

GENERAL CONDITIONS OF EMPLOYER'S INSURANCE

Occupational Medicine

(MP 02)

This document is a translation from Polish into English. The Polish version is the original and conclusive version. In the event of any discrepancy between the translation and the Polish version, the Polish version is legally binding and decisive.

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GENERAL CONDITIONS OF EMPLOYER'S INSURANCE – OCCUPATIONAL MEDICINE (MP 02)

Information referred to in Article 17 section 1 of Polish Act of 11 September 2015 on Insurance and Reinsurance Activity

TYPE OF INFORMATION	NUMBER OF THE SECTIONING UNIT OF THE CONTRACT TEMPLATE
1. Conditions for the payment of benefits	§1 paragraph 2 §2 paragraphs 1-7 §2 paragraph 9-12 Appendix No1
2. Limitations and exclusions of liability authorizing refusal to pay benefits or their reduction	§2 paragraphs 13-15

§1 GENERAL PROVISIONS

1. These General Conditions of Insurance, hereinafter referred to as the GCI, shall apply to insurance contracts made by Towarzystwo Ubezpieczeń i Reasekuracji Allianz Polska Spółka Akcyjna (hereinafter referred to as „Allianz”) with Policyholders.
2. The terms used in these GCI, the policy and in any other documents attached thereto shall have the following respective meanings:
 - 1) **follow-up examinations** – shall mean medical examinations of each employee returning to work after a break resulting from inability to work due to a disease lasting more than 30 days;
 - 2) **periodic examinations** – shall mean medical examinations of each employee working at a specific work station, for whom a medical certificate expires, issued for a previous occupational health examination;
 - 3) **preliminary examinations** – shall mean medical examinations of:
 - a) persons taken into employment;
 - b) employees transferred to a work station involving exposure to health-damaging factors or arduous conditions;
 - c) juveniles transferred to another work station.
 - 4) **specialist and diagnostic examinations** – shall mean consultations with specialists and additional diagnostic examinations performed on an order from an occupational medicine physician, strictly related to the working conditions and threats existing at a given work station;
 - 5) **preventive examinations** – shall mean occupational health examinations including preliminary, periodic and follow-up examinations together with specialist and diagnostic examinations, as listed in Appendix 1 hereto; preventive examinations are performed on the basis of a referral issued by the employer in accordance with these GCI;
 - 6) **occupational disease** – shall mean a disease caused by health damaging factors occurring in the working environment or the way in which work is performed; a list of occupational diseases is provided in the Regulation of the Council of Ministers of 30 July 2002 on the list of occupational diseases, detailed rules of procedure in the cases of reporting suspicion, diagnosing and ascertainment of occupational diseases and the entities competent in these matters (Journal of Laws of 2002, No 132, item 1115);
 - 7) **Head Office** – shall mean the primary administrative establishment of Allianz set up to initiate, organise and supervise the performance of business by Allianz; the address of the Head Office shall be the registered address of Allianz shown on the policy;
 - 8) **occupational health service units** – shall mean the units referred to in Article 2 paragraph 2 of the Occupational Health Service Act of 27 June 1997 (Journal of Laws of 2004, No 125, item 1317, partnering with Allianz in the provision of occupational health services, hereinafter also referred to as medical facilities);
 - 9) **Labour Code** – shall mean the Labour Code Act of 26 June 1974 (Journal of Laws of 1998, No 21, item 94, consolidated text, as amended) and secondary legislation issued under it;
 - 10) **employee health monitoring** – shall mean the procedures and examinations conducted in order to assess employees’ health, detect and identify substandard states and the causality between those states and working conditions; as part of health monitoring, employees are provided with advice and recommendations concerning the methods of preventing adverse changes in the state of health;
 - 11) **occupational medicine** – shall mean the protection of employees health against adverse conditions related to the working environment and the way work is performed, and aimed to provide preventive health care to employees;
 - 12) **policy** – shall mean a document issued by Allianz to confirm the conclusion of an insurance contract;
 - 13) **preventive health care** – shall mean activities preventing the occurrence and propagation of adverse health effects which are directly or indirectly related to the conditions or nature of work performed; the scope of preventive health care is defined in § 2 paragraph 4 (2) hereof;
 - 14) **employee** – shall mean a natural person employed by the Policyholder on the basis of a contract of employment, appointment, election, nomination, or a cooperative employment contract;
 - 15) **staffing report** – shall mean a schedule drawn up by the Policyholder in the event of change in the number of employees after the conclusion of an insurance contract, submitted by the Policyholder within the time limit set forth § 3 paragraph 10;
 - 16) **occupational risk** – shall mean the possibility of undesirable events occurring, related to the work performed, causing losses, in particular, in the form of adverse health effects resulting from occupational hazards occurring in the working environment or related to the way work is performed;
 - 17) **premium** – shall mean an insurance premium payable by the Policyholder under the insurance contract, intended to cover the cost of insurance cover; the amount and due date of the insurance premium are specified in the policy;
 - 18) **accident at work** – shall mean an event meeting the criteria set forth in Article 3 of the Act of 30 October 2002 on social insurance for accidents at work and occupational diseases (Journal of Laws of 2002, No 199, item 1673, as amended), which occurs within the period between the date of commencement and the date of termination of liability of Allianz;
 - 19) **occupational health benefits** – shall mean preventive health care benefits as well as other occupational health benefits for employees, which the Insured is required to ensure under the provisions of the Labour Code, and which are included in the insurance cover;
 - 20) **Policyholder** – shall mean a natural person, corporation or a body having legal capacity, obligated to pay insurance premium;
 - 21) **Insured** – shall mean a natural person, corporation or a body having legal capacity, being an employer within the meaning of the Labour Code, employing employees, also referred to as the employer;
 - 22) **insurance contract** – shall mean a contract made between Allianz and the Policyholder under these GCI;
 - 23) **acceptance of risk** – shall mean a decision taken by Allianz concerning the terms and conditions on which it will assume liability under an insurance contract, based on an insurance proposal submitted together with other documents required;
 - 24) **scope of insurance cover** – shall mean the scope of occupational health benefits, the cost of which will be covered by Allianz under the insurance contract, as specified in § 2 paragraph 4 hereof.

§2 SUBJECT OF INSURANCE AND SCOPE OF COVER

1. The subject of the insurance is covering the costs of occupational medicine services.
2. The scope of insurance covers the cost of occupational health benefits incurred by the Insured under the provisions of the Labour Code to the extent provided for by the insurance contract. The scope of examinations performed as part of occupational health benefits is specified in Appendix 1 hereto.
3. Allianz covers under the insurance contract the costs of occupational health services that occur during the period of cover. The occupational health benefits shall be performed at medical facilities indicated through the Allianz helpline.
4. Under the insurance contract, Allianz shall cover the cost of occupational health benefits involving:
 - 1) preventive examinations for employees;
 - 2) the provision of preventive health care to employees, as necessary due to working conditions, including examination in the cases described in subparagraph 3 (b), (c), (f) and (g) as specified in Appendix 1 hereto, at dates other than those resulting from the frequency of periodic examinations, and certification of the ability to perform current work; referral for an examination shall be issued by the employer on the notification by the employee of his/her inability to perform his/her current work;
 - 3) medical certification for the purposes specified in the Labour Code, including certificates:
 - a) of the loss of an employee’s ability to perform his/her current work,
 - b) of the need to transfer an employee to another job due to the determination that the work performed has a harmful effect on the employee’s health,
 - c) declaring that a woman should not perform her current work due to pregnancy,
 - d) declaring that a specific work poses a health hazard for a juvenile,
 - e) of there being no contraindications for work at a specific work station,
 - f) declaring that an employee has developed symptoms indicative of the onset of an occupational disease,
 - g) of an employee’s inability to perform his/her current work where the employee has sustained an accident at work or has

- been found to have developed an occupational disease but has not been classified under any disability group;
- 4) preventive examinations for disease control purposes;
 - 5) assessment of the ability to work in a specific profession and at a specific work station, taking into account the state of health and hazards existing at the workplace;
 - 6) issuing certificates of the employee's state of health or inability to work for the purposes envisaged in the Labour Code;
 - 7) visits to the workplace by an occupational medicine physician to check if proper health conditions are ensured at work stations;
 - 8) an occupational medicine physician's participation in the company occupational health and safety committee appointed at the workplace in accordance with the procedure provided for in the Labour Code in the cases envisaged in the Labour Code.
5. In order to obtain coverage for the costs of occupational medicine services indicated in section 4 (1)-(6), the Insured shall issue a personal referral for examination in accordance with the applicable legal regulations, on an Allianz form. The referral mentioned in the previous sentence should contain in particular:
- 1) in the case of preventive examinations – definition of the type of preventive examination to be performed (preliminary examination, periodic examination, follow-up examination);
 - 2) for persons taken into employment or employees transferred to other work stations – definition of the work station at which the person subject to examination is to be employed. In this case, the employer may indicate in the referral two work stations in the order corresponding to the needs of the workplace;
 - 3) for employees – definition of the work station at which the employee is employed;
 - 4) information on the occurrence of health-damaging factors or arduous conditions at the work station and up-to-date results of tests and measurements of health-damaging factors, performed at those work stations;
 - 5) in the case of disease control tests – indication of the activities performed by the employee which involve the risk of infection being passed on to others.
6. Once the Insured's referral mentioned in paragraph 5 above is received, the Insured should directly or through his employee:
- 1) contact the Allianz medical helpline whose number is stated on the referral form;
 - 2) agree the date and time when the occupational health benefits are to be provided with the Allianz medical helpline;
 - 3) ensure that the employee who has been referred for examinations appears at the designated occupational health service unit at a date and time appointed by that unit or by Allianz and submits the referral for occupational health benefits to the occupational health service unit;
 - 4) follow the instructions and advice received from the occupational health service unit and the operator of the Allianz medical helpline.
7. When contacting the Allianz medical helpline, the Insured is required to furnish the medical helpline operator with the following information:
- 1) the Policyholder's name, address, REGON business registration number and policy number;
 - 2) the first name and surname of the employee referred for occupational health benefits;
 - 3) the date of birth or PESEL personal identification number of the employee referred for occupational health benefits;
 - 4) the contact telephone number of the employee referred for occupational health benefits or the Insured's contact telephone number;
 - 5) the work station of the employee referred for occupational health benefits;
 - 6) the date of issue of the referral;
 - 7) details contained in the referral, including health-damaging factors;
 - 8) tests and measurements of health-damaging factors and arduous
 - 9) conditions; the way in which work is performed, and other information
 - 10) necessary to provide insurance cover under these GCI.
8. On the basis of the referral mentioned in paragraph 5 above, the occupational medicine physician shall carry out a medical examination including:
- 1) medical interview – previous diseases, subjective ailments and current treatment as well as the influence of working conditions on the state of health;
 - 2) physical examination.
9. The physician conducting preventive examinations may expand them by including additional specialist consultation examinations and additional examinations as part of the preventive examination, and may set the date of the next examination sooner than as provided by the Labour Code, having found it necessary for correct assessment of the employee's health.
10. The physician shall assess the hazards mentioned in paragraph 7 (7) on the basis of information provided by the employer on the existence of health damaging factors or arduous conditions, including also up-to-date results of tests and measurements of health-damaging factors occurring at work stations.
 11. The covering by Allianz of the cost of the occupational health benefits described in paragraph 4 (7) shall be conditional on making the Insured's workplace available for inspection on each request of an occupational medicine physician notified directly by the medical facility or by Allianz.
 12. The payment by Allianz of the cost of the occupational health benefits described in paragraph 4 (8) shall be conditional on giving reasonable prior notice of the meeting to Allianz or the occupational health service unit directly.
 13. Allianz shall be relieved of the obligation to cover the cost of occupational medicine benefits where the need for such benefits does not arise from advice of an occupational medicine physician or is not required under the Labour Code.
 14. According to the Labour Code and insurance coverage, preliminary examinations are not subject to:
 - 1) persons employed again with a given employer for the same position or for a position with the same working conditions, on the basis of another employment contract concluded within 30 days after the termination or expiry of the previous employment contract with that employer;
 - 2) accepted to work for another employer in a given position within 30 days after the termination or expiry of the previous employment relationship, if they present the employer with a current medical certificate stating that there are no contraindications to work in the working conditions described in the medical examination referral, and the employer states that these conditions correspond to the conditions present in the given position, with the exception of persons admitted to perform particularly hazardous work.
 15. The provisions of paragraph 14 shall apply accordingly in the case of employing a person who is simultaneously in an employment relationship with another employer.

§3 CONCLUSION OF THE INSURANCE CONTRACT

1. The insurance contract shall be made for a period of one year. The insurance contract shall be renewed for the next annual insurance period if neither party gives the other party, no later than one month before the end of each annual insurance period, a written non-renewal notice. The insurance contract may be renewed multiple times, subject to the procedure set forth above.
2. If the insurance contract is renewed for the next annual insurance period, subject to the procedure set forth in paragraph 1, the contract shall be renewed on the same terms as the contract made in the previous annual period, and the documents in force so far, confirming the conclusion of the insurance contract, shall remain in force unless the parties elect to amend the terms and conditions of the insurance contract.
3. The insurance contract shall be concluded provided that the employer employs at least 20 employees.
4. For employers employing fewer than 20 employees, the insurance contract may be concluded on terms and conditions proposed by Allianz and agreed with the Policyholder.
5. The insurance contract shall be made on the basis of a correctly completed written insurance proposal form signed by the Policyholder and submitted to Allianz not later than 10 calendar days before the commencement of the insurance period on forms prepared for the purpose by Allianz. The Policyholder shall be required to correctly and fully complete the insurance proposal form. The details stated in the insurance proposal form must be consistent with the details provided for insurance risk assessment purposes.
6. The Policyholder (or an attorney concluding the contract on the Policyholder's behalf) shall be required to disclose to Allianz all circumstances known to the Policyholder, which Allianz has enquired about prior to concluding the insurance contract, and shall be required to report any changes to those circumstances as soon as Policyholder becomes aware thereof. If the circumstances are misrepresented or concealed, Allianz shall be relieved from liability for the circumstances that have not been disclosed to Allianz in breach of the above obligations.

7. Having assessed the insurance risk on the basis of the occupational risk information obtained, Allianz may refuse to enter into the insurance contract.
8. If the insurance contract is concluded in spite of a lack of responses to specific questions appearing on the Allianz form, the circumstances omitted shall be considered immaterial.
9. A policy issued by Allianz shall be proof of the conclusion of an insurance contract.
10. If the number of employees changes after the conclusion of the insurance contract, the Policyholder shall be required to submit to Allianz, not later than 10 calendar days before the end of each month of insurance cover, a staffing report stating the number of employees employed after the last report was prepared.
11. In the absence of the information mentioned in paragraph 10, the number of employees shall be deemed to have remained unchanged from the previous month of insurance cover.

§4 PREMIUM

1. Under the insurance contract, the Policyholder shall be required to pay premium in the amount corresponding to the amount stated in the insurance contract multiplied by the number of employees declared by the Policyholder, and at the frequency stated in the insurance contract.
2. Premiums may be payable on a monthly, quarterly or semi-annual basis, or in advance for the whole year of the term of the contract.
3. The premium rate shall be determined on the basis of risk, which depends on the number of employees employed in a given calendar month, taking into account occupational risk resulting from: the nature of the work performed, exposure to health-damaging factors, age and estimated turnover of employees.
4. Premium shall be payable in advance not later than 10 calendar days before the period for which it is due.
5. A premium shall be deemed paid when the premium amount due is delivered to Allianz within the due date set forth in the insurance contract, as evidenced by:
 - 1) cash receipt voucher confirmed by an agent of Allianz;
 - 2) confirmation of bank transfer to the relevant bank account of Allianz;
 - 3) proof of payment by postal order to the relevant bank account of Allianz;
 - 4) cash receipt voucher if payment is made by payment card.
6. A premium shall be deemed paid by the Policyholder when credited to the relevant bank account of Allianz in the amount provided by the insurance contract.
7. The premium rate shall be determined by Allianz for each year of the term of the insurance contract. If the premium rate is to be changed next year, Allianz shall notify the Policyholder of the change of the premium rate applicable in the next annual insurance period, not later than two months before the end of each annual insurance period.
8. If the Policyholder, having been notified by Allianz of the premium rate for the next annual insurance period, serves a written notice on Allianz, not later than one month before the end of the current insurance period, declining to accept the premium rate proposed by Allianz, such notice shall be deemed to constitute a non-renewal notice referred to in § 3 (1) hereof, unless the parties elect otherwise.
9. When notifying the Policyholder of a change in the premium rate applicable in the next annual insurance period, Allianz shall also make him aware of the consequences of his non-acceptance of the proposed change, as described in paragraph 8.
10. If no written notice declining to accept the proposed premium rate is delivered by the Policyholder to Allianz within the time limit laid down in paragraph 8 above, this shall operate as consent to:
 - 1) renewal of the insurance contract for the next annual insurance period;
 and
 - 2) the premium rate proposed by Allianz, applicable in the next annual insurance period.
11. If circumstances are disclosed, which entail a material change in the probability of an insured event occurring, either party may demand an appropriate change in the amount of premium starting from the moment when the circumstance arose, but no sooner than the beginning of the current insurance period. If such a demand is made, the other party may terminate the insurance contract within 14 days with immediate effect.

§5 NON-PAYMENT OF PREMIUM

1. If a premium instalment is not paid by the Policyholder within the due date stated in the insurance contract, Allianz shall give a written notice to the Policyholder demanding that he pay the premium instalment within 7 days of receiving the demand. If the required premium instalment is paid within the time limit specified in the demand, insurance cover shall be continued. The lack of payment of the required premium instalment within the time limit stated in the demand shall result in termination of the liability of Allianz.
2. Premium shall be deemed unpaid, in particular, if:
 - 1) the amount of the premium paid to the relevant account of Allianz is smaller than the amount of premium due for payment under § 4 paragraph 1 hereof;
 - 2) the premium has not been paid within the time limit set forth in § 4 paragraph 4 hereof

§6 COMMENCEMENT AND DURATION OF COVER

1. Insurance protection provided by Allianz shall commence at the date stated by Allianz in the policy, in each case on the first day of the calendar month, no sooner, however, than the following conditions are met by the tenth day of the month preceding the period of cover:
 - 1) acceptance of the insurance proposal form by Allianz;
 - 2) payment of the insurance premium by the Policyholder within the time limit set forth in § 4 paragraph 4 hereof in the amount not smaller than that set under § 4 paragraph 1 hereof.
2. Insurance protection provided by Allianz shall terminate irrespective of other provisions of the GCI:
 - 1) on the last day of the month in which the annual term of the insurance contract expires, unless the cover is renewed under § 3 paragraph 1 hereof;
 - 2) at the date of withdrawal from the insurance contract under § 7 paragraph 6 hereof;
 - 3) at the date of termination of the insurance contract by notice or by mutual consent of the parties.

§7 TERMINATION OF THE INSURANCE CONTRACT AND WITHDRAWAL FROM THE INSURANCE CONTRACT

1. The insurance contract shall be terminated in consequence of:
 - 1) failure to pay the premium within the time limit set forth in a written demand sent to the Policyholder on the terms set forth herein;
 - 2) notice of termination served in accordance with paragraph 2 below.
2. The Insurance Holder may at any time terminate the insurance contract by submitting to Allianz the notice of termination of the contract, keeping a one-month notice period, counted from the last day of the month in which Allianz received the notice of termination of the contract.
3. The termination of the insurance contract shall not release the Insurance Holder from the obligation to pay the premium for the notice period.
4. In the event of termination of the insurance contract, the Policyholder shall be entitled to the refund of the premium for any unused period of insurance cover.
5. The amount of refundable insurance premium shall be determined pro rata to the unused insurance period.
6. The Insurance Holder may withdraw from the insurance contract by submitting a declaration of withdrawal within 30 days from the day of conclusion of the insurance contract and within 7 days, if they are an entrepreneur. If, at the latest at the time of conclusion of the contract, Allianz did not inform the Insurance Holder being a consumer on the right to withdraw from the contract, the 30 days period shall start from the day on which the Insurance Holder being a consumer was informed on their right to withdraw from the contract. Withdrawal from the contract shall not relieve the Policyholder from the obligation to pay premiums for the period of insurance cover provided by Allianz. In the event of withdrawal from the insurance contract prior to the commencement of insurance cover, the Policyholder shall be entitled to a refund of the full amount of insurance premium.
7. In the event of termination of the insurance contract, the conclusion of the next insurance contract shall be possible after the expiry of 6 months from the last day of insurance cover, unless Allianz elects otherwise.

§8 THE POLICYHOLDER'S OBLIGATIONS

The Policyholder shall be required, in particular, to:

- 1) furnish Allianz and occupational health service units partnering with Allianz with information on the existence of health-damaging factors or arduous conditions and up-to-date results of tests and measurements of those factors;
- 2) provide Allianz or occupational health service units with the possibility to review work stations in order to assess working conditions;
- 3) make available to occupational health service units the documentation of inspections of working conditions relating to employee health care;
- 4) keep Allianz and occupational health service units informed of circumstances and factors that may have an adverse effect of employees' health due to working conditions;
- 6) immediately inform Allianz of any changes in the number of employees for whom the costs of occupational health benefits are covered under the insurance;
- 7) pay the premium and furnish Allianz with documents necessary for correct management of the insurance contract, subject to the time;
- 8) limits, terms and conditions set forth herein;
- 9) observe the applicable provisions of the law on occupational health and safety.

§9 FINAL PROVISIONS

1. Subject to the parties' consent, provisions additional to or at variance with those laid down in these GCI may be adopted by a separate annex.
2. No notices or statements related to the insurance contract shall be effective unless duly given in writing. The date of receipt thereof at the Allianz Head Office or a relevant administrative unit of Allianz shall be relied upon in deciding whether the time limits stipulated in these GCI have been met.
3. The Insured (Insuring Party) and Allianz shall inform one another in case their address is changed.
4. Claims related to the Insurance Contract shall be barred after a period of three years.
5. The period of limitation for the claims is stopped when a claim is filed with Allianz or an insured event is reported.
6. The governing law for the performance of the Insurance Contract shall be the Polish law. In matters not provided herein, relevant provisions of the Polish Civil Code, Act on Pursuit of Business of Insurance and Reinsurance, and other Polish laws in effect.
7.
 1. A complaint about our services, a complaint or a grievance can be filed at any of our client service units or at our office (ul. Inflancka 4B, 00-189 Warsaw). This can be done: in writing – delivered in person at our client service unit or at our office (address indicated above), or by mail in accordance with the Law on Postal Law, orally – by telephone (preferred telephone number 224 224 224 – call charge according to the operator's tariff), or personally for the record during a visit to any of our client service units or our office (address indicated above), electronically – using the form available on our website allianz.pl or by e-mail: skargi@allianz.pl.
 2. At the request of the person who submits the claim, we provide confirmation of its submission. The form of confirmation depends on the method of filing a claim.
 3. The complaint will be considered by our Management Board or its authorized employees – within 30 days of receipt. To comply with the term it is sufficient to send a response before the expiration of 30 days from the date of receipt of the complaint. In particularly complicated cases that prevent us from responding within this period: we explain to the person making the complaint the reason for the delay, we indicate the circumstances that we need to establish in order to consider the case, and we specify what deadline we anticipate for responding – however, this may not exceed 60 days from receipt of the complaint.
 4. The person who submits the complaint should provide personal data and contact information that will allow him/her to be identified, in particular: first and last name, home address and PESEL number. This will accelerate the processing of the complaint.
 5. We will notify the person who submitted the complaint in writing of the manner of processing the complaint. At the request of the person who submits the complaint, we will respond by e-mail.
 6. The person who submits the complaint may appeal against our decision. If we do not accept the person's claim, he/she may apply to the Financial Ombudsman for a review of the case. The Financial Ombudsman conducts a procedure for out-of-court settlement of consumer disputes. It is mandatory for us to participate in such a procedure (for details, see: www.rf.gov.pl).
 7. A natural person who is a Policyholder, Insured or Beneficiary under the Contract has the right to request the Financial Ombudsman to initiate a procedure for the out-of-court resolution of disputes between a client and a financial market entity. This is stipulated in the Law on the handling of complaint by financial market entities and the Financial Ombudsman.
 8. The consumer also has the right to seek assistance from the Municipal or District Consumer Ombudsman.
 9. The Policyholder, the Insured and any other person entitled under a contract of insurance has the right to file a claim with the competent court.
 10. Our activities are subject to the supervision of the Financial Supervision Commission. There is an Arbitration Court at the Financial Supervision Commission, authorized to conduct procedures for out-of court resolution of consumer disputes that arise from contractual relations between us and recipients of the services we provide. Detailed information is available at: www.knf.gov.pl
8.
 1. A lawsuit related to claims stemming from the Insurance contract can be filed either on the basis of general jurisdiction regulations or with a court competent for the domicile or the office of the Insurance Holder, the Insured, the Beneficiary or the person entitled under the Insurance Contract.
 2. A lawsuit related to claims stemming from the Insurance contract can be filed either on the basis of general jurisdiction regulations or with a court competent for the domicile of the successor of the Insured or the successor entitled under the Insurance Contract.

The General Terms and Conditions of Insurance were adopted by resolution of the Management Board No. 4/2024 and will apply to Insurance Contracts concluded based on applications signed from March 16, 2024.

EXAMINATIONS PERFORMED AS PART OF OCCUPATIONAL HEALTH BENEFITS

1. List of medical examinations performed by occupational medicine physicians and by other medical specialists on an order from an occupational medicine physician depending on health-damaging factors at the work station and medical indications:
 - 1) preliminary medical examination (on taken into employment) including the certification of the ability to work;
 - 2) periodic medical examinations including the certification of the ability to work;
 - 3) follow-up medical examination including the certification of the ability to work;
 - 4) medical examination on change of a work station including the certification of the ability to work;
 - 5) ophthalmic consultation including:
 - a) field of vision examination,
 - b) computerised eyesight examination including the prescription of corrective lenses,
 - 6) laryngological consultation;
 - 7) dermatological consultation;
 - 8) neurological consultation;
 - 9) psychological consultation;
 - 10) orthopaedic consultation;
 - 11) cardiological consultation;
 - 12) gynaecological consultation;
 - 13) surgical consultation;
 - 14) other specialist consultations depending on the occupational medicine physician's advice;
 - 15) psychomotor tests for drivers depending on category;
 - 16) psychomotor tests for forklift truck drivers;
 - 17) psychomotor tests for persons working at heights;
 - 18) examinations for disease control purposes necessary to make or update an entry in the employee health book, sanitary examination of persons performing work in the food production and trading process;
 - 19) sanitary examination of persons employed at work stations where there
 - 20) is risk of infection being passed on to others.
2. List of basic diagnostic examinations prescribed by an occupational medicine physician and performed depending on health-damaging factors at the work station and medical indications:
 - 1) resting ECG;
 - 2) cardiac echo;
 - 3) exercise ECG;
 - 4) audiometric examination;
 - 5) spirometric examination;
 - 6) X-ray examinations;
 - 7) Ultrasound examinations;
 - 8) EEG examination
3. List of basic diagnostic examinations prescribed by an occupational medicine physician and performed depending on health-damaging factors at the work station and medical indications:
 - 1) smear morphology;
 - 2) erythrocyte sedimentation reaction (ESR);
 - 3) total cholesterol – TC;
 - 4) HDL cholesterol;
 - 5) LDL cholesterol;
 - 6) triglycerides (TG);
 - 7) sodium(Na) and potassium(K);
 - 8) bacteriological examinations;
 - 9) mycological tests;
 - 10) general urine test;
 - 11) stool test for parasites;
 - 12) alanine transaminase (AlAT/ALT/GPT);
 - 13) asparagine transaminase (AspAT/AST/GOT);
 - 14) amylase;
 - 15) protein;
 - 16) total bilirubin;
 - 17) direct bilirubin;
 - 18) indirect bilirubin;
 - 19) total protein – electrophoretic separation (proteinogram);
 - 20) C-reactive protein (CRP);
 - 21) chlorides;
 - 22) total cholesterol – TC;
 - 23) HDL cholesterol;
 - 24) LDL cholesterol;
 - 25) activated partial thromboplastin time (APTT);
 - 26) bleeding and clotting time;
 - 27) thrombin time (TT);
 - 28) prothrombin time (PT, INR);
 - 29) rheumatoid factor – RF;
 - 30) fibrin degradation products (D-dimer);
 - 31) phosphorus (P);
 - 32) gamma-glutamyltranspeptidase (GGTP);
 - 33) fasting glucose;
 - 34) creatine kinase (CK-NAC, CPK);
 - 35) creatine phosphokinase – isoenzyme (CKMB);
 - 36) creatinine;
 - 37) creatinine clearance;
 - 38) uric acid;
 - 39) lipidogram (TC, HDL, LDL, TRG/TG);
 - 40) urea;
 - 41) magnesium (Mg);
 - 42) Wassermann reaction (WR/USR);
 - 43) Waaler-Rose reaction;
 - 44) liver tests (ALAT/ALT/GPT, AspAT/AST/GOT);
 - 45) sodium (Na) and potassium (K);
 - 46) triglycerides (TG);
 - 47) total calcium;
 - 48) iron (Fe);
 - 49) total iron binding capacity (TIBC).

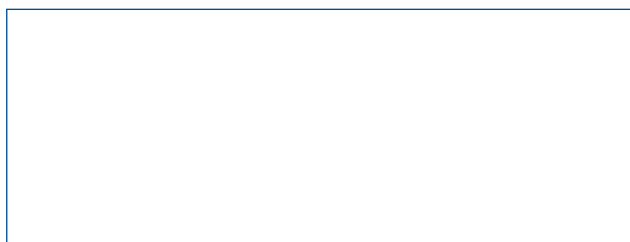
This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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* Call charges are according to the operator's tariff.