**TERMS AND CONDITIONS CONCERNING ACCIDENT INSURANCE FOR STUDENTS, PHD STUDENTS AND EMPLOYEES OF THE WROCLAW UNIVERSITY OF ENVIRONMENTAL AND LIFE SCIENCES REGARDING THE ACADEMIC YEAR 2022/2023**

- period covered by the insurance **from 01.10.2022 to 30.09.2023**

- period of collecting premiums  **from 01.10.2022 to 30.11.2022**

**Insurance concerning the consequences of accidents and civil liability regarding students, PhD students and employees of WUELS**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Available insurance OPTIONS (the selected OPTION is to be indicated in the transfer title together with the name and surname and date of birth) | Accident Insurance **NNW** | | Third party liability Insurance **OC** | | Total premium to be paid, including OC only in Poland  /with OC in Poland and outside Poland\* | Insurance Policy No. InterRisk TU S.A. | |
| Premium  **NNW** | Insurance amount **NNW** in PLN | premium **OC**  only in Poland  /Poland and outside Poland\* | Amount guaranteed  **OC**  in PLN | **NNW** | **OC**  regardless the territory |
| *1* | *2* | *3* | *4* | *5* | *6* | *7* | *8* |
| **OPTION I** | PLN 70 | 40 000 | X | X | **PLN 70 NNW** | EDU/AP  099 684 | X |
| **OPTION II** | PLN 70 | 40 000 | PLN 50 /75 \* | 50 000 | **PLN 120 /145\*** | A-A 627019 |
| **OPTION III** | PLN 70 | 40 000 | PLN 90 /135\* | 100 000 | **PLN 160 /205\*** | A-A 627020 |
| **OPTION IV** | PLN 70 | 40 000 | PLN 160 /240\* | 200 000 | **PLN 230 /310\*** | A-A 627021 |
|  | | | | | | | |
| **OPTION V** | PLN 120 | 80 000 | X | X | **PLN 120 NNW** | EDU/AP  099 691 | X |
| **OPTION VI** | PLN 120 | 80 000 | PLN 50 /75\* | 50 000 | **PLN 170/195 \*** | A-A 627019 |
| **OPTION VII** | PLN 120 | 80 000 | PLN 90 /135\* | 100 000 | **PLN 210 /255\*** | A-A 627020 |
| **OPTION VIII** | PLN 120 | 80 000 | PLN 160 /240\* | 200 000 | **PLN 280 /360\*** | A-A 627021 |
|  | | | | | | | |
| **OPTION IX** | X | X | PLN 50 /75\* | 50 000 | **PLN 50 /75\*** | X | A-A 627019 |
| **OPTION X** | X | X | PLN 90 /135\* | 100 000 | **PLN 90 /135\*** | X | A-A 627020 |
| **OPTION XI** | X | X | PLN 160 /240\* | 200 000 | **PLN 160 /240\*** | X | A-A 627021 |

**\*** The higher premium applies when one intends to extend the territorial scope of civil liability for damages caused outside the territory of the Republic of Poland (e.g. trips abroad, participation in internships taking place outside the Republic of Poland) - an increase in the premium by 50%. The insurance cover does not cover damages in the territories of: the United States of America, Canada, Japan, Australia and New Zealand

1. **Subject and scope of the insurance**
2. The subject of the insurance covers the consequences of an unfortunate accident (NNW) which has taken place during the term of insurance cover or the consequences of a disease and its effect if such a disease was diagnosed during the term of insurance cover.
3. Insurance coverage is realised 24 hours a day all over the world, with the exception of: Additional Option D4 (hospital stay resulting from an accident), Additional Option D5 (hospital stay resulting from illness), Additional Option D7 (costs of surgery resulting from an accident), Additional Option D8 (surgeries resulting from an accident), Additional Option D9 (surgeries resulting from an accident), Additional Option D10 (costs of medical treatment resulting from an accident), Additional Option D11 (the Insured’s temporary inability to study or for work), Additional Option D13 (costs of dental treatment resulting from an accident), Additional Option D14 (onerous treatment resulting from an accident), Additional Option D18 (costs of medicaments)
4. InterRisk TU S.A. Vienna Insurance Group provides protection to the following individuals without increasing the premium:

**- professionally practicing sports**

**- for people who are under 89 years**

1. Complete information provided prior to the conclusion of the agreement and contractual information is included in other documents, among other things, the General Terms and Conditions of EDU PLUS Insurance approved by resolution No. 01/03/03/2020 adopted by the Management Board of InterRisk Towarzystwo Ubezpieczeń Spółka Akcyjna Vienna Insurance Group on the 3rd of March 2020 together with additional provisions and in the General Terms and Conditions of Liability Insurance of Natural Persons concerning Private Life as well as Teachers/Lecturers and Heads of Educational Institutions as part of EDU Plus offer approved by Resolution No. 05/06/07/2021 adopted by the Management Board of InterRisk Towarzystwo Ubezpieczeń Spółka Akcyjna Vienna Insurance Group on the 6rd of July 2021.
2. **Types of services (one can choose one accident insurance option (NNW) and one liability insurance option (OC)**
3. **SCOPE OF ACCIDENT INSURANCE (NNW): BASIC OPTION**

|  |  |  |
| --- | --- | --- |
| **Accident insurance option (NNW)** | **Premium – PLN 70** | **Premium - PLN 120** |
| **Type of benefit** | **amount of benefit** | **amount of benefit** |
| **Death of the Insured as a result of an accident (this includes a heart attack, stroke)** | PLN 40 000 | PLN 80 000 |
| **Death of the Insured which took place on the premises of an educational institution as a result of an accident** | total amount with death benefit PLN 80 000 | total amount with death benefit PLN 160 000 |
| **100 % bodily harm as a result of an accident** | PLN 40 000 | PLN 80 000 |
| **less than 100 % bodily harm as a result of an accident** | PLN 400 for each 1% of bodily harm | PLN 800 for each 1% of bodily harm |
| **burns resulting from an accident** | Following the GTC, as for bodily harm resulting from an accident | Following the GTC, as for bodily harm resulting from an accident |
| **costs of purchasing medical products requiring a request and the costs of purchasing and repairing glasses or hearing aids damaged as a result of accidents taking place in the educational institution** | up to PLN 12 000, this includes the cost of purchasing corrective glasses and hearing aids up to PLN 200 | up to PLN 24 000, this includes the cost of purchasing corrective glasses and hearing aids up to PLN 200 |
| **costs of vocational retraining in case of disability resulting from accidents** | up to PLN 12 000 | up to PLN 24 000 |
| **bodily harm as a result of an epilepsy attack** | PLN 400 | PLN 800 |
| **death of the Insured as a result of a road accident** | Total payment together with accident related death benefit PLN 80 000 | Total payment together with accident related death benefit PLN 130 000 |
| **diagnosis of sepsis in case of the Insured** | one-off PLN 8 000 | one-off PLN 16 000 |
| **death of the Insured's parent/guardian as a result of an accident** | one-off PLN 4 000 | one-off PLN 8 000 |
| **bite, sting,** | one-off PLN 8 00 | one-off PLN 1600 |
| **food poisoning or sudden gas poisoning or electric or lightning shock** | PLN 2 000 | PLN 4 000 |
| **Diagnosis of zoonoses in case of the Insured (echinococcosis, toxoplasmosis, rabies)** | PLN 2 000 | PLN 4 000 |
| **Brain concussion resulting from an accident** | PLN 800 | PLN 1 600 |
| **hospitalization as a result of an accident** | PLN 50 for each day (benefit granted from the 1st day spent in the hospital, provided that the stay lasts at least 3 days), max 100 days | PLN 50 for each day (benefit granted from the 1st day spent in the hospital, provided that the stay lasts at least 3 days), max 100 days |
| **hospital stay as a result of illness** | PLN 50 for each day (benefit granted from the 1st day spent in the hospital, provided that the stay lasts at least 3 days), max 100 days | PLN 50 for each day (benefit granted from the 1st day spent in the hospital, provided that the stay lasts at least 3 days), max 100 days |
| **hospitalization as a result of Covid 19** | as in case of stay resulting from illness | as in case of stay resulting from illness |
| **serious illnesses according to the GTC option D6** | PLN 2 000 | PLN 2 000 |
| **plastic surgery costs as a result of an accident** | PLN 2 000 | none |
| **surgeries as a result of an accident (in accordance with the GTC, option D8, table 8)** | PLN 2 000 | PLN 2 000 |
| **surgeries as a result of an accident (in accordance with the GTC, option D9, table 9)** | none | PLN 2 000 |
| **medical expenses connected to an accident (according to option D10)** | PLN 4 000 sub-limit for physiotherapy PLN 1 000 | PLN 4 000 sub-limit for physiotherapy PLN 1 000 |
| **temporary inability of the Insured to study or work as a result of an accident** | PLN 15/day (according to the GTC, option D11) | PLN 15/day (according to the GTC, option D11) |
| **diagnosis of a congenital heart defect during the insurance period (according to option D12)** | PLN 1 000 | PLN 1 000 |
| **onerous treatment as a result of an accident (according to option D14)** | PLN 200 | PLN 200 |
| **costs of dental treatment as a result of an accident (according to option D13)** | max PLN 500 for one tooth up to PLN 1 000 | max PLN 500 for one tooth up to PLN 1 000 |
| **reimbursement of the Insured's funeral expenses (according to option D19)** | PLN 3 000 | PLN 3 000 |
| **medicine costs (according to option D18)** | PLN 500 | PLN 500 |
| **the tick package and diagnosis of Bolerosis**  **(according to option D20)** | PLN 1 500, this includes: diagnosis of boleriosis up to PLN 1 000, doctor’s appointment up to PLN 150, diagnostic tests up to PLN 150, antibiotic therapy up to PLN 200 | PLN 1 500, this includes: diagnosis of boleriosis up to PLN 1 000, a doctor’s appointment up to PLN 150, diagnostic tests up to PLN 150, antibiotic therapy up to PLN 200 |
| **bodily harm as a result of an accident requiring medical intervention in a medical facility and at least two follow-up visits without establishing the bodily harm** | PLN 400 | PLN 500 |

1. **CIVIL LIABILITY INSURANCE CONCERNING PRIVATE LIFE ADDITIONALLY COVERING STUDENT AND PHD STUDENT INTERNSHIPS AS WELL AS LECTURER/TEACHER TRAINING**

|  |  |  |  |
| --- | --- | --- | --- |
| **Third party liability insurance concerning private life additionally covering student /PhD internships and teaching**  **Territorial scope of the Republic of Poland** | **Premium – PLN 50/ PLN 75\*** | **Premium – PLN 90/ PLN 135\*** | **Premium- PLN 160/ PLN 240\*** |
| Amount guaranteed  PLN 50 000 / share in the damage  PLN 100 | Amount guaranteed  PLN 100 000 / share in the damage PLN 100 | Amount guaranteed  PLN 200 000 / share in the damage PLN 100 |

\* - Possibility of extending the liability to include damages caused outside the territory of the Republic of Poland - an increase of the premium by 50% The insurance cover does not cover damages in the territories of: the United States of America, Canada, Japan, Australia and New Zealand./ share in material damage PLN 500.

1. **ELIMINATION METHOD CONCERNING ACCIDENT RELATED DAMAGES AND OBLIGATIONS OF THE INSURED**

Obligations of the Insured in case of the occurrence of an event that could result in liability on the part of InterRisk

1)one immediately reports such an event to a physician and follow his or her recommendations;

2) one informs InterRisk about the occurrence of the aforementioned event not later than within 14 days from the date of the event occurrence or obtaining information concerning such an event, if it is possible bearing in mind one’s health condition. Pursuing claims observing the limitation periods.

3) one undergos an examination performed by a physician indicated by InterRisk in order to diagnose the reported injuries. The cost of such examination is covered by InterRisk.

Reporting the damage

1. Notification concerning the occurrence of an event covered by insurance can be submitted to any organizational unit of InterRisk, it can be reported by phone **at (22) 575 25 25** or using the website [www.interrisk.pl](http://www.interrisk.pl)

2. The notification concerning the occurrence of the event is to contain the following basic information:

1) name and surname or name and address of the Policyholder;

2) name and surname, address of the Insured;

3) name and surname, address of the Authorized Person, if the claim is filed by the Authorized Person;

4) date of the accident and a detailed description of the circumstances of its occurrence;

5) name and surname, address of the witnesses of the event, if claimant has such information

Policy Holder:

Wroclaw University of Environmental and Life Sciences

ul. C.K. Norwida 25

50-375 WROCLAW

Insured:

**STUDENTS, PHD STUDENTS AND EMPLOYEES OF THE WROCLAW UNIVERSITY OF ENVIRONMENTAL AND LIFE SCIENCES**

Payment of the insurance premium to the indicated bank account is understood as the acceptance of the following statements by the Insured and consent to the conclusion of an insurance agreement on behalf of the Insured.

STATEMENT OF THE INSURED

1. I declare that I have received and read the terms of the EDU PLUS insurance agreement adopted based on the Resolution No. 01/03/03/2020 issued by the Management Board of InterRisk Towarzystwo Ubezpieczeń Spółka Akcyjna Vienna Insurance Group on the 3rd of March 2020 as well as the terms and conditions third party liability insurance of natural persons concerning their private life as well as teachers and heads of educational institutions under the EDU Plus offer approved based on the Resolution No. 05/06/07/2021 adopted by the Management Board of InterRisk Towarzystwo Ubezpieczeń Spółka Akcyjna Vienna Insurance Group of on the 6rd of July 2021, which contains information referred to in the Art. 17 par. 1 of the Insurance and Reinsurance Activity Act as well as the method and procedure for considering complaints submitted by the policyholder, the insured or the beneficiary based on the insurance agreement, together with additional provisions concerning the insurance offer addressed to students, PhD students of the Wroclaw University of Environmental and Life Sciences in the ACADEMIC YEAR 2022/2023.
2. I confirm that I have received a standardized document with information concerning the insurance product. I realise that hereby document is informative and full information devoted to the insurance product is presented in the General Terms and Conditions of Insurance, together with additional and different provisions.
3. I declare that I have been informed about my right to submit complaints and objections regarding the services provided by InterRisk, hereinafter jointly referred to as complaints. Complaints can be filed at any organizational unit of InterRisk which provides services to customers in the following manner: a) in writing - in person or via a postal service or courier, or b) orally - by phone using InterRisk Contact (phone number: 22 575 25 25) or in person with preparation of a protocol in the InterRisk organizational unit which provides services to customers. InterRisk responds to a complaint in writing or on a durable medium within 30 days from the date of receiving the complaint or within 60 days in particularly complex cases. A reply to a complaint filed by a natural person can be delivered via an e-mail exclusively at the request of that individual.
4. I declare that I have read the content of the document titled “Information Obligation InterRisk TU S.A. Vienna Insurance Group as the Personal Data Administrator”.
5. I accept the following *BFBroker limited liability company with its registered office in Tarnów, registered in the District Court for Kraków-Śródmieście in Krakow, 12th Commercial Division of the National Court Register under the number KRS 0000672291, is an insurance broker and operates as an intermediary in terms of services and accident insurance agreements and TPL insurance addressed to students, PhD students and employees of the Wroclaw University of Environmental and Life Sciences based on a power of attorney granted by Wroclaw University of Environmental and Life Sciences.*
6. I consent to processing of my data by the company *BFBroker Sp. z o.o. with its registered office in Tarnów, ul. Kochanowskiego 30A, 33-100 Tarnów NIP: 993-066-27-34. Contact with the Administrator is realised via traditional and electronic mail sent to the following address: biuro@bfbroker.com.pl. The data is processed based on the Art. 6 sec. 1 letter a, b of the general regulation on the protection of personal data issued on the 27th of April 2016, hereinafter referred to as GDPR, in order to perform the agreement and inform you about the current status of the case as well as to serve marketing purposes. The administrator does not share data or transfer data to a third country/ international organization. The data are to be stored for the time necessary to meet the objective, for a maximum of 5 years. Unless specific provisions state otherwise, you have the right to access your personal data and the right to rectify such data. The processing of your data can be limited, except for significant reasons connected to public interest of the Republic of Poland or the European Union. In the case of processing personal data pursuant to the Art. 7of GDPR, you have the right to withdraw your consent at any time. Withdrawal of consent does not affect the lawfulness of the processing carried out based on consent prior to withdrawal. You have the right to file a complaint addressed to the supervisory authority if, you feel that the processing of your personal data breaches the provisions of the EU GDPR Regulation:*

*Office of the President of the Office for Personal Data Protection ul. Stawki 2, 00-193 Warsaw*

*We would like to inform you that your personal data are transferred to other recipients exclusively based on legal provisions or following your consent. The data subject has the right to access, correct, rectify, delete, limit processing, transfer and file a complaint addressed to the supervisory body. (The data are not to be subject to automated decision making, this includes profiling). Providing data is voluntary. Nevertheless, it is necessary to achieve the indicated purpose.*

**How to join the insurance**

**- read the GTC together with additional provisions as well as the statements provided below**

**- choose one of the insurance options (*below*)**

**- make a transfer to the bank account indicated below, of the amount corresponding to the selected option of the insurance by indicating it in the title of the transfer following the diagram below.**

|  |
| --- |
| BFBroker Sp. z o.o.  Bank: MBank  **account no.: 58 1140 2004 0000 3802 8279 6122** Attention ! - change of bank account number  **payment title according to model:** UPWr/ name and surname/ date of birth/no. of insurance OPTION / status: student |

**- keep the confirmation of the transfer - only payments made by the 30th of November 2022 shall constitute the grounds for joining the insurance (after this date, the premiums paid are to be refunded without the possibility of one being covered by insurance during the indicated insurance period)**

**Available options:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Available insurance OPTIONS (the selected OPTION is to be indicated in the transfer title together with the name and surname and date of birth) | Accident Insurance **NNW** | | Third party liability Insurance **OC** | | Total premium to be paid, including OC only in Poland  /with OC in Poland and outside Poland\* | Insurance Policy No. InterRisk TU S.A. | |
| Premium  **NNW** | Insurance amount **NNW** in PLN | premium **OC**  only in Poland  /Poland and outside Poland\* | Amount guaranteed  **OC**  in PLN | **NNW** | **OC**  regardless the territory |
| *1* | *2* | *3* | *4* | *5* | *6* | *7* | *8* |
| **OPTION I** | PLN 70 | 40 000 | X | X | **PLN 70 NNW** | EDU/AP  099 684 | X |
| **OPTION II** | PLN 70 | 40 000 | PLN 50 /75 \* | 50 000 | **PLN 120 /145\*** | A-A 627019 |
| **OPTION III** | PLN 70 | 40 000 | PLN 90 /135\* | 100 000 | **PLN 160 /205\*** | A-A 627020 |
| **OPTION IV** | PLN 70 | 40 000 | PLN 160 /240\* | 200 000 | **PLN 230 /310\*** | A-A 627021 |
|  | | | | | | | |
| **OPTION V** | PLN 120 | 80 000 | X | X | **PLN 120 NNW** | EDU/AP  099 691 | X |
| **OPTION VI** | PLN 120 | 80 000 | PLN 50 /75\* | 50 000 | **PLN 170/195 \*** | A-A 627019 |
| **OPTION VII** | PLN 120 | 80 000 | PLN 90 /135\* | 100 000 | **PLN 210 /255\*** | A-A 627020 |
| **OPTION VIII** | PLN 120 | 80 000 | PLN 160 /240\* | 200 000 | **PLN 280 /360\*** | A-A 627021 |
|  | | | | | | | |
| **OPTION IX** | X | X | PLN 50 /75\* | 50 000 | **PLN 50 /75\*** | X | A-A 627019 |
| **OPTION X** | X | X | PLN 90 /135\* | 100 000 | **PLN 90 /135\*** | X | A-A 627020 |
| **OPTION XI** | X | X | PLN 160 /240\* | 200 000 | **PLN 160 /240\*** | X | A-A 627021 |

**\*** The higher premium applies when one intends to extend the territorial scope of civil liability for damages caused outside the territory of the Republic of Poland (e.g. trips abroad, participation in internships outside the Republic of Poland) - an increase in the premium by 50%. The insurance cover does not cover damages in the territories of: the United States of America, Canada, Japan, Australia and New Zealand.

Best regards

Bogusław Faliszek

Insurance broker