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| **DEKLARACJA PRZYSTĄPIENIA DO GRUPOWEGO UBEZPIECZENIA** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **I UBEZPIECZEŃ DODATKOWYCH** | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Zmiana deklaracji z powodu (proszę zakreślić odpowiednie pole) | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | zmiany zakresu ubezpieczenia | | | | | | | | | |  |  |  | zmiany danych ubezpieczonego | | | | | | | | | | |  |  |  | zmiany uposażonych (unieważniam wszystkie poprzednie dyspozycje dotyczące | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | uposażonych i jednocześnie wyznaczam jako uposażonych osoby w części IV)   |  | | --- | | posażonych i jednocześnie wyznaczam jako uposażonych osoby w części IV) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Określenia, które zostały zdefiniowane w warunkach ubezpieczenia, używane są w tym dokumencie w takim samym znaczeniu. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| I Dane dotyczące Ubezpieczonego (proszę o czytelne wypełnienie deklaracji drukowanymi literami)  wypełnienie deklaracji drukowanymi literami) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |
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|  | osoba pozostająca w stosunku prawnym z ubezpieczającym (np. pracownik) | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  | małżonek nie pozostający w stosunku prawnym z ubezpieczającym | | | | | | | | | | | | | | | | | | | | | | | |
|  | dziecko nie pozostające w stosunku prawnym z ubezpieczającym | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  | | | | | | | | | | | | | | | | | | | | | | | |
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| Pani | |  | Pan | | Data urodzenia | | | | | | | |  |  |  | Miejsce urodzenia | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Nazwisko | | | | | | | | | | | | | | | | | | | | |  | Imię | | | | | | | | | | | | | | | | | | | | |  | PESEL | | | | | | | | | | |
| **Obywatelstwo:** | | | | | |  |  | polskie | | |  |  | inne: | |  | | | | | | | | | | | | | | | | | | | | |  |  | | | | | | | | | | | | | | | | | |
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| **Adres do korespondencji:** | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |
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| Telefon kontaktowy | | | | | | | | | | | | | | | |  | E-mail | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Nazwa | | | |  |  |  |  |  |  |  |
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| II Łączna wysokość składek | | | | | | | | | | | | | | |  | | | | | |  | zł |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Wybieram następujące Warianty ubezpieczenia: | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |
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| Upoważniam ubezpieczającego do potrącania składek za ubezpieczenie z mojego wynagrodzenia za pracę lub innych wypłat i przekazywania ich do PZU Życie SA (oświadczenie dotyczy wyłącznie osoby pozostającej w stosunku prawnym z ubezpieczającym). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| III Assistance | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Należy wypełnić w przypadku przystępowania do grupowego ubezpieczenia Doraźna Ochrona Medyczna** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Wybieram** | | | |  |  | zakres podstawowy (ubezpieczony) | | | | | | | | | | | |  |  |  | zakres rozszerzony (ubezpieczony i współubezpieczeni) | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Należy wypełnić w przypadku przystępowania do grupowego ubezpieczenia Medyczny Ekspert Domowy bądź do grupowego ubezpieczenia zagranicznej konsultacji medycznej** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Wybieram** | | | |  |  | zakres podstawowy (ubezpieczony) | | | | | | | | | | | |  |  |  | zakres rozszerzony (ubezpieczony i współubezpieczeni) | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Należy wypełnić w przypadku przystępowania do grupowego ubezpieczenia Asystent w czasie utraty zdrowia** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |
| **Wybieram** | | | |  |  | dodatkowe grupowe ubezpieczenie Asystent w czasie utraty zdrowia (**dotyczy wyłącznie osób przystępujących do grupowego ubezpieczenia** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **typ P Plus**) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **W celu realizacji świadczeń Assistance proszę dzwonić pod nr tel. 801 102 102 (nie dotyczy świadczenia zagranicznej konsultacji medycznej)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| IV Uposażeni (w przypadku nie 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 | | | | | |
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| 1 Proszę wypełnić w przypadku, gdy kraj stałego zamieszkania jest inny niż Polska. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| V 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 dziecka2.  Wyrażam zgodę na przetwarzanie danych osobowych przez PZU Życie SA w wyżej wymienionych celach.  **4.**  Wyrażam zgodę3 /  Nie wyrażam zgody3 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.  **5.**  Wyrażam zgodę3 /  Nie wyrażam zgody3 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).  **6.**  Wyrażam zgodę3 /  Nie wyrażam zgody3 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.  **7.** 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  **8.** 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.  **9.** Niniejsze oświadczenie oraz dane osobowe składam dobrowolnie, a podane przeze mnie informacje są zgodne z prawdą. | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| D | D | – | M | M | – | R | R | R | R |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| VI Oświadczenie płatnika składki (proszę wypełniać w przypadku gdy do ubezpieczenia przystępuje małżonek lub dziecko)  Wyrażam zgodę na potrącanie przez ubezpieczającego z mojego wynagrodzenia lub innych wypłat składek na ubezpieczenie mojego ubezpieczonego: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |
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|  | małżonka | | | |  |  | dziecka | | |  |  |  | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Nazwisko płatnika | | | | | | | | | | | | | | | | | | | | |  | Imię płatnika | | | | | | | | | | | | | | | | | | | | |  | PESEL płatnika | | | | | | | | | | |
| Data zawarcia związku małżeńskiego pomiędzy płatnikiem a ubezpieczonym (wypełnić, gdy do ubezpieczenia przystępuje małżonek płatnika) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | D | D | – | M | M | – | R | R | R | R |
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| Data ukończenia przez dziecko płatnika 18 roku życia (wypełnić, gdy do ubezpieczenia przystępuje dziecko płatnika) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | D | D | – | M | M | – | R | R | R | R |
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| D | D | – | M | M | – | R | R | R | R |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Data | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Podpis płatnika | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |
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| VII Wypełnia ubezpieczający | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Rodzaj stosunku prawnego łączącego osobę przystępującą do ubezpieczenia z ubezpieczającym: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| umowa o pracę            umowa o dzieło            umowa zlecenie            inny | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  | | | | | | | | | | | | | | | | | | | | | | | | |
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| Osoba przystępująca do ubezpieczenia pozostaje w stosunku prawnym z ubezpieczającym od | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | D | D | – | M | M | – | R | R | R | R | 4 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | w załączeniu dotychczasowa/e deklaracja/e nr (z podanym okresem, za który przekazano ostatnią składkę) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
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| D | D | – | M | M | – | R | R | R | R |  |  | | | | | | | | | | | | | | | | | | | | | |  |  | | | | | | | | | | | | | | | | | | | | |
| Data | |  |  |  |  |  |  |  |  |  | Pieczęć ubezpieczającego | | | | | | | | | | | | | | | | | | | | | |  | Pieczątka i podpis osoby obsługującej ubezpieczenie | | | | | | | | | | | | | | | | | | | | |
| Uwagi dodatkowe | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| VIII Wypełnia PZU Życie SA (nie dotyczy, gdy obsługa polisy w eRU) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |
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|  | | | | | | | | | | | | | | | | | | | | |  | D | D | – | M | M | – | R | R | R | R |  |  | | | | | | | | | | | | | | | | | | | | | |
| Nr jednostki | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Data wpływu do PZU Życie SA | | | | | | | | | |  | Pieczątka i podpis pracownika PZU Życie SA | | | | | | | | | | | | | | | | | | | | | |
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| IX Rezygnacja | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Rezygnacja z ubezpieczenia | | | | | | | | |  |  | | | | | | | | | | | | | | | | | | | wraz z ubezpieczeniami dodatkowymi od dnia | | | | | | | | | | | | | | | | D | D | – | M | M | – | R | R | R | R |
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| D | D | – | M | M | – | R | R | R | R |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Data | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Podpis ubezpieczonego | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 2 Dotyczy dodatkowego grupowego ubezpieczenia na wypadek utraty zdrowia przez dziecko.  3 Proszę zaznaczyć właściwe (niezaznaczenie żadnej opcji oznacza brak zgody).  4 Dotyczy płatnika, jeżeli deklarację składa małżonek albo dziecko. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| Numer deklaracji | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **ZAŁĄCZNIK DO DEKLARACJI PRZYSTĄPIENIA** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| X Należy wypełnić w przypadku przystępowania do grupowego ubezpieczenia zdrowotnego Opieka Medyczna | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | Wnioskuję o przystąpienie do dodatkowego grupowego ubezpieczenia zdrowotnego Opieka Medyczna (UZ) – kod zakresu | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  | (ubezpieczeni lub współubezpieczeni) | | | | | | | | | | | |
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| A  Dane dotyczące ubezpieczonego | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |
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| Nazwisko | | | | | | | | | | | | | | | | | | | | |  | Pierwsze imię | | | | | | | | | | |  | Drugie imię | | | | | | | | | |  | Imię ojca | | | | | | | | | |
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|  | Wnioskuję o realizację świadczeń zdrowotnych w | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| B  Współubezpieczeni | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |
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|  | Pani | | | | Pan | | | | Nazwisko | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | Pierwsze imię | | | | | | | | | | | | | | | | | | | | | |  | | Drugie imię | | | | | | | | | | | | | | | | | | | |  | | Imię ojca | | | | | | | | | | | | | | | | | | | |
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|  | Miejsce urodzenia | | | | | | | | | | | | | | | | | | | | | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | | Data urodzenia | | | | | | | | | |  | |  | |  | |  | |  | |  | | PESEL | | | | | | | | | |  | |  | |  | |  | |  | |  | |
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|  | **Adres do korespondencji:** | | | | | | | | | | | | | | | | | |  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |
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|  | Kod pocztowy | | | | | | | | | | | |  | | Miejscowość | | | | | | | | | | | | | | | | | | | | | | | | | |  | | Poczta | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | | Nazwa | | | | | | | | | | | | | | | | | | | |
|  | Zapoznałam/em się z warunkami ubezpieczenia i wyrażam zgodę na objęcie ubezpieczeniem na tych warunkach. Potwierdzam i akceptuję treść oświadczeń zawartych w pkt. 8 i 9 części V deklaracji oraz udzielam upoważnienia i wyrażam zgodę na czynności określone w pkt. 3 części V deklaracji. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Wyrażam zgodę1 /  Nie wyrażam zgody1 na udostępnienie moich danych osobowych zgodnie z zapisami pkt. 4 części V deklaracji.   Wyrażam zgodę1 /  Nie wyrażam zgody1 na udostępnienie moich danych osobowych zgodnie z zapisami pkt. 5 części V deklaracji.   Wyrażam zgodę1 /  Nie wyrażam zgody1 na udostępnienie moich danych osobowych zgodnie z zapisami pkt. 6 części V deklaracji. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | D | | D | | – | | M | | M | | – | | R | | R | | R | | R | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Data | | | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | | Podpis współubezpieczonego bądź przedstawiciela ustawowego2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | Pani | | | | Pan | | | | Nazwisko | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | Pierwsze imię | | | | | | | | | | | | | | | | | | | | | |  | | Drugie imię | | | | | | | | | | | | | | | | | | | |  | | Imię ojca | | | | | | | | | | | | | | | | | | | |
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|  | Miejsce urodzenia | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | Data urodzenia | | | | | | | | | | | | | | | | | | | |  | | PESEL | | | | | | | | | | | | | | | | | | | | | |
|  | mąż/żona/partner życiowy      dziecko | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |
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|  | **Adres do korespondencji:** | | | | | | | | | | | | | | | | | |  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |
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|  | Kod pocztowy | | | | | | | | | | | |  | | Miejscowość | | | | | | | | | | | | | | | | | | | | | | | | | |  | | Poczta | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | | Nazwa | | | | | | | | | | | | | | | | | | | |
|  | Zapoznałam/em się z warunkami ubezpieczenia i wyrażam zgodę na objęcie ubezpieczeniem na tych warunkach. Potwierdzam i akceptuję treść oświadczeń zawartych w pkt. 8 i 9 części V deklaracji oraz udzielam upoważnienia i wyrażam zgodę na czynności określone w pkt. 3 części V deklaracji. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Wyrażam zgodę1 /  Nie wyrażam zgody1 na udostępnienie moich danych osobowych zgodnie z zapisami pkt. 4 części V deklaracji.   Wyrażam zgodę1 /  Nie wyrażam zgody1 na udostępnienie moich danych osobowych zgodnie z zapisami pkt. 5 części V deklaracji.   Wyrażam zgodę1 /  Nie wyrażam zgody1 na udostępnienie moich danych osobowych zgodnie z zapisami pkt. 6 części V deklaracji. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | D | | D | | – | | M | | M | | – | | R | | R | | R | | R | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Data | | | | | | | | | | | | | | | | | | | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | | Podpis współubezpieczonego bądź przedstawiciela ustawowego2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1  Proszę zaznaczyć właściwe (niezaznaczenie żadnej opcji oznacza brak zgody).  2  W przypadku osób niepełnoletnich oświadczenie składa w imieniu współubezpieczonego jego przedstawiciel ustawowy. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **3.** |  | |  | |  | |  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | | | | | | | | | | | | | | | | | | | |  | |  | | | | | | | | | | | | | | | | | | | |  | |  | | | | | | | | | | | | | | | | | | | |
|  | Pani | | | | Pan | | | | Nazwisko | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | Pierwsze imię | | | | | | | | | | | | | | | | | | | | | |  | | Drugie imię | | | | | | | | | | | | | | | | | | | |  | | Imię ojca | | | | | | | | | | | | | | | | | | | |
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|  | Miejsce urodzenia | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | Data urodzenia | | | | | | | | | | | | | | | | | | | |  | | PESEL | | | | | | | | | | | | | | | | | | | | | |
|  | mąż/żona/partner życiowy      dziecko | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |
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|  | **Adres do korespondencji:** | | | | | | | | | | | | | | | | | |  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |
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|  | Kod pocztowy | | | | | | | | | | | |  | | Miejscowość | | | | | | | | | | | | | | | | | | | | | | | | | |  | | Poczta | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | | Nazwa | | | | | | | | | | | | | | | | | | | |
|  | Zapoznałam/em się z warunkami ubezpieczenia i wyrażam zgodę na objęcie ubezpieczeniem na tych warunkach. Potwierdzam i akceptuję treść oświadczeń zawartych w pkt. 8 i 9 części V deklaracji oraz udzielam upoważnienia i wyrażam zgodę na czynności określone w pkt. 3 części V deklaracji. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Wyrażam zgodę1 /  Nie wyrażam zgody1 na udostępnienie moich danych osobowych zgodnie z zapisami pkt. 4 części V deklaracji.   Wyrażam zgodę1 /  Nie wyrażam zgody1 na udostępnienie moich danych osobowych zgodnie z zapisami pkt. 5 części V deklaracji.   Wyrażam zgodę1 /  Nie wyrażam zgody1 na udostępnienie moich danych osobowych zgodnie z zapisami pkt. 6 części V deklaracji. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **4.** |  | |  | |  | |  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | | | | | | | | | | | | | | | | | | | |  | |  | | | | | | | | | | | | | | | | | | | |  | |  | | | | | | | | | | | | | | | | | | | |
|  | Pani | | | | Pan | | | | Nazwisko | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | Pierwsze imię | | | | | | | | | | | | | | | | | | | | | |  | | Drugie imię | | | | | | | | | | | | | | | | | | | |  | | Imię ojca | | | | | | | | | | | | | | | | | | | |
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|  | Miejsce urodzenia | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | Data urodzenia | | | | | | | | | | | | | | | | | | | |  | | PESEL | | | | | | | | | | | | | | | | | | | | | |
|  | mąż/żona/partner życiowy      dziecko | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |
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|  | **Adres do korespondencji:** | | | | | | | | | | | | | | | | | |  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |
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|  | Kod pocztowy | | | | | | | | | | | |  | | Miejscowość | | | | | | | | | | | | | | | | | | | | | | | | | |  | | Poczta | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | | Nazwa | | | | | | | | | | | | | | | | | | | |
|  | Zapoznałam/em się z warunkami ubezpieczenia i wyrażam zgodę na objęcie ubezpieczeniem na tych warunkach. Potwierdzam i akceptuję treść oświadczeń zawartych w pkt. 8 i 9 części V deklaracji oraz udzielam upoważnienia i wyrażam zgodę na czynności określone w pkt. 3 części V deklaracji. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Wyrażam zgodę1 /  Nie wyrażam zgody1 na udostępnienie moich danych osobowych zgodnie z zapisami pkt. 4 części V deklaracji.   Wyrażam zgodę1 /  Nie wyrażam zgody1 na udostępnienie moich danych osobowych zgodnie z zapisami pkt. 5 części V deklaracji.   Wyrażam zgodę1 /  Nie wyrażam zgody1 na udostępnienie moich danych osobowych zgodnie z zapisami pkt. 6 części V deklaracji. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| C Wypełnia PZU Życie SA (nie dotyczy, gdy obsługa polisy w eRU) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |
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| Numer ubezpieczonego | | | | | | | | | | | | | | | | | | | | | | |  | | Kod świadczeniodawcy | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |
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| Data wpływu do PZU Życie SA | | | | | | | | | | | | | | | | | | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | | Pieczątka i podpis pracownika PZU Życie SA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1 Proszę zaznaczyć właściwe (niezaznaczenie żadnej opcji oznacza brak zgody).  2 W przypadku osób niepełnoletnich oświadczenie składa w imieniu współubezpieczonego jego przedstawiciel ustawowy. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |