loss of the entire big toe	10
e) loss together with the metatarsal bone	15
107. Great toe Fracture:	
a) multiple, open	4
b) open	3
c) multiple with displacement of fragments	2
d) other	1
108. Fracture of the 2nd, 3rd, 4th, 5th toe (each one):	
a) multiple	2
b) other	1
109. Loss of the 2nd, 3rd, 4th, 5th toe (each one):	
a) partial	1
b) complete	3
110. Loss of the 2nd, 3rd, 4th toe together with the metatarsal bone (each one)	5
111. Loss of the 5th toe together with the metatarsal bone	7
112. Injury to the 1st, 2nd, 3rd, 4th, 5th toe	1
Important comment: The total percentage value of Detriment to Health determined in respect of lower limb injury shall not exceed the percentage value of the Detriment to Health determined for amputation at that level. The total percentage value of Detriment to Health determined in respect of one-digit injury shall not exceed the percentage value of the Detriment to Health determined for a complete loss of that digit.	
M. PALSY OR PARALYSIS OF PERIPHERAL NERVES PERCENTAGE (DEGREE) OF DETRIMENT TO HEALTH	
113. Partial or complete loss – depending on the severity of the dysfunction:	
a) phrenic nerve below the junction with subclavian nerve:	
i. partial	5
ii. complete	15
b) long thoracic nerve:	
i. partial	5
ii. complete	15
c) axillary nerve:	
i. partial	5
ii. complete	25
d) musculocutaneous nerve:	
i. partial	5

ii. complete	25
e) radial nerve above the divergence of the branch to triceps muscle of the arm:	
i. partial	7
ii. complete	35
f) radial nerve below the divergence of the branch to triceps muscle of the arm:	
i. partial	5
ii. complete	30
g) radial nerve before the opening of supinator muscle canal in the forearm:	
i. partial	5
ii. complete	25
h) radial nerve after the opening of supinator muscle canal in the forearm:	
i. partial	4
ii. complete	15
i) median nerve at the arm:	
i. partial	7
ii. complete	35
j) median nerve at the wrist:	
i. partial	5
ii. complete	20
k) ulnar nerve:	
i. partial	5
ii. complete	25
l) supraclavicular part of brachial plexus (superior):	
i. partial	7
ii. complete	25
m) subclavicular part of brachial plexus (inferior):	
i. partial	10
ii. complete	45
n) the remaining nerves of the cervical-thoracic section:	
i. partial	2
ii. complete	15
o) obturator nerve:	
i. partial	5
ii. complete	15
p) femoral nerve:	
i. partial	5
ii. complete	30
q) gluteal nerves (superior and inferior):	
i. partial	3
ii. complete	20
r) common pudendal nerve:	
i. partial	3
ii. complete	20
s) sciatic nerve before the division into tibial nerve and peroneal nerve:	
i. partial	10
ii. complete	50
t) tibial nerve:	
i. partial	5
ii. complete	30
u) peroneal nerve:	
i. partial	5

ii. complete	20
v) lumbosacral plexus:	
i. partial	10
ii. complete	60
w) the remaining nerves of the lumbosacral area:	
i. partial	2
ii. complete	10
N. ACUTE GAS POISONING, CONSEQUENCES OF THE OPERATION OF CHEMICAL, PHYSICAL OR BIOLOGICAL AGENTS (ELECTRIC SHOCKS, LIGHTNING SHOCKS, CONSEQUENCES OF BITES) WITH HOSPITALIZATION:	
	PERCENTAGE (DEGREE) OF DETRIMENT TO HEALTH
a) with Hospitalization 1-2 days	1
b) with Hospitalization 3-5 days	2
c) with Hospitalization 6-10 days	5
d) with Hospitalization above 10 days	10
O. OTHER:	
	PERCENTAGE (DEGREE) OF DETRIMENT TO HEALTH
114. First degree burns not listed above in the Table of Standards	0,5
115. Frostbite from the second degree on (nose, ears, digits) – each one	1
116. Wounds not listed above in the Table of Standards	0,5
117. Sprains without Immobilization with specialized treatment involving a consultation with a specialist physician and treatment using a compress, or medications, or a stabilizing pad, as evidenced in medical records.	0,5

This Table of Standards was approved by way of Unum Management Board Resolution No. 3/08/2022 of August 9, 2022 and comes into effect as of September 15, 2022.

Table of standards for the percentage appraisal of permanent detriment to health due to heart attack or stroke

This Table of Standards for the Percentage Appraisal of Permanent Detriment to Health due to Heart Attack or Stroke (hereinafter: 'Table of Standards HAS') is an integral part of Group Insurance Rider Terms and Conditions in respect of Detriment to Health due to Heart Attack or Stroke (hereinafter referred to as the 'HASDH').

DETRIMENT TO HEALTH	PERCENTAGE (DEGREE) OF DETRIMENT TO HEALTH / PERCENTAGE OF THE SUM INSURED
1. Paralysis and paresis of cerebral origin (based on Lovett and/or Ashworth scale):	
a) hemiplegia, paraplegia causing inability in unassisted standing and walking (0 – 1° under Lovett scale or 5° under Ashworth scale)	100
b) profound hemiparesis or paraparesis, causing serious limitation in limb function (2° – 3° under Lovett scale or 4° – 3° under Ashworth scale)	60–80
c) moderate hemiparesis or paraparesis (3°–4° according to Lovett scale or 3°–2° according to Ashworth scale)	40–60
d) low degree (mild, discreet) hemiparesis or paraparesis (4° – 4°/5° according to Lovett scale or 2°–1°, 1° according to Ashworth scale), discreet strength deficit in the presence of abnormalities of muscle tone, inadequate precision of movements, etc.	5–40
e) upper limb paralysis (0°–1° according to Lovett scale or 5° according to Ashworth scale) with lower limb paresis (3°–4° according to Lovett scale or 3°–2° according to Ashworth scale):	
– right side	70–90
– left side	60–80
f) upper limb paresis (3°–4° according to Lovett scale or 3°–2° according to Ashworth scale) with lower limb paralysis (0°–1° according to Lovett scale or 5° according to Ashworth scale):	
– right side	70–90
– left side	60–80
g) upper limb monopareses of central origin (0°–1° according to Lovett scale or 5° according to Ashworth scale):	
– right side	50–60
– left side	40–50
h) upper limb monopareses of central origin (2°–2°/3° according to Lovett scale or 4°–3° according to Ashworth scale):	
– right side	30–50
– left side	20–40
i) upper limb monopareses of central origin (3°–4° according to Lovett scale or 3°–2° according to Ashworth scale):	
– right side	10–30
– left side	5–20
j) lower limb monopareses of central origin (0°–1° according to Lovett scale or 5° according to Ashworth scale)	40–50
k) lower limb monopareses of central origin (2°–2°/3° according to Lovett scale or 4°–3° according to Ashworth scale)	25–40
l) lower limb monopareses of central origin (3°–3°/4° according to Lovett scale or 3°–2° according to Ashworth scale)	15–25
m) lower limb monopareses of central origin (4°–4°/5° according to Lovett scale or 2°/1.1° according to Ashworth scale)	5–15
IMPORTANT NOTE: In the event that there are co-existing speech disorders of central origin, Detriment to Health should be assessed in addition according to item 6 of this Table of Standards HAS, taking it into account that the total Detriment to Health due to brain damage may not exceed 100%. If there is a difference in the severity of paresis between the lower limbs, Detriment to Health should be assessed in accordance with item 1j to item 1m of this Table of Standards HAS - separately for each lower limb.	

LOVETT SCALE

- 0° - no contraction is felt, no muscle strength;
- 1° - muscle contraction can be felt - 5% of normal muscle strength;
- 2° - significant muscle contraction and ability to raise the part only with assistance and when gravity is eliminated - 20% of normal muscle strength;
- 3° - ability to raise the part without assistance and against gravity only - 50% of normal muscle strength;
- 4° - ability to raise the part against gravity and some resistance - 80% of normal muscle strength;
- 5° - normal strength, i.e., ability to raise the part against full resistance - 100% of normal muscle strength.

SKALA ASHWORTH

- 1° - no increase in muscle tone,
- 2° - slight increase in tone giving a 'catch' when affected part is moved in flexion or extension,
- 3° - more marked increase in tone but affected part is easily flexed,
- 4° - considerable increase in tone; passive movement difficult,
- 5° - affected part is rigid in flexion or extension.

2. Extrapyrarnidal syndromes:	
a) persistent extrapyramidal syndrome presenting with significantly impeded system functionality and the need of care provided by another person	100
b) high degree extrapyramidal syndrome presenting with significantly impeded system functionality and self-help, without the need of care provided by another person	41-80
c) medium degree extrapyramidal syndrome presenting with impeded system functionality and self-help	21-40
d) low degree extrapyramidal syndrome presenting with impeded system functionality	11-20
e) presence of extrapyramidal syndrome	5-10
3. Impaired balance and motor function disorders (ataxia, dysmetria) of central origin, cerebellar syndromes:	
a) with complete disability in walking and independent functioning	100
b) with severely impeded walking and limited motor function	41-80
c) with moderately impeded walking and limited motor function	11-40
d) with slightly impeded walking and limited mobility, slight impairment of coordination and precision of movement	1-10
4. Epilepsy as an isolated consequence of brain injury:	
a) epilepsy with very frequent seizures - 3 times a week or more	30-40
b) epilepsy with seizures - more than 2 times a month	20-30
c) epilepsy with seizures - 2 times a month or less	10-20
d) epilepsy with seizures of varying morphology - without loss of consciousness	1-10
IMPORTANT NOTE: Epilepsy diagnosis is based on: recurrent epileptic seizures, typical EEG changes, outpatient or hospital records confirming the diagnosis, diagnosis must be determined by the attending physician (suspected epilepsy is not sufficient for the acknowledgment of Detriment in this respect.) Assessment of seizure frequency after the therapy. In the event when epilepsy co-exists with other symptoms of organic brain damage, assessment of the Detriment to Health should be done according to item 5 in this Table of Standards HAS.	
5. Neurological and mental disorders caused by organic brain damage (encephalopathy), depending on the degree of neurological and mental disorders:	
a) severe mental and neurological disorders that significantly impede or prevent independent existence	80-100
b) encephalopathy with significant personality changes and / or major neurological deficit	50-80
c) encephalopathy with personality changes and / or moderate neurological deficit	25-50
d) encephalopathy with slight personality changes and / or slight neurological deficit	10-25
IMPORTANT NOTE: Encephalopathy diagnosis should be confirmed with the presence of permanent deficit in neurological and mental condition, documented with neurological, psychiatric, psychological examinations (psychological tests such as the so-called psycho-organic triad, inter alia), and changes in EEG, CT or MR (MRI).	
6. Speech disorders:	
a) total aphasia (sensory or sensory-motor), and alexia with agraphia	100
b) total motor aphasia	60
c) aphasia that seriously impedes communication	40-59
d) aphasia that impedes communication to a moderate or low degree	20-39
e) slight degree aphasia, amnesic aphasia, discreet speech disorders, dysphasia	10-19
7. Partial or total damage to ocular motor nerves (the nerves: oculomotor, trochlear, abducens):	
a) with signs of diplopia, drooping of eyelid and accommodation disorders	20-35
b) with signs of diplopia, drooping of eyelid	11-20
c) with signs of diplopia, without drooping of eyelid	5-10
d) accommodation disorders, or other internal disorders of internal eye muscles	1-10

8. Partial or total damage to the trigeminal nerve - depending on the degree of damage:	
a) sensory (including post-traumatic neuralgia)	1-10
b) motor	1-10
c) sensory and motor	3-20
9. Facial nerve damage:	
a) total peripheral with lagophthalmos	20
b) partial peripheral depending on the severity of the disorder	3-19
c) isolated central damage	2-10
IMPORTANT NOTE: Central damage to the facial nerve co-existing with other symptoms indicative of brain damage should be assessed according to item 1 or item 5 in this Table of Standards HAS.	
10. Persistent partial or total damage to glossopharyngeal and vagus nerves - depending on the degree of speech, swallowing, breathing, circulatory and gastrointestinal disorders:	
a) mild	5-10
b) moderate	11-25
c) severe	26-50
11. Partial or total damage to the accessory nerve - depending on the degree of damage	3-15
12. Partial or total damage to the hypoglossal nerve - depending on the degree of damage	5-20
IMPORTANT NOTE: When the cranial nerve damage is accompanied with other brain damage, Detriment to Health assessment should be done according to item 5 in this Table of Standards HAS.	
13. Cardiac or pericardial damage:	
a) when surgical treatment is required, with efficient circulatory system, EF above 55%, exercise test more than 10 MET, without contractility changes	5
b) NYHA Class I, EF 50-55%, exercise test more than 10 MET, mild contractility changes	6-15
c) NYHA Class II, EF 45-55%, exercise test 7-10 MET, moderate contractility changes	16-25
d) NYHA Class III, EF 35- 45%, exercise test 5-7 MET, marked contractility changes	26-55
e) NYHA Class IV, EF <35%, exercise test less than 5 MET, severe contractility changes	56-90
IMPORTANT NOTE: The degree of cardiovascular system efficiency must be assessed on the basis of clinical examination, imaging examinations of the heart and/or exercise ECG. When assigning the implications to each item, at least two of the following criteria must be met: NYHA classification, EF, MET and contractility changes.	
ACCORDING TO THE NEW YORK HEART ASSOCIATION (NYHA) FUNCTIONAL CLASSIFICATION SYSTEM, THE FOLLOWING CARDIAC FUNCTIONAL CONDITIONS ARE DISTINGUISHED: Class I. Heart failure with no limitation of physical activity. Ordinary physical activity does not cause undue fatigue, palpitation, dyspnea (shortness of breath) or coronary pain Class II. Heart failure causing slight limitation of physical activity. Comfortable at rest, but ordinary physical activity results in fatigue, palpitation, dyspnea (shortness of breath), coronary pain. Class III. Heart failure causing marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes fatigue, palpitation, dyspnea (shortness of breath), coronary pain. Class IV. Heart failure due to which a person is unable to carry out any physical activity without discomfort. Symptoms of cardiac insufficiency may be observed even at rest. If any physical activity is undertaken, discomfort is increased.	
EF (LEFT VENTRICULAR EJECTION FRACTION) DEFINITION: Left ventricular ejection fraction – the volume of blood pumped out of the left ventricle of the heart. Ejection fraction is expressed in percentage – the proportion of blood ejected from the left ventricle with each heart beat to the total volume of left ventricle. Ejection fraction is the evidence of heart's systolic function and its hemodynamic efficiency.	
METABOLIC EQUIVALENT (MET) DEFINITION, APPLIED IN THE EXERCISE TEST: One metabolic equivalent (MET) is defined as the amount of oxygen consumed while sitting at rest and is equal to 3.5 ml O ₂ per kg body weight x min. It is obtained by dividing the volume of oxygen (in ml/min) by the product of body weight (in kg) x 3.5. The value of 3.5 is taken as the value corresponding to oxygen consumption at rest, and it is expressed in milliliters of oxygen per kilogram of body weight per minute.	

This HAS Table of Standards was approved by way of Unum Management Board Resolution No. 3/08/2022 of August 9, 2022 and comes into effect as of September 15, 2022.

TABLE OF SURGICAL OPERATIONS

This Table of Surgical Operations (hereinafter: Table of Operations) is an integral part of the following Rider Conditions:

- Group Insurance Rider Terms and Conditions in respect of Surgical Operations of the Life Insured (hereinafter: SO Rider Conditions);
- Group Insurance Rider Terms and Conditions in respect of Surgical Operations of the Life Insured due to an Accident (hereinafter: ASO Rider Conditions);
- Group Insurance Rider Terms and Conditions in respect of Surgical Operations of the Spouse or Partner (hereinafter: SPSO Rider Conditions);
- Group Insurance Rider Terms and Conditions in respect of Surgical Operations of a Child (hereinafter: ChSO Rider Conditions).

SURGICAL OPERATION (NAME)		% SI*
NERVOUS SYSTEM OPERATIONS		
1.	Extensive removal of brain tissue	100%
2.	Removal of brain tissue lesion	100%
3.	Stereotactic ablation of brain tissue	100%
4.	Drainage of brain tissue lesions	80%
5.	Brain pacemaker implantation	80%
6.	Ventriculostomy (cerebral ventricle fistula formation)	60%
7.	Ventriculostomy revision	60%
8.	Endoscopic treatments involving cerebral ventricles	60%
9.	Operation involving the subarachnoid space of the brain	80%
10.	Cranial nerve transplantation	100%
11.	Intracranial cranial nerve section	100%
12.	Extracranial vagus nerve removal	80%
13.	Extracranial removal of another cranial nerve	80%
14.	Cranial nerve lesion excision	100%
15.	Cranial nerve corrective surgery	100%
16.	Intracranial stereotactic cranial nerve release	80%
17.	Cranial nerve neurostimulation	60%
18.	Removal of lesions within the meninges	100%
19.	Reconstruction of the dura mater	100%
20.	Drainage of the epidural space	80%
21.	Drainage of subdural space	100%
22.	Partial removal of the spinal cord	100%
23.	Spinal nerve root surgery	80%
24.	Peripheral nerve resection	40%
25.	Peripheral nerve destruction	60%
26.	Excision of peripheral nerve lesion	40%
27.	Reconstruction of peripheral nerve by microsurgery	60%
28.	Excision of the sympathetic nerve (sympathectomy) at the cervical section	60%
29.	Excision of the pituitary	80%
30.	Damage to the pituitary gland resulting in severe dysfunction	80%
31.	Pineal gland surgery	80%
ENDOCRINE SYSTEM AND MAMMARY GLAND OPERATIONS		
32.	Total thyroidectomy	40%
33.	Partial thyroidectomy	20%
34.	Operations on abnormally located thyroid tissue	80%
35.	Thyroglossal duct operations	60%
36.	Excision of the parathyroid gland resulting in permanent insufficiency of the gland	80%

SURGICAL OPERATION (NAME)		% SI*
37.	Thymectomy	20%
38.	Adrenalectomy	60%
39.	Operations on abnormal adrenal tissue	60%
40.	Total amputation of the breast	40%
41.	Reconstructive surgery of the breast	40%
42.	Mamilla operations	40%
43.	Breast mammary duct operations	40%
44.	Partial mastectomy	10%
45.	Lumpectomy	5%
EYE OPERATIONS		
46.	Eyeball removal	60%
47.	Removal of orbital lesions	40%
48.	Implantation of ocular prosthesis	40%
49.	Revision of ocular prosthesis	40%
50.	Orbital repair plastic surgery	60%
51.	Orbital incision	40%
52.	Complex surgery on ocular muscles	60%
53.	Removal of ocular muscle	40%
54.	Recession of ocular muscle	40%
55.	Partial separation of ocular muscle tendon	40%
56.	Excision of corneal lesion	20%
57.	Removal of lesion within the sclera	40%
58.	Repair treatment of retinal detachment with buckling	20%
59.	Retinal detachment - photocoagulation treatment	40%
60.	Excision of the iris	40%
61.	Iris filtering procedures	60%
62.	Removal of the ciliary body	40%
63.	Extracapsular lens removal	20%
64.	Intracapsular lens removal	20%
65.	Vitreous surgery	60%
66.	Destruction of retinal lesion	40%
67.	Introduction of artificial lens	20%
68.	Sclerotomy	10%
69.	Iridotomy	10%
OTOLARYNGOLOGY OPERATIONS		
70.	Opening of the mastoid process	80%
71.	Repair surgery of the tympanic membrane	20%
72.	Drainage of the middle ear	20%
73.	Reconstruction of the ossicles	80%
74.	Removal of lesions in the middle ear	40%
75.	Nose amputation	60%

SURGICAL OPERATION (NAME)		% SI*
76.	Surgical opening of maxillary sinus through sub-labial access	20%
77.	Frontal sinus surgery	20%
78.	Sphenoid sinus surgery	20%
79.	Operations on a non-specified paranasal sinus	20%
80.	Sinus outlet dilatation surgery	10%
81.	Pharyngectomy	80%
82.	Repair pharyngeal surgery	60%
83.	Therapeutic endoscopic surgery of the pharynx (does not include removal of foreign body without incision)	20%
84.	Laryngectomy	60%
85.	Vocal cord lesion removal	20%
86.	Open surgery of laryngeal lesion	60%
87.	Reconstruction of the larynx	80%
88.	Cochlea surgery	40%
89.	Plastic surgery of the external ear	20%
90.	Nasal septum surgery	10%
91.	Removal of palatine tonsils	10%
RESPIRATORY SYSTEM OPERATIONS		
92.	Partial resection of the trachea	100%
93.	Tracheoplasty	60%
94.	Tracheal prosthesis by open access	60%
95.	Exteriorization of the trachea (tracheostomy)	40%
96.	Open surgery of the carina	60%
97.	Partial removal of the bronchus	60%
98.	Endofiberscopic therapeutic interventions on the lower airways	20%
99.	Therapeutic endoscopic procedures within the lower airways using a bronchoscope	20%
100.	Lung transplant	100%
101.	Lung resection	100%
102.	Removal of pulmonary parenchymal lesion by open surgery	80%
103.	Mediastinal open surgery (does not include diagnostic biopsy)	40%
104.	Therapeutic endoscopic procedures in the mediastinum	40%
ORAL CAVITY OPERATIONS		
105.	Excision of the tongue	60%
106.	Excision of tongue lesion	20%
107.	Excision of palate lesion	20%
108.	Correction of deformities of the palate	40%
109.	Removal of lesion from another structure of the oral cavity (excluding teeth)	20%
110.	Reconstruction of another structure of the oral cavity (excluding teeth and gums)	40%
111.	Excision of the salivary gland	40%
112.	Removal of salivary gland lesion	40%
113.	Salivary duct transplantation	40%
114.	Removal of salivary stone from the salivary duct by open surgery	20%
115.	Salivary duct ligation	20%
116.	Sialectasis	20%
117.	Partial excision of the lip	20%

SURGICAL OPERATION (NAME)		% SI*
118.	Removal of lip lesion	20%
119.	Correction of lip deformity	40%
UPPER GASTROINTESTINAL TRACT OPERATIONS		
120.	Esophago-gastrectomy	100%
121.	Total esophagectomy	100%
122.	Partial esophagectomy	60%
123.	Removal of esophageal lesion by open surgery	60%
124.	Esophageal bypass surgery	80%
125.	Revision of esophageal bypass surgery	60%
126.	Repair surgery of esophagus	100%
127.	Formation of esophageal fistula	60%
128.	Incision of the esophagus	20%
129.	Open surgery of esophageal varices	60%
130.	Insertion of esophageal endoprosthesis by open surgery	60%
131.	Endoscopic removal of esophageal lesion by fiberoscopy	20%
132.	Endoscopic removal of esophageal lesion using a rigid esophagoscope	20%
133.	Total gastrectomy	100%
134.	Partial gastrectomy	80%
135.	Stomach lesion resection by open surgery	60%
136.	Gastroplasty	60%
137.	Gastro-duodenostomy	60%
138.	Gastrojejunostomy with jejunum displacement	60%
139.	Gastrostomy	60%
140.	Laparotomic gastric ulcer surgeries	60%
141.	Pyloric incision (pyloromyotomy)	60%
142.	Fibroendoscopic removal of upper gastrointestinal tract lesion	20%
143.	Duodenectomy	60%
144.	Removal of duodenal lesion by open surgery	80%
145.	Duodenal bypass surgery	60%
146.	Laparotomic duodenal ulcer surgeries	60%
147.	Therapeutic endoscopic duodenal surgery	20%
148.	Jejunectomy	60%
149.	Jejunum lesion resection by open surgery	60%
150.	Jejunostomy	60%
151.	Jejunum bypass surgery	60%
152.	Therapeutic endoscopic jejunum surgery	20%
153.	Resection of the ileum	60%
154.	Removal of ileum lesion by open surgery	60%
155.	Ileum bypass surgery	60%
156.	Ileum bypass revision	60%
157.	Ileostomy	60%
158.	Ileostomy revision	60%
159.	Therapeutic endoscopic ileum surgery	20%
160.	Diaphragmatic hernia repair surgery	40%
LOWER GASTROINTESTINAL TRACT OPERATIONS		
161.	Emergency appendectomy	20%
162.	Total recto-colectomy	100%
163.	Total colectomy	80%
164.	Proctectomy	80%

SURGICAL OPERATION (NAME)		% SI*
165.	Extended right hemicolectomy	80%
166.	Transverse colectomy	80%
167.	Left hemicolectomy	80%
168.	Sigmoidectomy	80%
169.	Removal of colonic lesion by open surgery	60%
170.	Hemorrhoidectomy	10%
171.	Endoscopic removal of colonic lesion	20%
172.	Endoscopic removal of lesion in the lower part of the colon using a rigid sigmoidoscope	20%
173.	Endoscopic removal of lesion in the lower part of the colon using a fibrosigmoidoscope	20%
174.	Open colon surgery with the use of endoscope	60%
175.	Colon bypass surgery	60%
176.	Removal of lesion in the rectum by open surgery	60%
177.	Open rectopexy	60%
178.	Rectopexy through perineal approach	60%
179.	Transsphincteric rectal surgeries	60%
180.	Endoscopic removal of sigmoid lesion using a rigid sigmoidoscope	20%
181.	Intestine exteriorization	60%
OPERATIONS ON OTHER ABDOMINAL ORGANS		
182.	Liver transplant	100%
183.	Partial liver resection	80%
184.	Corrective surgery of the liver	80%
185.	Hepatotomy	20%
186.	Endoscopic liver surgery with the use of laparoscope	20%
187.	Transvascular surgical procedures on hepatic vessels	40%
188.	Cholecystectomy	20%
189.	Gallbladder anastomosis	60%
190.	Percutaneous therapeutic gallbladder surgery	40%
191.	Bile duct resection	80%
192.	Removal of bile duct lesion	60%
193.	Cholangiotomy	60%
194.	Bile duct anastomosis	60%
195.	Common bile duct anastomosis	60%
196.	Bile duct corrective surgery	60%
197.	Open implantation of bile duct prosthesis	60%
198.	Endoscopic insertion of prosthesis into the bile duct	40%
199.	Percutaneous implantation of bile duct prosthesis	40%
200.	Percutaneous revision of bile duct connection	40%
201.	Operation on the bile duct through Kehr's tube	40%
202.	Plastic surgery of sphincter of Oddi through duodenal access	60%
203.	Transduodenal Oddi sphincterotomy	60%
204.	Endoscopic incision of the sphincter of Oddi (endoscopic sphincterotomy)	20%
205.	Pancreas transplant	100%
206.	Total pancreatectomy	100%
207.	Pancreatic head resection	100%
208.	Removal of pancreatic lesion	60%
209.	Pancreatic duct anastomosis	80%
210.	Open drainage of pancreatic lesion	60%

SURGICAL OPERATION (NAME)		% SI*
211.	Percutaneous therapeutic pancreatic procedures	20%
212.	Total splenectomy	40%
CARDIAC OPERATIONS		
213.	Heart transplant	100%
214.	Lung transplant	100%
215.	Correction of transposition of the great arteries	100%
216.	Correction of total abnormal confluence of pulmonary veins	100%
217.	Atrial septal defect closure	100%
218.	Ventricular septal defect closure	100%
219.	Closure of defect in an unspecified septum of the heart	100%
220.	Closure of atrioventricular canal	100%
221.	Procedures involving heart septum on a closed heart	80%
222.	Generation of cardiac outflow tract with valvular insert	100%
223.	Generation of cardiac outflow tract with the use of another insert	100%
224.	Plastic surgery of the atrium	100%
225.	Mitral valvuloplasty	100%
226.	Aortic valvuloplasty	100%
227.	Tricuspid valvuloplasty	100%
228.	Pulmonary valvuloplasty	100%
229.	Unspecified valvuloplasty of the heart	100%
230.	Revision of valvuloplasty of the heart	100%
231.	Open valvulotomy	100%
232.	Closed valvulotomy	100%
233.	Therapeutic procedures on heart valve with access through heart lumen	100%
234.	Percutaneous surgery on heart valve	80%
235.	Removal of stenosis of structures associated with heart valves	100%
236.	Coronary artery bypass grafting with the use of saphenous vein	100%
237.	Coronary artery bypass with internal thoracic artery	100%
238.	Coronary artery repair surgery	100%
239.	Percutaneous coronary angioplasty	60%
240.	Open surgery on cardiac electrical conduction system	100%
241.	Implantation of ventricular assist device	60%
242.	Implantation of pacemaker (including ICD, CRT) with transvenous implementation of electrodes into heart chambers	60%
243.	Other permanent heart stimulation technique	60%
244.	Percutaneous procedure involving ablation of arrhythmogenic foci	60%
245.	Pericardiectomy	100%
246.	Pericardiocentesis	80%
247.	Pericardiotomy	40%
248.	Open surgery of complex defects of great vessels	100%
249.	Open surgery involving closure of patent ductus arteriosus	100%
250.	Percutaneous surgery of defects of great vessels	100%
ARTERIAL AND VENOUS OPERATIONS		
251.	Aorto-pulmonary anastomosis using vascular insert	100%

SURGICAL OPERATION (NAME)		% SI*
252.	Subclavian-pulmonary anastomosis using vascular insert	100%
253.	Pulmonary artery repair surgery	100%
254.	Percutaneous pulmonary artery surgery	60%
255.	Emergency resection of aortic aneurysm	100%
256.	Aortic graft implantation	100%
257.	Aortoplasty	100%
258.	Transvascular aortic surgery	80%
259.	Reconstruction of carotid artery	100%
260.	Transvascular surgery of carotid artery	60%
261.	Cerebral artery aneurysm surgery	100%
262.	Transvascular surgery of cerebral artery	60%
263.	Reconstruction of subclavian artery	100%
264.	Transvascular surgery of subclavian artery	60%
265.	Reconstruction of renal artery	100%
266.	Transvascular surgery of renal artery	60%
267.	Reconstruction of other visceral abdominal aortic branches	100%
268.	Transvascular surgery of other visceral abdominal aortic branches	60%
269.	Emergency surgery of iliac artery aneurysm	100%
270.	Iliac artery reconstruction	100%
271.	Transvascular surgery of iliac artery	60%
272.	Emergency surgery of femoral artery aneurysm	100%
273.	Femoral artery reconstruction	100%
274.	Transvascular surgery of femoral artery	60%
275.	Revision after reconstruction of another artery	60%
276.	Removal of vein / varices of the lower limb	10%
URINARY TRACT OPERATIONS		
277.	Kidney transplant	80%
278.	Total nephrectomy	80%
279.	Partial nephrectomy	60%
280.	Renal lesion excision	60%
281.	Open repair of the kidney	60%
282.	Renal incision	20%
283.	Endoscopic removal of kidney stone	20%
284.	Nephrostomy renal surgery	20%
285.	Ureterectomy	60%
286.	Ureteral fistula formation	80%
287.	Ureteral re-implantation surgery	60%
288.	Ureteral repair surgery	60%
289.	Therapeutic ureteral surgery with the use of nephroscope	20%
290.	Therapeutic ureteral surgery with the use of ureteroscope	20%
291.	Ureteral ostium surgeries	40%
292.	Complete removal of the bladder	100%
293.	Partial removal of the bladder	60%
294.	Urinary bladder enlargement	80%
295.	Surgery improving bladder capacity	40%
296.	Endoscopic surgery improving bladder capacity	20%
297.	Open drainage of the bladder	40%
298.	Endoscopic removal of bladder lesion	20%

SURGICAL OPERATION (NAME)		% SI*
299.	Abdomino-vaginal plasty of bladder ostium in a female patient	60%
300.	Abdominal plasty of bladder ostium in a female patient	60%
301.	Transvaginal surgery of bladder ostium in a female patient	60%
302.	Endoscopic therapeutic procedures involving bladder ostium in female patients	20%
303.	Prostate resection by open surgery	80%
304.	Endoscopic surgery in the area of bladder ostium in a male patient	20%
305.	Urethrectomy	60%
306.	Repair surgery of the urethra	40%
307.	Therapeutic endoscopy of the urethra	20%
308.	Urethral meatus surgeries	20%
GENITAL OPERATIONS		
309.	Removal of the scrotum	40%
310.	Bilateral orchidectomy	60%
311.	Removal of testicular lesion	40%
312.	Bilateral implantation of testes into the scrotum	60%
313.	Testicular prosthesis	40%
314.	Hydrocele surgery	20%
315.	Epididymis surgery	20%
316.	Excision of the vas deferens	20%
317.	Repair surgery of the spermatic cord	40%
318.	Varicocele surgery	40%
319.	Surgery of the seminal vesicles	40%
320.	Total amputation of penis	60%
321.	Partial amputation of penis	40%
322.	Removal of penis lesion	40%
323.	Plastic surgery of the penis secondary to previous treatment	60%
324.	Penile prosthesis	20%
325.	Foreskin surgery	20%
326.	Clitoral surgery	20%
327.	Excision of the vulva	60%
328.	Excision of vulvar lesion	20%
329.	Repair surgery involving the vulva	20%
330.	Incision of the vaginal canal	20%
331.	Vaginectomy	40%
332.	Incision of vaginal adhesions	10%
333.	Removal of vaginal lesion	10%
334.	Vaginoplasty	20%
335.	Vaginal prolapse repair surgery with amputation of the cervix	40%
336.	Plastic surgery of the vaginal vault	20%
337.	Douglas sinus surgery	20%
338.	Cervicectomy	40%
339.	Abdominal hysterectomy	80%
340.	Transvaginal hysterectomy	60%
341.	Laparoscopic hysterectomy	60%
342.	Endoscopic therapeutic procedures on the uterus	20%
343.	Total bilateral removal of uterine appendages	60%
344.	Total unilateral removal of uterine appendages	40%

SURGICAL OPERATION (NAME)		% SI*
345.	Broad ligament surgery	20%
346.	Surgery of another ligament of the uterus	20%
347.	Curettage of the uterus	5%
348.	Removal of Fallopian tube	20%
349.	Implantation of Fallopian tube prosthesis	20%
350.	Open bilateral occlusion of Fallopian tubes	20%
351.	Surgery involving fimbriae of the Fallopian tube	20%
352.	Partial ovariectomy	20%
353.	Endoscopic surgery on the ovary	20%
354.	Open destruction of ovarian lesions	20%
355.	Repair surgery of the ovary	20%
356.	Removal of cervical lesion	5%
357.	Removal of Fallopian tube lesion	20%
SOFT TISSUE OPERATIONS		
358.	Partial excision of the chest wall	80%
359.	Chest wall reconstruction	80%
360.	Open pleurectomy	80%
361.	Endoscopic therapeutic procedures on the pleura	20%
362.	Open drainage of the pleura	60%
363.	Repair surgery of ruptured diaphragm	100%
364.	Inguinal hernia surgery	20%
365.	Umbilical hernia surgery	20%
366.	Femoral hernia surgery	20%
367.	Post-operative scar hernia surgery	20%
368.	Removal of peritoneal lesion through open access	60%
369.	Open peritoneal drainage	60%
370.	Greater omentum surgeries	60%
371.	Small bowel mesentery surgery	60%
372.	Colon mesentery surgery	60%
373.	Surgery of the posterior wall of peritoneal cavity	60%
374.	Therapeutic endoscopic surgery of the peritoneum	20%
375.	Fascial graft	20%
376.	Resection of abdominal fascia	20%
377.	Excision of another fascia	20%
378.	Excision of fascial lesions	20%
379.	Separation of the fascia	20%
380.	Release of the fascia	20%
381.	Excision of tendon sheath gelatinous cyst	20%
382.	Re-excision of tendon sheath gelatinous cyst	20%
383.	Tendon displacement	40%
384.	Tendon excision	40%
385.	Primary tendon repair surgery	40%
386.	Secondary tendon repair surgery	40%
387.	Change of tendon length	20%
388.	Excision of tendon sheath	20%
389.	Muscle transplant	60%
390.	Muscle excision	20%
391.	Repair surgery of muscle (does not apply to simply sewing up the muscle)	20%
392.	Muscle contracture release	20%
393.	Removal of a group of lymph nodes (removal of regional lymph nodes)	20%

SURGICAL OPERATION (NAME)		% SI*
394.	Lymphatic cord surgery	80%
395.	Pharyngeal pouch surgery	40%
396.	Skin grafting surgery	20%
397.	Facial skin lesion removal	10%
OPERATIONS ON JOINTS AND BONES		
398.	Cranioplasty	60%
399.	Craniotomy	100%
400.	Facial bone excision	40%
401.	Maxillary fracture reduction	40%
402.	Fracture reduction involving another facial bone	40%
403.	Facial bone separation	60%
404.	Facial bone stabilization	40%
405.	Mandibulectomy	60%
406.	Mandibular fracture reduction	20%
407.	Separation of the mandible	40%
408.	Stabilization of the mandible	40%
409.	Reconstruction of temporomandibular joint	60%
410.	Primary cervical spine decompression surgery	100%
411.	Correction after cervical spine decompression surgery	80%
412.	Decompression of spinal cord in the thoracic section	100%
413.	Decompression of spinal cord in the lumbar section	100%
414.	Correction after lumbar spine decompression surgery	100%
415.	Decompression surgery on other parts of the vertebral column	80%
416.	Primary excision of cervical spine intervertebral disc	80%
417.	Correction after excision of cervical spine intervertebral disc	80%
418.	Primary excision of thoracic spine intervertebral disc	80%
419.	Correction after excision of thoracic spine intervertebral disc	80%
420.	Primary excision of lumbar spine intervertebral disc	60%
421.	Correction after excision of lumbar spine intervertebral disc	60%
422.	Excision of unspecified intervertebral disc	60%
423.	Primary stiffening (arthrodesis) of cervical spine joint	100%
424.	Primary stiffening (arthrodesis) of another spine joint	80%
425.	Correction of spine joint stiffening	80%
426.	Correction of spinal deformity with implanted mechanical devices	100%
427.	Removal of spinal lesion	80%
428.	Decompression of spinal fracture	80%
429.	Immobilization of spinal fracture	80%
430.	Total reconstruction of the thumb	60%
431.	Total reconstruction of the forefoot	60%
432.	Total reconstruction of the rearfoot	60%
433.	Implantation of bone implant, bone graft	60%
434.	Complete bone excision	40%
435.	Excision of ectopic bone	20%
436.	Removal of bone lesion	40%

SURGICAL OPERATION (NAME)		% SI*
437.	Operation of the hallux valgus	10%
438.	Diaphyseal separation	40%
439.	Separation of foot bones	40%
440.	Bone drainage	40%
441.	Primary open reduction of bone fracture or dislocation with intramedullary (internal) fixation	40%
442.	Primary open reduction of bone fracture or dislocation with external fixation	40%
443.	Primary open reduction of transarticular bone fracture	40%
444.	Secondary open reduction of bone fracture	40%
445.	Closed reduction of bone fracture with intramedullary (internal) fixation	40%
446.	Surgical stabilization of separated epiphysis	40%
447.	Joint contracture release	20%
448.	Skeletal bone traction	20%
449.	Bone marrow transplant	40%
450.	Therapeutic endoscopy of knee joint and shoulder joint	5%

SURGICAL OPERATION (NAME)		% SI*
OTHER SURGICAL PROCEDURES		
451.	Re-implantation of the upper limb	60%
452.	Re-implantation of the lower limb	60%
453.	Re-implantation of another organ	60%
454.	Implantation of prosthetic limb	100%
455.	Upper limb amputation at the shoulder	60%
456.	Upper limb amputation at the wrist	40%
457.	Lower limb amputation at the thigh	60%
458.	Lower limb amputation at the lower leg and foot	40%
459.	Great toe amputation	20%
460.	Surgeries involving the stump after amputation	40%
461.	Abdomino-pelvic amputation	80%
462.	Inter-systemic transplantation	60%
463.	Other surgical operations not listed above	5%

This Table of Surgical Operations was approved by the Unum Management Board by the way of Resolution No. 3/08/2022 of August 9, 2022 and comes into effect as of September 15, 2022.

TABLE OF INJURIES

This Table of Injuries is an integral part of Group Insurance Rider Terms and Conditions in respect of Severe Accidental Injury of a Child (hereinafter: 'SAIC Rider Conditions').

SEVERE INJURIES		% SU*
UPPER LIMBS		
1.	Loss of limb above the elbow	80%
2.	Loss of limb above the wrist	60%
3.	Loss of limb at the wrist	55%
4.	Complete loss of all fingers of a hand	50%
5.	Complete loss of a thumb and an index finger	35%
6.	Complete loss of a thumb and a finger other than the index finger	25%
7.	Complete loss of a thumb (both phalanges)	20%
8.	Loss of distal phalanx of the thumb	8%
9.	Complete loss of an index finger	15%
10.	Loss of distal phalanx of the index finger	4%
11.	Loss of middle phalanx of the index finger	9%
12.	Complete loss of a finger other than the thumb or index finger	5%
13.	Loss of distal phalanx of a 3rd, 4th or 5th finger	1%
14.	Loss of middle phalanx of a 3rd, 4th or 5th finger	3%
LOWER LIMBS		
15.	Loss of limb above the knee	80%
16.	Loss of limb above the ankle	60%
17.	Loss of limb at the ankle	45%
18.	Loss of limb at the tarsus	40%
19.	Loss of limb at the metatarsus	30%
20.	Complete loss of all toes in a foot	25%
21.	Complete loss of four toes (great toe included)	20%
22.	Complete loss of the great toe	10%
23.	Complete loss of a toe other than the great toe	3%
HEAD		
24.	Complete and irreversible loss of eyesight in both eyes	100%
25.	Complete and irreversible loss of hearing in both ears	100%
26.	Complete and irreversible loss of speech	100%
27.	Complete and irreversible loss of eyesight in one eye	40%
28.	Complete and irreversible loss of hearing in one ear	20%
29.	Complete loss of the nose (including nasal bones)	30%
FRACTURES		
CRANIAL FRACTURES		
30.	Cranial vault fracture – for each bone	2%
31.	Skull base fracture	6%
32.	Fracture of nasal bone or nasal septum with displacement	2%
33.	Fracture of nasal bone or nasal septum without displacement	1%
34.	Zygomatic bone fracture with displacement	3%
35.	Zygomatic bone fracture without displacement	1%

SEVERE INJURIES		% SU*
36.	Craniofacial fracture – maxillary bones, sinuses, orbit (for each bone) with displacement	5%
37.	Craniofacial fracture – maxillary bones, sinuses, orbit (for each bone) without displacement	2%
38.	Mandibular fracture – comminuted	6%
39.	Mandibular fracture – other than comminuted	4%
40.	Cranial and craniofacial fracture (excluding nose, teeth and zygomatic bones)	5%
THORACIC FRACTURES		
41.	Fracture of 1 to 3 ribs	2%
42.	Fracture of 4 to 8 ribs	7%
43.	Fracture of 9 and more ribs	12%
44.	Fracture of the sternum with displacement	5%
45.	Fracture of the sternum without displacement	2%
SPINAL FRACTURES		
46.	Vertebral body compression fracture – for each vertebra	7%
47.	Fracture of transverse or spinous processes of the vertebrae – for each process	1%
48.	Fracture of vertebral arches – for each arch	3%
49.	Coccyx fracture without displacement	2%
50.	Coccyx fracture with displacement	4%
PELVIS FRACTURES		
51.	Acetabular fracture	10%
52.	Pelvic fracture with pelvic girdle rupture:	
	a) at anterior section, unilaterally	2%
	b) at anterior section, bilaterally; or unilaterally, pubic and ischial bones	5%
	c) at both anterior and posterior sections, with displacement	10%
	d) at both anterior and posterior sections, without displacement	20%
53.	Pelvic fracture without pelvic girdle rupture:	
	a) single fracture, without displacement	2%
	b) single fracture, with displacement	4%
	c) multiple fracture, without displacement	5%
	d) multiple fracture, with displacement	10%
UPPER LIMB FRACTURES		
54.	Fracture of the scapula:	
	a) multiple	5%
	b) single with displacement	3%
	c) other fractures	1%
55.	Fracture of the clavicle:	
	a) multiple	5%
	b) single with displacement	3%
	c) other fractures	1%
56.	Fracture of proximal humeral epiphysis:	
	a) multiple	10%

SEVERE INJURIES		% SU*
	b) single with displacement	4%
	c) other fractures	2%
57.	Fracture of humeral diaphysis	
	a) multiple	8%
	b) single with displacement	4%
	c) other fractures	2%
58.	Fracture of distal humeral epiphysis:	
	a) multiple	8%
	b) single with displacement	5%
	c) other fractures	2%
59.	Fracture of diaphyses of the forearm:	
	a) multiple	7%
	b) single with displacement	5%
	c) other fractures	2%
60.	Fracture of distal epiphyses of the forearm:	
	a) multiple	7%
	b) single with displacement	4%
	c) other fractures	2%
61.	Wrist fracture:	
	a) multiple fractures (2 or more) of wrist bones	6%
	b) single with displacement	4%
	c) other fractures	2%
62.	1st metacarpal bone fracture:	
	a) multiple	6%
	b) single with displacement	4%
	c) other fractures	2%
63.	2nd metacarpal bone fracture:	
	a) multiple	4%
	b) single with displacement	2%
	c) other fractures	1%
64.	3rd, 4th, 5th metacarpal bone fracture – for each bone:	
	a) multiple	2%
	b) single with displacement	1%
	c) other fractures	1%
65.	Thumb fracture:	
	a) multiple	6%
	b) single with displacement	4%
	c) other fractures	2%
66.	Index finger fracture:	
	a) multiple	4%
	b) single with displacement	2%
	c) other fractures	1%
67.	Fracture of the 3rd, 4th, 5th finger – for each finger:	
	a) multiple	2%
	b) single with displacement	1%
	c) other fractures	1%
LOWER LIMB FRACTURES		
68.	Fracture of proximal femoral epiphysis:	
	a) multiple	15%
	b) single with displacement	10%
	c) other fractures	8%

SEVERE INJURIES		% SU*
69.	Fracture of femoral diaphysis:	
	a) multiple	12%
	b) single with displacement	8%
	c) other fractures	4%
70.	Fracture of distal femoral epiphysis:	
	a) multiple	10%
	b) single with displacement	5%
	c) other fractures	3%
71.	Fracture of the patella:	
	a) multiple	8%
	b) single with displacement	5%
	c) other fractures	3%
72.	Fracture of proximal epiphysis of the lower leg:	
	a) multiple	12%
	b) single with displacement	8%
	c) other fractures	5%
73.	Fracture of diaphysis of the lower leg:	
	a) multiple	10%
	b) single with displacement	7%
	c) other fractures	4%
74.	Fracture of distal epiphysis of the lower leg:	
	a) lateral malleolar fracture without displacement	2%
	b) lateral malleolar fracture with displacement	3%
	c) medial malleolar fracture without displacement	3%
	d) medial malleolar fracture with displacement	5%
	e) bimalleolar fracture with displacement	8%
	f) bimalleolar fracture without displacement	5%
	g) trimalleolar fracture with displacement	10%
	h) trimalleolar fracture without displacement	6%
	i) other fractures	3%
75.	Talus and calcaneus fracture (for each bone):	
	a) multiple	8%
	b) single with displacement	5%
	c) other fractures	3%
76.	Tarsal bone fracture (for each bone):	
	a) multiple	6%
	b) single with displacement	4%
	c) other fractures	2%
77.	Metatarsal bone fracture (for each bone):	
	a) multiple	5%
	b) single with displacement	3%
	c) other fractures	2%
78.	Great toe fracture:	
	a) multiple	4%
	b) single with displacement	2%
	c) other fractures	1%
79.	Fracture of the 2nd, 3rd, 4th and 5th toe (for each toe):	
	a) multiple	2%
	b) single with displacement	1%
	c) other fractures	1%

SEVERE INJURIES		% SU*
BURNS		
80.	2nd degree skin burns:	
	a) less than 4.5% total body surface area (TBSA)	1%
	b) between 4.6% and 9% TBSA	7%
	c) between 9.1% and 18% TBSA	20%
	d) between 19% and 27% TBSA	40%
	e) more than 27% TBSA	100%
81.	3rd degree skin burns:	
	a) less than 4.5% total body surface area (TBSA)	3%
	b) between 4.6% and 9% TBSA	25%
	c) between 10% and 18% TBSA	60%
	d) more than 18% TBSA	100%
82.	Respiratory tract burns requiring hospitalization	10%
83.	Upper gastrointestinal tract burns requiring hospitalization	10%
FROSTBITE		
84.	Frostbite (2nd degree at the minimum) of one finger	0,5%
85.	Frostbite (2nd degree at the minimum) of one toe	0,5%
86.	Frostbite (2nd degree at the minimum) of more than one finger	2%
87.	Frostbite (2nd degree at the minimum) of more than one toe	2%
88.	Nose frostbite (2nd degree at the minimum)	2%
89.	Ear frostbite (2nd degree at the minimum)	2%

SEVERE INJURIES		% SU*
OTHER INJURIES		
90.	Total and irreversible palsy (paralysis) of at least two limbs	100%
91.	Head injury requiring craniotomy	20%
92.	Chest injury requiring thoracotomy	10%
93.	Chest injury requiring pleural drainage	5%
94.	Chest injury requiring lung tissue resection	25%
95.	Abdominal injury requiring laparotomy	5%
96.	Abdominal injury requiring splenectomy	15%
97.	Loss of kidney through trauma	30%
98.	Concussion requiring hospitalization:	
	a) from 2 to 5 days	2%
	b) from 6 to 10 days	5%

This Table of Injuries was approved by way of Unum Management Board Resolution No. 3/08/2022 of August 9, 2022 and comes into effect as of September 15, 2022.

