

Tick the appropriate field:

Death as a result of an accident

Disease

Accident

At MetLife you may submit your claim in a form of a copy or a scan but at the same time we reserve the right to request the submission of original copies or certified true copies of documents.

Policy/agreement number

Name of financial institution/provider

### Details of the person to whom the incident refers

The event affects<sup>2)</sup>: Main Insured Person  Spouse  Partner  Child of the Main Insured Person

First name  Country of birth (if no PESEL number has been given)

Surname  Citizenship

Maiden name  Series and number of ID card/passport<sup>1)</sup>

Date of birth (if no PESEL number has been given)  PESEL number only for Polish citizens

Current profession and education<sup>3)</sup>

### Data of the person submitting the claim, eligible for taking the benefit

In what capacity do you submit the claim<sup>2)</sup>? Insured Person  Eligible Person/Beneficiary  Statutory representative of the Eligible Person/Beneficiary  Attorney-in-fact of the Eligible Person/Beneficiary<sup>3)</sup>

First name  Country of birth (if no PESEL number has been given)

Surname  Citizenship

Maiden name  Series and number of ID card/passport<sup>1)</sup>

Date of birth (if no PESEL number has been given)  PESEL number only for Polish citizens

Residence/correspondence address for claim-related purposes

Street  House number  Flat number

Town or city  Postal code

Phone number  E-mail

The provision of your email address and/or mobile number shall correspond to consenting to MetLife Europe Insurance d.a.c. providing the information about the performance of the agreement and in particular the information pertaining to the claim submitted to a given e-mail address and/or mobile number. The above consent shall not be the consent for the reception of any advertising materials from MetLife Europe Insurance d.a.c.

### Information on the Event

Date of the event  Place of the event (name, address)

Circumstances, course of events, details of injuries sustained in the accident or diagnosis of an illness

Details of your current health condition

Date of occurrence of the first illness signs  N/A  Date of the illness diagnosis  N/A

Period of your sick leave from  to  N/A  Date of completing your treatment and rehabilitation  N/A  In progress

Period of full/temporary incapacity for work<sup>4)</sup> from  to  N/A

Did the event occur after drinking alcohol, taking drugs or any other intoxicating substance? Yes  No

Did your employer draw up a post-accident report in connection with the event? Yes  No  If yes, please attach a copy of the post-accident report.

Were the police present at the place of the accident or did or have the police, prosecutor's office or court conduct/conducted the proceedings in connection with the event? Yes  No

If yes, please deliver a copy of the documentation in this case, and in the event of its absence, please provide a full address of the establishments conducting the proceedings and case file number.

Case file number

\* MetLife Europe Insurance d.a.c.

<sup>1)</sup> not applicable in the event of death

<sup>2)</sup> please tick the appropriate

<sup>3)</sup> please attach the document of powers of attorney or a copy of identity card of your attorney-in-fact

<sup>4)</sup> delete as appropriate

Details of medical facilities where treatment was provided in connection with the event.

First medical aid (name, address of the facility, date)			Period: from	D	D	M	M	Y	Y	Y	Y
Other facilities where treatment was provided (name, address)											
Primary health care facilities/GP (name, address)											

### Form of benefit payment

Bank account number																				
Full name of the bank account owner																				
Address of the bank account owner																				
Bank Name																				
BIC Number																				

**We recommend the abovementioned form due to the promptness and security of the benefit payment procedure. If the form of benefit payment is not specified, the monies shall be paid via postal order to the correspondence address for claim-related issues stated herein.**

Being aware of the criminal liability for false testimony arising out of Article 233 of the Criminal Code, I hereby declare that copies of the documents sent by me are in conformity with the originals which are in my possession, and the information and answers to questions contained in this form are true and accurate. Should I make a false testimony, then I shall return the benefit received within 14 days as of the call made by MetLife.

I have been informed by MetLife Europe Insurance d.a.c. that any complaints related to the insurance agreement should be sent in writing to MetLife, or electronically to the email address provided by MetLife, or by telephone to the number provided by MetLife. If MetLife fails to accept my complaint, I shall have the right to forward it to the relevant Financial Ombudsman in Poland or Ireland (the municipal or district consumer ombudsmen in Poland or the Irish Financial Services and Pensions Ombudsman). In accordance with the procedure of the Central Bank of Ireland, complaints may only be filed with the Irish Financial Services and Pensions Ombudsman if the complaint has first been presented to MetLife. The complaints of the customers being natural persons shall be processed within 30 calendar days from the day when received by MetLife. In particularly complicated matters, the aforesaid period of time may be extended up to 60 days, whereas the person filing a complaint shall be informed about this fact.

#### Representations of the Insured Person affected by the event

I hereby authorize, in the event of a claim, each medical practitioner, medical staff, entity performing medical activities who provides me with health services to provide MetLife with information about my health, to the extent necessary, to verify my data and allow MetLife to assess my claim and determine the amount of any insurance benefit payable. In the event of death, this authorization also includes the disclosure of information to MetLife about the cause of my death, excluding the results of genetic tests. I also authorize an insurance company other than MetLife to provide MetLife with my personal data processed by me, to the extent necessary for the above-mentioned purposes. Any copy of this authorization is as valid as the original. This authorization is valid after my death.

I hereby authorize, in the event of a claim, the national health service in the country where I am treated to provide MetLife with information about any medical practitioners who provide me with health care services in connection with any accident or event leading to claim on the insurance. I understand such information will be used by MetLife to assess my claim and determine the amount of any insurance benefit payable. Any copy of this authorization is as valid as the original. This authorization is valid after my death.

Town or city and date

Signature of the person submitting the claim, eligible for taking the benefit or an attorney-in-fact or a statutory representative

### Information on the required documents depending on the type of the insurance coverage

Events:	Required documents:	Type of document <sup>1)</sup> :
• death of the Insured Person in an accident	1, 2, 3, 4, 5, 6	1. Claim Form 2. copy of an abbreviated death certificate of the Insured Person 3. copy of a statistical declaration with the death report or other medical document certifying the cause of death
• total and permanent disability/ incapacity for work	1, 7, 8, 10, 12 and if the event occurred as a result of an accident, additionally: 5, 6, 9	4. copy of each of the beneficiaries'/heirs' identity document or a confirmation of identity by a notary public, an issuing authority. For person being beyond the territory of the Republic of Poland, the identity may be confirmed by an RP ambassador or consul
• permanent disability	1, 5, 6, 7, 9, 10, 17	5. copy of documentation concerning the circumstances and course of the event issued by the police or prosecutor's office, or a copy of a decision of the court; in lack of the above documents - addresses of the police, prosecutor's office or court which are/were conducting proceedings in the case 6. copy of a post-accident report drawn up by the employer - in the event of accidents at work 7. copy of medical documentation concerning treatment, including the first medical consultation after the event, descriptions and results of medical imaging (X-ray, USG, MRI, CT, etc.), as well as documentation confirming that both treatment and rehabilitation are over
• temporary incapacity for work	1, 7, 8, 10, 12, 13 and if the event occurred as a result of an accident, additionally: 5, 6, 9	8. copy of decisions on the scope and period of incapacity for work or disability 9. copy of other documentation confirming the circumstances of the accident
• fractures or burns	1, 5, 6, 7, 9, 10, 17	10. copy of the Insured Person's/co-Insured Person's (or legal custodians's if they are a minor) identity document or a confirmation of identity by a notary public, an issuing authority. For person being beyond the territory of the Republic of Poland, the identity may be confirmed by an RP ambassador or consul
• serious illness, surgery	1, 10, 11, 14 and if the event occurred as a result of an accident, additionally: 5, 6, 9	11. copy of hospital treatment information card 12. copy of sick leaves 13. copy of declaration on professional activity
• hospital treatment	1, 10, 11 and if the event occurred as a result of an accident, additionally: 5, 6, 7, 9, 17	14. copy of the medical documentation confirming the diagnostics, diagnosis, and treatment of the illness, including copies of the hospital and outpatient treatment cards, results of additional tests, histopathologic tests, and other necessary medical documents to confirm that the insured event occurred
• all types of events	if any additional documents are necessary to make the decision, we shall inform you immediately	15. copy of an abbreviated marriage certificate of the Insured Person 16. copy of an abbreviated child birth certificate 17. if the event concerns the Spouse, then additionally: copy of the spouse's identity card, and 15; if the event concerns the Partner, then additionally: copy of the partner's identity card; if the event concerns the Child, then additionally: 16

<sup>1)</sup> Please be informed that MetLife reserves the right to request the submission of original copies or certified true copies of documents. The documents can be certified as true by a notary public, or the authority which issued the document.

## Who is your personal data controller?

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The controller of your personal data shall be MetLife Europe Insurance d.a.c. (MetLife), 20 on Hatch, Lower Hatch Street, Dublin 2, Ireland.

## For what purposes do we process your personal data?

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Pursuant to the relevant laws, we may process your personal data in order to:

- seek and process claims related to the concluded insurance agreement,
- counteract terrorism financing and insurance-related offences.

Pursuant to the legitimate interest of the data controller, we may process your personal data in order to:

- seek and process claims related to an insurance agreement,
- assume actions whose aim is to counteract insurance-related offences,
- reinsure risk, that is, transfer a portion of risk under the insurance agreement to other entities entitled to this.

## Is the personal data provision necessary?

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The provision of the data to us shall be:

- voluntary but necessary in order to conclude and perform the insurance agreement and perform legal obligations by us.

## For what period do we process your personal data?

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Your personal data shall be processed for the period:

- compliant with the relevant laws,
- that is necessary for the performance of our company's legitimate interest,
- when claims under the concluded insurance agreement may be sought.

## To whom may we transfer your personal data?

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We may transfer your personal data to:

- entities duly authorised under the relevant laws, including the provisions of the Act on Insurance and Re-Insurance Activities of 11 September 2015,
- external entities who render the services related to the performance of the agreement for us,
- external entities under an independent consent,
- other entities beyond the territory of the European Union, that is, in the United States and India (under separate agreements concluded with them). Those entities apply the relevant protection mechanisms for personal data protection. The data shall be transferred in accordance with the Standard Contractual Clauses which are approved by the European Commission or under some other legitimate grounds.

## What rights do you have?

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The person who has provided the data to us shall be entitled to:

- access them,
- have them corrected,
- transfer them,
- withdraw the consent for their processing,
- have their processing restricted,
- demand that their data be erased.

The person who provides their data to us shall have the right to submit a complaint to the Supervision Authority, that is, to the Data Protection Commissioner, 21 Fitzwilliam Square, Dublin 2, Ireland. Any questions related to the processing of personal data by us should be addressed to our Personal Data Officer available at: [DataProtectionIreland@MetLife.com](mailto:DataProtectionIreland@MetLife.com).

MetLife Team