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| **PROGRAM POLICJA 2015 - EMERYT** |

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| **DEKLARACJA PRZYSTĄPIENIA DO:**  **- GRUPOWEGO UBEZPIECZENIA PRACOWNICZEGO TYP P PLUS i ubezpieczeń dodatkowych**  **- GRUPOWEGO UBEZPIECZENIA NA ŻYCIE I ZDROWIE OPIEKA MEDYCZNA S i ubezpieczeń dodatkowych**  **DLA BYŁYCH FUNKCJONARIUSZY I PRACOWNIKÓW POLICJI ORAZ CZŁONKÓW ICH RODZIN** | | | | | | | |
| **Nr polisy PPLUS** |  | **Nr Deklaracji** |  | **Nr polisy OMS** |  | **Nr Deklaracji** |  |

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| Zmiana deklaracji z powodu *(w przypadku zmiany wcześniej złożonej deklaracji proszę zakreślić odpowiednie pole)* | | | |
| ZMIANY ZAKRESU UBEZPIECZENIA / ŚWIADCZEŃ ZDROWOTNYCH | ZMIANY DANYCH UBEZPIECZONEGO/ WSPÓŁUBEZPIECZONEGO | ZMIANYUPOSAŻONYCH (unieważniam wszystkie poprzednie dyspozycje dotyczące uposażonych i jednocześnie wyznaczam jako uposażonych osoby wymienione w części IV) | ZMIANY WSKAZANIA PARTNERA ŻYCIOWEGO |

Określenia, które zostały zdefiniowane w warunkach ubezpieczenia, używane są w tym dokumencie w takim samym znaczeniu.

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| **I. Dane dotyczące ubezpieczonego** *(deklarację prosimy wypełnić czytelnie* DRUKOWANYMI LITERAMI*)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Ubezpieczony podstawowy:**  Były Funkcjonariusz/Pracownik Policji  lub  **Ubezpieczony bliski:**  Małżonek  Partner życiowy  Pełnoletnie dziecko | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Pani | | | Pan | | Nazwisko |  |  | |  | |  | |  | |  |  | |  | |  | |  | |  |  | |  | |  | |  | |  | |  |  | |  | | | Pierwsze imię | | | | | | | | | | |  | | | |  | | | Drugie imię | | | | | | |  | |  |  | |  | |  | |  | |  |  | |
|  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | D | | D | – | M | M | | | – | R | R | R | R |  |  | | | |  | |  |  |  | |  | |  |  | |  |  | |  | |
|  | | Miejsce urodzenia | | | | | | |  | |  | |  | |  | | |  | |  | |  | |  | | |  | |  | |  | |  | |  | | |  | | |  | | | Data urodzenia | | | | |  |  | | | | | | | |  | | | | PESEL1 | | | |  | |  | | |  | | | | | | | | |  | |

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| **Obywatelstwo:**  polskie  inne: | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | |
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| **Adres do korespondencji:** | | | | | | | | | | |  | |  | – |  | |  |  |  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Ulica | | | | | | | | | | | | | | | | | | | | | | | |  | | Nr domu | | | | | |  | Nr lokalu | | | | |  | | Miejscowość | | | | | | | | | | |
| **Kraj:**  Polska  inny: | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Telefon kontaktowy | | | | | | | | | | | | | | | | | | | | | | |  | | E-mail | | | | | | | | | | | | | | | | | | | | | | | | | |

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| 1 *Proszę wypełnić w przypadku, gdy obywatelstwo jest polskie.* |
| 2 *Proszę wypełnić w przypadku, gdy kraj stałego zamieszkania jest inny niż Polska.* |
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| **II. Zgoda na objęcie Programem ubezpieczenia grupowego** *(wybrane warianty proszę zaznaczyć znakiem* **X***)*: |

1. **Warianty PODSTAWOWE ubezpieczenia na życie wraz z ubezpieczeniem zdrowotnym OMS w zakresie STANDARD – PAKIET INDYWIDUALNY**\*

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| **I** | **IV** | **VIII** |
| 61,00 zł | 85,00 zł | 116,00 zł |

***\* proszę wybrać jeden z wariantów PODSTAWOWYCH***

**2. Warianty rozszerzające ubezpieczenie zdrowotne – Opieka Medyczna S (OMS)**

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|  | **Zakresy ubezpieczenia zdrowotnego OMS** | | | |
| Pakiet | **STANDARD** | **KOMFORT** | **KOMFORT PLUS** | **OPTIMUM** |
| **Indywidualny** | **W zakresie ubezpieczenia  na życie** | 23,40 zł | 45,70 zł | 76,60 zł |
| **Partnerski** | 12,75 zł | 59,55 zł | 104,15 zł | 165,95 zł |
| **Rodzinny** | 25,50 zł | 95,70 zł | 162,60 zł | 255,30 zł |

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| **III. Partner Życiowy** *(prosimy wypełnić w przypadku, gdy Ubezpieczony Podstawowy* ***nie pozostaje*** *w formalnym związku małżeńskim)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Pani | | | Pan | | Nazwisko |  | | |  | | |  | |  |  | |  | |  | |  | | | |  | | |  |  | |  | |  | |  | |  | |  |  | |  | | | | | |  | | Imię | | | | | | | |  | | | | | | |  |  | | | | | | |
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|  | | | Miejsce urodzenia | | | | | |  | | | |  | |  | | |  | |  | |  | | | |  | | |  | | |  | |  | |  | |  | |  | | |  | | Data urodzenia | | | | | | | | | |  |  | | | | | | | |  | | PESEL | | | | |  | | |  | |  | | | | | | | | |
| **Obywatelstwo:**  polskie   inne: | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **IV. Uposażeni** *(w przypadku braku wskazania uposażonych, świadczenie przysługuje osobom zgodnie z ogólnymi warunkami ubezpieczenia)* | | | | |
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| **Lp.** | **Nazwisko i imię/ Nazwa** | **Data i miejsce urodzenia / REGON** | **Adres do korespondencji wraz z kodem pocztowym** | **% świadczenia** |
| **1.** |  |  |  | |\_\_|\_\_|\_\_| % |
| **2.** |  |  |  | |\_\_|\_\_| % |
| **3.** |  |  |  | |\_\_|\_\_| % |
| **4.** |  |  |  | |\_\_|\_\_| % |
|  |  |  | **Razem** | **100 %** |

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| **V. Współubezpieczeni** ***Dotyczy ubezpieczenia Opieka Medyczna S****.  Proszę wpisać osoby objęte ubezpieczeniem w pakiecie partnerskim (1 współubezpieczony) lub rodzinnym (2 lub więcej współubezpieczonych) tj. małżonka, partnera życiowego lub niepełnoletnie dzieci* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | | | | | Pani | | | | | | | | | | | Pan | | | | | | | | | | Nazwisko | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | |  | | | | |  | | | | | |  | | | | |  | | | |  | | | |  | | | |  | | |  | | | | | | | | |  | | | | | | Pierwsze imię | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Drugie imię  Drugie imię | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | | Stopień pokrewieństwa:  małżonek  partner życiowy  dziecko | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | | | |  |  | | | | | | |  | | | | | |  | | | | |  | | | |  | | | | |  | | | | | |  | | | |  | | | |  | | | | | |  | | | | |  | | | | |  | | | |
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|  | | | | | **Kraj:** Polska     Inny: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | Kraj stałego zamieszkania2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | | Administratorem danych osobowych podanych w związku z zawarciem umowy ubezpieczenia jest PZU Życie SA z siedzibą przy al. Jana Pawła II 24, 00-133 Warszawa. Osoba, której dane dotyczą ma prawo dostępu  do treści swoich danych osobowych i ich poprawiania. Celem przetwarzania tych danych jest przystąpienie do ubezpieczenia i wykonywanie umowy ubezpieczenia. Potwierdzam i akceptuję treść oświadczeń  zawartych w pkt 1, 3, 11 i 12 części VI oraz udzielam upoważnienia i wyrażam zgodę na czynności określone w pkt 2, 4 i 10 części VI deklaracji.  3 Wyrażam zgodę na przetwarzanie moich danych osobowych zgodnie z zapisami pkt 5 części VI deklaracji.  3 Wyrażam zgodę na przetwarzanie moich danych osobowych zgodnie z zapisami pkt 6 części VI deklaracji.  3 Wyrażam zgodę na udostępnienie moich danych osobowych zgodnie z zapisami pkt 7 części VI deklaracji.  3 Wyrażam zgodę na udostępnienie moich danych osobowych zgodnie z zapisami pkt 8 części VI deklaracji.  3 Wyrażam zgodę na udostępnienie moich danych osobowych zgodnie z zapisami pkt 9 części VI deklaracji. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | | Data | | | | | | | | | |  | | | | | |  | | | | | | |  | | |  | | | |  | | |  | | | |  | | | | | |  | | | | | | |  | | | |  | | | | | |  | | | | |  | | | | | |  | | | | |  | | | | |  | | | |  | | | |  | | | | |  | | | |  | | | |  | | |  | | | |  | | | | |  | | | | | | |  | | | | | |  | | | | |  | | | |  | | | |  | | | |  | | | | | |  | | | | | | |  | | | Podpis współubezpieczonego bądź przedstawiciela ustawowego4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Pani | | | | | | | | | | | Pan | | | | | | | | | | |  | | | | | | | | | | Nazwisko | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | |  | | | | |  | | | | | |  | | | | |  | | | |  | | | |  | | | |  | | |  | | | | | | | | |  | | | | | | Pierwsze imię | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Drugie imię  Drugie imię | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | | **Kraj:** Polska     Inny: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | Kraj stałego zamieszkania2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | | Administratorem danych osobowych podanych w związku z zawarciem umowy ubezpieczenia jest PZU Życie SA z siedzibą przy al. Jana Pawła II 24, 00-133 Warszawa. Osoba, której dane dotyczą ma prawo dostępu  do treści swoich danych osobowych i ich poprawiania. Celem przetwarzania tych danych jest przystąpienie do ubezpieczenia i wykonywanie umowy ubezpieczenia. Potwierdzam i akceptuję treść oświadczeń  zawartych w pkt 1, 3, 11 i 12 części VI oraz udzielam upoważnienia i wyrażam zgodę na czynności określone w pkt 2, 4 i 10 części VI deklaracji.  3 Wyrażam zgodę na przetwarzanie moich danych osobowych zgodnie z zapisami pkt 5 części VI deklaracji.  3 Wyrażam zgodę na przetwarzanie moich danych osobowych zgodnie z zapisami pkt 6 części VI deklaracji.  3 Wyrażam zgodę na udostępnienie moich danych osobowych zgodnie z zapisami pkt 7 części VI deklaracji.  3 Wyrażam zgodę na udostępnienie moich danych osobowych zgodnie z zapisami pkt 8 części VI deklaracji.  3 Wyrażam zgodę na udostępnienie moich danych osobowych zgodnie z zapisami pkt 9 części VI deklaracji. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | | D | | | | | D | | | | | – | | | | | M | | | | | | | M | | | – | | | | R | | | R | | | | R | | | | | | R | | | | | | |  | | | |  | | | | | |  | | | | |  | | | | | |  | | | | | |  | | | | |  | | | |  | | | |  | | | | |  | | | |  | | | |  | | |  | | | |  | | | | | |  | | | | | | |  | | | | | |  | | | | |  | | | |  | | | |  | | | |  | | | | | |  | | | | | | |  | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | Data | | | | | | | | | |  | | | | |  | | | | | | |  | | |  | | | |  | | |  | | | |  | | | | | |  | | | | | | |  | | | |  | | | | | |  | | | | |  | | | | | |  | | | | | |  | | | | |  | | | |  | | | |  | | | | |  | | | |  | | | |  | | |  | | | |  | | | | | |  | | | | | | |  | | | | | |  | | | | |  | | | |  | | | |  | | | |  | | | | | |  | | | | | | |  | | | | Podpis współubezpieczonego bądź przedstawiciela ustawowego4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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1 *Proszę wypełnić w przypadku, gdy obywatelstwo jest polskie.*

2 *Proszę wypełnić w przypadku, gdy kraj stałego zamieszkania jest inny niż Polska.*

3 *W przypadku zgody proszę wstawić X w pole  (niezaznaczenie pola oznacza brak zgody).*

4 *W przypadku osób niepełnoletnich oświadczenie w imieniu współubezpieczonego składa jego przedstawiciel ustawowy.*

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| **3.** | |  | | | | | | | | | | |  | | | | |  | | |  | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pani | | | | | | | | | | | | | Pan | | | | | | | | | | | |  | | | | | | | | | Nazwisko | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | |  | | | | | | | | |  | | | | | | | |  | | | | | |  | | | | | |  | | | | | | | | | |  | | | | | | |  | | | | |  | | | | |  | | | |  | | | |  | | | | | | | | |  | | | | | | Pierwsze imię | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Drugie imię  Drugie imię | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | | Miejsce urodzenia | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | |  | | |  | | | | | | |  | | | | | | |  | | | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | |  | | | |  | | | | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | Data urodzenia | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | PESEL1 | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
|  | | | | | Stopień pokrewieństwa:  małżonek  partner życiowy  dziecko | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | |  | | |  | | | | | | | |  | | | |  | | | | | |  | | | |  | | | | | |  | | | | |  | | | | |  | | | | |  | | | | | | |  | | | | |  | | | | | | |  | | | | |
| **Adres do korespondencji:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | | – | | | | | | |  | | | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | **Kraj:** Polska     Inny: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | Kraj stałego zamieszkania2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Pani | | | | | | | | | | | | Pan | | | | | | | | | | |  | | | | | | | | | | Nazwisko | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | |  | | | | | | | |  | | | | | |  | | | | | |  | | | | | | | | | |  | | | | | | |  | | | | |  | | | | |  | | | |  | | | |  | | | | | | |  | | | | | | Pierwsze imię | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Drugie imię  Drugie imię | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **VI. Zgoda na objęcie ubezpieczeniem i oświadczenie ubezpieczonego** *(wypełnia przystępujący do ubezpieczenia)* | |

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| Oświadczam, że:   1. Otrzymałam/em i zapoznałam/em się z warunkami ubezpieczenia, w szczególności w zakresie postanowień ograniczających lub wyłączających odpowiedzialność z umowy ubezpieczenia, świadczeń z tytułu ubezpieczenia oraz wysokości sumy ubezpieczenia i składki. Oświadczam, że chcę skorzystać z zastrzeżenia na moją rzecz ochrony ubezpieczeniowej na warunkach określonych w umowie, w tym na wysokość sumy ubezpieczenia. 2. Administratorem danych osobowych podanych w związku z zawarciem umowy ubezpieczenia jest PZU Życie SA z siedzibą przy al. Jana Pawła II 24, 00-133 Warszawa. Osoba, której dane dotyczą ma prawo dostępu do treści  swoich danych osobowych i ich poprawiania. Celem przetwarzania tych danych jest przystąpienie do ubezpieczenia i wykonywanie umowy ubezpieczenia. 3. Dla potrzeb oceny ryzyka i ustalenia odpowiedzialności z tytułu zdarzeń objętych ubezpieczeniem upoważniam kierownictwo placówek służby zdrowia oraz lekarzy do udzielania PZU Życie SA informacji, w tym do przekazania do PZU Życie SA kopii dokumentacji medycznej dotyczących mojego stanu zdrowia / stanu zdrowia mojego dziecka1.   Wyrażam zgodę na przetwarzanie danych osobowych przez PZU Życie SA w wyżej wymienionych celach.   1. Wyrażam zgodę na gromadzenie, przetwarzanie i przekazywanie moich danych osobowych przez: Mentor S.A.  z siedzibą w Toruniu, PWS Konstanta S.A. z siedzibą w Bielsku Białej, oraz Polską Grupę Asekuracyjną sp. z o.o. z siedzibą w Warszawie zgodnie z art. 23 ust. 1 pkt 1 i ust. 2 ustawy z 29-08-1997 r. o ochronie danych osobowych (t. jedn.: Dz.U.02,101,926 z późniejszymi zmianami) wyłącznie w celu związanym z realizacją i obsługą umów ubezpieczenia zawieranych za pośrednictwem ww. spółek. Oświadczam, że zostałam/em poinformowana/y o prawie dostępu do treści moich danych osobowych oraz możliwości ich poprawiania, jak również prawie wniesienia w każdym czasie sprzeciwu wobec ich przetwarzania. 2. Wyrażam zgodę \*\*\*\* na przetwarzanie moich danych osobowych w celu oferowania oraz przesyłania informacji  o aktualnej ofercie, rabatach, zniżkach i promocjach przygotowanych specjalnie dla Funkcjonariuszy i Pracowników Policji oraz byłych Funkcjonariuszy i Pracowników Policji, zgodnie z zasadami zawartymi w ustawie z dnia 29.08.1997r. o ochronie danych osobowych (dz.U. 02.101.926 z późniejszymi zmianami) w zakresie świadczonych usług przez Polską Grupę Asekuracyjną sp. z o.o. z siedzibą w Warszawie oraz Mentor Ubezpieczenia Indywidualne sp. z o.o. z siedzibą w Toruniu    \*\*\*\* w przypadku braku zgody należy zaznaczyć -**X** |  | 1. Wyrażam zgodę2 /  Nie wyrażam zgody2 na przetwarzanie moich danych osobowych w celach marketingowych przez PZU Życie SA z siedzibą przy al. Jana Pawła II 24, 00-133 Warszawa po zakończeniu odpowiedzialności wynikającej z ubezpieczenia. 2. Wyrażam zgodę2 /  Nie wyrażam zgody2 na udostępnianie moich danych osobowych innemu ubezpieczycielowi w celach określonych w art. 22 ust. 5 ustawy z dnia 22 maja 2003 r. o działalności ubezpieczeniowej (tekst jednolity: Dz.U. 2013 poz. 950). 3. Wyrażam zgodę2 /  Nie wyrażam zgody2 na udostępnianie danych osobowych  w celach marketingowych następującym podmiotom: PZU SA, TFI PZU SA, PZU Pomoc SA,  których siedziba znajduje się przy al. Jana Pawła II 24, 00-133 Warszawa, PZU Centrum Operacji SA z siedzibą  przy ul. Konstruktorskiej 13, 02-673 Warszawa oraz innym podmiotom powiązanym kapitałowo z PZU Życie SA. 4. Wyrażam zgodę\* na udostępnienie moich danych osobowych następującym pod­miotom: PZU SA,  TFI PZU SA, PZU Pomoc SA z siedzibą przy al. Jana Pawła II 24, 00-133 Warszawa, PZU Centrum Operacji SA z siedzibą przy ul. Konstruktorskiej 13, 02-673 Warszawa oraz innym podmiotom powiązanym kapitałowo  z PZU Życie SA w celu oferowania przez te podmioty rabatów, promocji i zniżek w zakresie prowa­dzonej działalności.    \* w przypadku braku zgody proszę zaznaczyć X   1. W celu wykonania umowy wyrażam zgodę na udostępnianie moich danych osobowych: 2. świadczeniodawcy realizującemu procedury wynikające z wybranego przeze mnie zakresu świadczeń zdrowotnych; 3. podmiotowi wykonującemu czynności ubezpieczeniowe w imieniu i na rzecz PZU Życie SA, zgodnie  z art. 3 ust. 6 ustawy o działalności ubezpieczeniowej. 4. W dniu podpisania niniejszej deklaracji przystąpienia nie przebywam na zwolnieniu lekarskim, w szpitalu, hospicjum, placówce dla przewlekle chorych oraz nie uznano w stosunku do mnie niezdolności do pracy lub niezdolności do służby orzeczeniem właściwego organu. 5. Niniejsze oświadczenie oraz dane osobowe składam dobrowolnie, a podane przeze mnie informacje  są zgodne z prawdą. |

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| 1 Dotyczy dodatkowego grupowego ubezpieczenia na wypadek utraty zdrowia przez dziecko.  2 Proszę zaznaczyć właściwe (niezaznaczenie żadnej opcji oznacza brak zgody). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **VII. Oświadczenie ubezpieczonego podstawowego** ***Dotyczy byłego Funkcjonariusza/Pracownika Policji***  *proszę wypełnić w przypadku gdy niniejszą deklarację przystąpienia składa określony w części I ubezpieczony bliski (małżonek/partner życiowy/pełnoletnie dziecko)*  *byłego Funkcjonariusza/Pracownika Policji* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Nazwisko ubezpieczonego podstawowego  *(byłego Funkcjonariusza/Pracownika Policji)* | | | | | | | | | | | | | | Imię ubezpieczonego podstawowego  *(byłego Funkcjonariusza/Pracownika Policji)* | | | | | | | | | | | | | | | | | | | | | | | | | | | PESEL ubezpieczonego podstawowego  *(byłego Funkcjonariusza/Pracownika Policji)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oświadczam, że do ubezpieczenia wraz ze mną przystępuje, jako ubezpieczony bliski, mój małżonek lub partner życiowy lub pełnoletnie dziecko, którego dane podane  są w części I niniejszej deklaracji. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Data zawarcia związku małżeńskiego (wypełnić, gdy do ubezpieczenia przystępuje małżonek funkcjonariusza lub pracownika Policji) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | D | | | D | | | – | | M | | | M | | | – | | | R | | R | | R | | R | | |
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| Data ukończenia przez dziecko 18 roku życia (wypełnić, gdy do ubezpieczenia przystępuje dziecko funkcjonariusza lub pracownika Policji) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | D | | | D | | | – | | M | | | M | | | – | | | R | | R | | R | | R | | |

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| **VIII. Wypełnia ubezpieczający** | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
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| Rodzaj stosunku prawnego łączącego ubezpieczonego podstawowego *(byłego Funkcjonariusza/Pracownika Policji)*  z ubezpieczającym: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | Były Funkcjonariusz / Pracownik Policji | | | | | | | | | | | | |  |  | | | | inny | | | |  | | | | | | | | | | |
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| Były Funkcjonariusz / Pracownik Policji przystępujący do ubezpieczenia  pozostaje w stosunku prawnym z pracodawcą lub ubezpieczającym od: | | | | | | | | | | | | | | | | | | | | | D | D | | – | M | M | – | R | R | R | R |  |
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|  | |  |  |  |  |  |  |  |  |  |  | **ZWIĄZKI ZAWODOWE w POLICJI** | | | | | |  | |  | | | | | | | | | | | | | |
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| Data | | | | | | | | | | | | | Nazwa i siedziba lub pieczęć ubezpieczającego | | | | | | | Pieczątka i podpis osoby obsługującej ubezpieczenie | | | | | | | | | | | | | |
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| Uwagi dodatkowe | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **IX. Wypełnia PZU Życie SA** | | | | | | | | | | | | | | | |
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|  |  |  | D | D | – | M | M | – | R | R | R | R |  |  |  |
|  | Nr jednostki | | Data | | | | | | | | | | | Pieczątka i podpis pracownika PZU Życie SA | |
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| **X. Rezygnacja ubezpieczonego** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Rezygnuję z ubezpieczenia na życie wraz z ubezpieczeniami dodatkowymi oraz ubezpieczenia Opieki Medycznej S od dnia: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | D | D | – | M | M | – | R | R | R | R |  |
|  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | | | | | | | Data | | | | | | | | | |  |
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| **XI. Rezygnacja współubezpieczonego** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Nazwisko współubezpieczonego | | | | | | | | | | | | | | | | | | | | | | | | | | |  | Imię współubezpieczonego | | | | | | | | | | | | | |  | PESEL współubezpieczonego | | | | | | | | | | |  |
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| Rezygnuję z ubezpieczenia Opieki Medycznej S od dnia: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | D | D | – | M | M | – | R | R | R | R |  |
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1 *W przypadku osób niepełnoletnich oświadczenie w imieniu współubezpieczonego składa jego przedstawiciel ustawowy.*

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