

EDU PLUS INSURANCE – CHILD REGISTRATION FORM

With this registration form, I provide my express consent to the inclusion of my child/children within the accident insurance cover. At the same time, I consent to the following premiums to be deducted monthly from my salary: **PLN 5/PLN 8** for each child registered for insurance coverage, starting from.....

Children's details:
Variant:

- | | | |
|----|--|---|
| 1. | | <input type="checkbox"/> PLN 5 <input type="checkbox"/> PLN 8 |
| | Full name of the child Personal Identification Number (PESEL) | |
| 2. | | <input type="checkbox"/> PLN 5 <input type="checkbox"/> PLN 8 |
| | Full name of the child Personal Identification Number (PESEL) | |
| 3. | | <input type="checkbox"/> PLN 5 <input type="checkbox"/> PLN 8 |
| | Full name of the child Personal Identification Number (PESEL) | |
| 4. | | <input type="checkbox"/> PLN 5 <input type="checkbox"/> PLN 8 |
| | Full name of the child Personal Identification Number (PESEL) | |

Please put an "X" in the box next to the selected insurance variant.

Employee details:

.....
 Full name Personal Identification Number (PESEL)

.....
 date and legible signatur

DECLARATION ON OFFER SELECTION AND INSURANCE ACQUISITION

I, the undersigned, hereby agree to conclude the insurance agreement under the General Terms and Conditions of EDU PLUS Insurance, known to me and approved with resolution No 01/29/03/2016 of the Management Board of InterRisk TU S.A. Vienna Insurance Group on 29 March 2016, applicable at

.....
 name of the Policyholder (employer)

Declaration:

1. I declare that I have received and read the terms and conditions of the insurance agreement, including the General Terms and Conditions of EDU PLUS insurance approved with resolution No 01/29/03/2016 of the Management Board of InterRisk TU S.A. Vienna Insurance Group of 29 March 2016, along with the information referred to in Article 17(1) of the act on insurance and reinsurance activities. I was also informed about my rights, about the manner and method of lodging complaints and submitting claims made by the policy holder, the insured or the beneficiary under the insurance agreement, or by a body competent to consider such complaints and claims.
2. I agree that InterRisk TU S.A. Vienna Insurance Group may, for a fee, request – through a medical practitioner authorised by InterRisk TU S.A. Vienna Insurance Group – that entities carrying out medical activities in the meaning of the provisions of the Act on Healthcare Institutions, which have provided or will provide me with health services, present information on circumstances connected with insurance risk analysis and with the verification of details of my health condition provided by me, the determination of the right to a benefit under the insurance agreement, and the amount of such a benefit, to the extent allowed by the act on insurance and reinsurance activities. At the same time, I agree to have my medical records provided by the said entities to InterRisk TU S.A. Vienna Insurance Group.
3. I agree to have my personal details, provided voluntarily by me or by third parties, including details of my health condition, processed by InterRisk TU S.A. Vienna Insurance Group for purposes connected with the conclusion and performance of the insurance agreement.
4. I represent that I have been informed that:
 - 1) the controller of my personal details is InterRisk TU S.A. Vienna Insurance Group with the registered office in Warsaw, ul. Noakowskiego 22,
 - 2) the details are collected for the purpose of conclusion and performance of the insurance agreement,
 - 3) I have the right to access and correct my details,
 - 4) the provision of details is voluntary, but necessary for the conclusion of the insurance agreement and for the provision of insurance cover.

.....
 date

.....
 legible signature