

Insurance Product Information Document (IPID)

Individual Health Insurance – PROMED

Document containing information about an insurance product

Company: LMG Försäkrings AB, a company incorporated in Sweden, conducting business in Poland through its branch: LMG Försäkrings AB Spółka Akcyjna Oddział w Polsce

Product: Individual Health Insurance – PROMED

Full details provided before the conclusion of the insurance contract and information concerning the contract itself are found in other documents forming an integral part of the contract, including the General Terms and Conditions of PROMED Individual Insurance (No OI/5PRONH1) and in Annexes No. 1–5 to the General Terms and Conditions of Insurance (OWU), which specify the rules and conditions for the provision of individual Benefits.

What kind of insurance is it?

Individual health and accident Insurance – Section II, groups 1 and 2.



What is the subject matter of the insurance?

- ✓ The subject matter of the insurance is the Insured Party's health:
- ✓ We provide the insurance coverage to the insured:
 - ✓ with respect to Outpatient Services in the event of justified medical reasons;
 - ✓ for hospital benefits in respect of consequences of an accident, where hospitalisation in accordance with medical indications should be performed within a period not exceeding 90 days from the date of the accident;
 - ✓ with regard to cash benefits – if the insured uses an outpatient benefit (dental duty) against payment, the scope and conditions of performance of which are specified in Appendices No 2, 3, 4 and 5 to the GICs, as well as the item of dental duty;
 - ✓ with regard to the benefit, the Second Medical Opinion – if the attending physician treats the Insured within the territory of the Republic of Poland diagnoses, determines bodily injury or determines the necessity to conduct surgical treatment or a procedure with regard to the illnesses or conditions indicated in § 2 (13) (2) of the GTCI.
- ✓ During each 12-month coverage period, cash benefits for the insured shall be paid up to the maximum of the annual limit (sum insured), which is per insured.



What is not covered by the insurance?

- x The scope of insurance does not cover hospital services provided for the purpose of saving life in accordance with the Act of 8 September 2006 on State Medical Rescue.
- x We will not provide a hospital service if it results from accidents and injuries that occurred or were treated in the period preceding the commencement of the coverage period.
- x We will not provide hospital or outpatient services in hospitals or in medical facilities other than those indicated by us.



What are the limitations of the insurance coverage?

Main exclusions for which no claims can be asserted – we are not liable for events resulting from circumstances specified in the GTCI and appendices to the GTCI, in particular:

- ! acts of war, riots, state of emergency;
- ! the use of scientifically unrecognised treatments and non-conventional medicine;
- ! transplantation of organs or tissues, cells, cell cultures;
- ! practising competitive sports by the Insured Party;
- ! practising high-risk sports by the Insured Party;
- ! states of emergency due to natural disasters, acts of God;
- ! driving a vehicle without licence;
- ! committing or attempting to commit a crime;
- ! wilful misconduct, self-diagnosis, treatment, modification of prescribed treatment or gross negligence by the Insured Party;

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! being under the influence, abusing or being poisoned as a result of the voluntary consumption of: alcohol, drugs, other intoxicants or psychotropic substances;

A detailed list of exclusions from liability of the insurer is included in the GTCI and appendices to the GTCI.



Where is the insurance valid?

- ✓ The insurance is valid in the territory of the Republic of Poland.



What are the obligations of the Insured Party?

- Notifying us within 60 days of the occurrence of an accident about its occurrence, and about the issue of a referral for hospital treatment of its consequences.
- Informing us of all circumstances known to the Insured Party that we will ask about before concluding the Agreement.
- Following physicians' recommendations and adhering to the rules in force at the medical facilities and hospitals;
- Compliance with the Service performance deadlines agreed with us;
- Production of an identity document with a photograph prior to the Service provision.
- Provide us, together with the application for the Service, with all the medical documentation in our possession which is related to the reported event and to cooperate with us if the documentation provided requires supplementation or if additional information is necessary to establish our liability for the reported claims.



How and when are premiums paid?

The premium may be paid on a one-off basis or in monthly installments. The amount of premium or its installments, frequency and deadlines for payment of premium installments as well as the details regarding the manner of its payment will be provided in the policy. The premium must be paid by bank transfer indicated in the Policy.



When does the insurance coverage start and end?

The insurance coverage shall commence on the date agreed with the policyholder and indicated in the policy.

The insurance agreement is concluded for 12 months.

Depending on whichever occurs first, the agreement and insurance coverage shall terminate:

- on the date of death of the insured,
- on the day on which we received the declaration of withdrawal from the agreement, submitted within the 30-day withdrawal period;
- upon the lapse of the last day of the notice period;
- upon the end of the last day of the 12-month term of the agreement.



How can the Agreement be terminated?

In the case of agreements concluded remotely, the policyholder has the right to withdraw from the insurance agreement without giving a reason within 30 days from the date of notification of the conclusion of the agreement, i.e. from the date of delivery to the electronic address of the policy confirming the conclusion of a given agreement or from the date of confirmation of the information referred to in Article 39(3) of the Act of 30 May 2014 on Consumer Rights, if this is a later date.

In the case of agreements concluded otherwise than remotely, the policyholder has the right to withdraw from the agreement within 30 days of the date of conclusion of the agreement. If we have not informed the policyholder who is a consumer about the right to withdraw from the agreement at the latest at the time of conclusion of the agreement, the 30-day period runs from the date on which the policyholder who is a consumer learned about this right.

The policyholder withdraws from the agreement by submitting to us a written declaration of withdrawal from the agreement.

The Policyholder has the right to terminate the agreement at any time with one month's notice, which starts on the 1st day of the month immediately following the date of submitting the termination notice.

A declaration of withdrawal from the agreement or termination of the agreement can be sent to our e-mail address: obslogaubezpieczenia_ind@luxmed.pl.