



**TRAVEL INSURANCE Product Sheet
for Mastercard World Elite Credit Card Holders**

The insurance is protective in nature and is dedicated to holders of a valid credit card issued by BNP Paribas Bank Polska S.A., who travel from their permanent place of residence for a maximum period of 60 consecutive days and who have not yet reached the age of 74, provided their health condition allows for travel.

1.	Insurer	Inter Partner Assistance SA based in Brussels, operating in Poland through its Inter Partner Assistance SA Branch in Poland, ul. Giełdowa 1, 01-211 Warsaw. The Insurer provides protection under the Special Conditions of Travel Insurance (hereinafter: SCI) for Mastercard World Elite BNP Paribas Bank Polska SA Credit Card holders
2.	Policyholder	BNP Paribas Bank Polska SA based in Warsaw 01-211, ul. Kasprzaka 2, hereinafter referred to as the Policyholder and the Bank, which concluded a group insurance contract with the Insurer. The Bank acts as the Policyholder in the insurance contract and offers customers to join the group insurance contract concluded by the Bank and the Insurer.
3.	The subject and scope of insurance protection.	In the scope of insurance, the insurance coverage includes: <ul style="list-style-type: none"> a) Part A: Medical expenses and medical assistance; b) Part B: Personal Accident Coverage; c) Part C: Liability; d) Part D: Sport equipment; e) Part E: Costs of cancellation or early return from the Trip; f) Part F: Hospital admission; g) Part G: Costs of being late for the departure of the means of transport; h) Part H: Costs of delayed departure of the means of transport; i) Part I: Baggage Delay Insurance; j) Part J: Overbooking; k) Part K: Legal assistance; l) Part L: Loss of purchases; m) Part M: Deductible for damage to the rented vehicle; n) Part N: Keys and personal documents; o) Part O: Travel Assistance.
4.	Benefits due to the Client or other persons under the insurance contract.	The Table of Benefits and Limits is Appendix 1 to this Product Sheet.
5.	Insurance premium.	The customer does not pay the insurance premium or bear any other costs related to the insurance coverage provided by the Insurer. The obligation to pay the premium is imposed on the Bank under the insurance contract. The Insurer determines the amount of the insurance premium on the basis of the tariff in force on the date of conclusion of the insurance contract, based on the insurance risk.
6.	The rules for determining the amount of the benefit.	The burden of proving the occurrence of the Insured Event and the validity of the claims rests with the person applying for the benefit. Determining the legitimacy of claims and the amount of due benefits is based on full documentation specified in the SCI, which is submitted by the Insured. The Insurer reserves the right to verify the submitted documents. At the request of the Insurer, in justified cases, if the documents indicated in these SCI prove insufficient to determine the scope of the Insurer's liability, the Insured is obliged to present other documents necessary to determine the legitimacy of claims and the amount of benefits.

		<p>At the Insurer's request, in justified cases related to the determination of the Insurer's liability, the Insured or the Beneficiary is obliged to provide the Insurer with information on the Insured's health condition and consent to an examination of the Insured's health condition or causes of death.</p> <p>In situations where the Insured or the person entitled to the benefit in the event of the Insured's death, evades the obligation to provide documentation or consent to the examination of the health condition / cause of death of the Insured, the Insurer may reduce the benefit accordingly to the extent that failure to meet this obligation contributed to preventing the determination of circumstances affecting the scope of the Insurer's liability.</p> <p>The Insurer pays the benefit up to the amount of the sum insured or the limits appropriate for individual benefits, in accordance with the scope of insurance and the Table of Benefits and Limits.</p> <p>The Insurer is obliged to pay the due benefit within 30 days from the date of receipt of the notification on the Insured Event.</p> <p>If it proves impossible to clarify the circumstances necessary to determine the liability of the Insurer or the amount of the benefit within the period indicated above, the benefit will be paid within 14 days from the date on which, with due diligence, clarification of these circumstances was possible, provided that the part of the benefit undisputed in the light of the submitted documents will be paid by the Insurer within the period specified above.</p> <p>If the Insurer fails to pay the benefits within the period specified in the above sections, it is obliged to notify the Insured or a person acting on their behalf in writing about the reasons for the refusal to satisfy claims.</p> <p>The benefit is always paid on the territory of Poland in Polish zlotys at the average exchange rate of the National Bank of Poland applicable on the date of the damage, except for direct payments to foreign health care units, foreign victims or other foreign entities, unless the SCl contain different provisions.</p>
7.	The amount of the sum insured and the grounds for its possible change	<p>The sum insured is the upper limit of the Insurer's liability for damages arising during the Insurance Period.</p> <p>In the case of the sum insured in a currency other than Polish zloty for the purposes of payment and performance of benefits, the sum insured is converted into Polish zlotys at the exchange rate of the National Bank of Poland on the date of conclusion of the insurance contract.</p> <p>The sum insured for individual risks and benefits is indicated in the Table of Benefits and Limits.</p> <p>The sum insured is determined for one and all Insured Events. Each benefit provided in connection with a given Insured Event is deducted from the sum insured.</p> <p>In the case of insurance for the costs of cancellation or early return from the Trip, the sum insured shall be the costs incurred by the Insured for booking a tourist event, airline tickets or accommodation, but not more than the sum indicated in the Table of Limits and Benefits.</p> <p>The sum insured applies to each Insured separately (unless stated otherwise in the Table of Benefits and Limits) and is given per Trip.</p>
8.	The period and range of insurance protection.	<p>The territorial range of the insurance covers the whole world.</p> <p>The duration of the insurance cover during the trip is a maximum of 60 consecutive days.</p> <p>a) for Part A: Treatment costs and medical assistance, Part C: Liability; Part F: Insurance in the event of Hospital Admission - starts from the moment the Insured crosses the border of the country of permanent residence upon departure, and ends when the Insured crosses the border of the Country of permanent residence upon return, however not later than on the 60th day of the Trip;</p> <p>b) for Part B: Personal Accident Coverage, Part D: Sport Equipment, Part G: Costs of being late for the departure of the means of transport, Part H: Costs of delayed departure of the means of transport, Part I: Baggage Delay Insurance, Part J: Overbooking, Part K: Legal Aid and Part M: Deductible for damage to the rented vehicle - commences when the Insured</p>

		<p>leaves the Place of Residence with the direct intention of commencing the Trip, and ends when the Insured returns to the Place of Residence after the end of the Trip, but not later than after the 60th day of the Trip;</p> <p>c) for Part E: Costs of Trip cancellation and Part O: Travel Assistance - begins on the day of payment for the Trip and ends when the Trip begins with the departure by the first means of transport or with the departure time indicated on the ticket for the means of transport;</p> <p>d) for Part E: The costs of early return from the Trip, begin with the commencement of the Trip by departure using the first means of transport, and end on the day before the end of the given Journey, but no later than after the 60th day of the Journey;</p> <p>e) for Part L: Loss of purchases begins when the item is purchased with the Card and ends after 30 days from the date of purchase;</p> <p>f) for Part N: Keys and Personal Documents begins on the day the Card Contract is concluded, and ends when the Card Contract is terminated.</p>
9.	Exclusions and limitations of the liability of the insurance company.	<ol style="list-style-type: none"> 1. The Insurer shall not be liable in situations where the Insured: <ol style="list-style-type: none"> a) does not follow the instructions of the Assistance Center and does not cooperate with it or does not present the documents which he/she is obliged to submit under these SCI; b) acts against the recommendations of the attending physician; c) did not release the attending physician or other institution from the obligation to keep the confidentiality where it is necessary to determine the liability of the Insurer and the Assistance Center informs the applicant about this requirement. 2. The Insurer is not liable for events resulting from: <ol style="list-style-type: none"> a) intentional act of the Insured or a person with whom the Insured lives in a common household; b) gross negligence of the Insured, unless the performance of the benefit corresponds in the given circumstances to the rules of equity; c) Accidents or health disorders, diseases, illnesses, the symptoms of which occurred before the beginning of the Insurance Period, also in the event that, despite their occurrence, medical advice was not sought. 3. The Insurance does not cover cases where the event is related to: <ol style="list-style-type: none"> a) chronic disease; b) participation in fights, committing or attempting to commit a crime by the Insured; c) participation of the Insured in a war conflict, peacekeeping missions, combat or military operations; d) participation in rebellions, demonstrations, uprisings or disturbances, public acts of violence, strikes or as a result of interference or decisions of public administration authorities; e) violation of any provisions of law, ordinances or measures aimed at ensuring safety, applied by a given country or when the Insured broke the safety regulations or did not use appropriate protective measures at the time of the event, such as: a helmet while riding or cycling, skiing and snowboarding, helmet and life jacket for water sports or did not have the appropriate valid qualifications to perform the activity, e.g. driver's license, recreational diving license; f) failure to perform protective vaccinations required before Trip to a given country; g) sexually transmitted diseases, AIDS, HIV; h) mental illness; i) consequences of the Insured being under influence of alcohol, drugs or other intoxicants, as well as psychotropic substances or drugs with a similar effect; j) engaging in sports activities that are not covered by the basic insurance (the table of covered sports can be found in Article 3 Sec. 4 of these SCI); k) practicing sports activities in places not intended for this; l) taking part in hunting animals; m) taking part in competitions or rallies as a driver, pilot or passenger of any motor vehicles, including during road tests and test drives; n) behavior, in relation to which the Insured did not comply with the provisions of law in force in a given state; o) performing Manual Work; p) performing stunt tasks; q) performing the function of: soldier, policeman, member of other uniformed service or other security unit or service; r) air accidents, except for cases where the Insured was a passenger of licensed airlines. 4. Moreover, the insurance does not cover cases where the event: <ol style="list-style-type: none"> a) took place in the territory of the Country of permanent residence, unless otherwise provided

		<p>for in these SCI for a given type of insurance;</p> <ul style="list-style-type: none"> b) was caused by, or in connection with, nuclear energy or nuclear hazards; c) was known at the time of joining the insurance contract; d) occurred as a result of suicide, attempted suicide or as a result of deliberate self-mutilation of the Insured, regardless of the state of sanity; e) took place during the Trip started by the Insured after the highest degree warning against the Trip to a given country was published by the Ministry of Foreign Affairs of the Republic of Poland; f) was caused by an epidemic (excluding COVID-19 in relation to the Insurance of Medical Costs and Medical Assistance as well as the Insurance of Cancellation or Early Return from the Trip), chemical or biological contamination; g) occurred while using pyrotechnics or firearms. <p>5. The Insurer does not reimburse costs:</p> <ul style="list-style-type: none"> a) incurred by the Insured or other persons related to establishing contact with the Insurer or the Assistance Center; b) telephone calls, internet connections and fax calls including roaming costs when calling back abroad.
10.	Resignation from insurance cover.	<p>The Insured has the right to cancel the insurance coverage at any time during its duration by submitting a statement to this effect. The cancellation of the insurance coverage results in the termination of the protection provided by the Insurer on the last day of the calendar year in which the statement was submitted.</p> <p>Resigning from insurance coverage does not incur any additional costs for the Insured</p>
11.	Reporting an insurance event and complaints.	<p>Reporting an insured event:</p> <p>In the event of an Insured Event, the Insured is obliged to immediately contact the Assistance Center by calling the 24/7 helpline at +48 500 970 340, in order to notify the Insurer about the occurrence of the Insured Event by providing truthful explanations regarding the occurrence and consequences of such an event and any other insurance contracts covering the same risks.</p> <p>Filing a complaint:</p> <p>Complaints are submitted to the Insurer by:</p> <ul style="list-style-type: none"> a) calling at +48 500 970 340; b) sending an e-mail to the following address: quality@axa-assistance.pl or to the insurer's electronic delivery address: AE:PL-30648-15425-EVIJG-16; <p>mail to the following address: Axa Assistance Branch in Poland, Quality Department, ul. Giełdowa 1, 01-211 Warsaw.</p>
12.	Consideration of complaints.	<p>The method of submitting a complaint is described in point 11 above.</p> <p>The application is considered without undue delay, within 30 days from the date of its submission to the Insurer.</p> <p>If, in the process of considering the complaint, it is necessary to obtain additional information related to the application, the Insurer will inform the Customer about it in order to provide the Customer with all necessary data and information, the provision of which is requested by the Insurer to the extent and for the purpose necessary to consider the complaint.</p> <p>In particularly complicated cases, preventing the Complaint from being considered and responding within the period referred to above, the Insurer explains the reason for the delay, indicates the circumstances that must be determined for considering the case and specifies the expected time for considering the complaint and responding, which may not exceed 60 days from the date of receipt of the complaint.</p>
13.	Insurance coverage for persons other than the Client.	<p>The insurance also covers:</p> <ul style="list-style-type: none"> 1) the spouse or life partner of the Mastercard World Elite BNP Paribas Bank Polska SA Credit Card Holder; who has not reached the age of 74 2) children of the MasterCard World Elite BNP Paribas Bank Polska SA Credit Card Holder who are under 25 and are dependent on them; 3) grandchildren of the Card Holder who are under 18 years of age <p>Detailed information on the rules on which protection is granted to the above-mentioned persons is included in the provisions of the SCI.</p>

14.	Entity entitled to receive the benefit	The entity entitled to receive benefits is the Insured - Card Holder, as well as the persons indicated in the above point.
15.	Withdrawal from the insurance contract.	<p>The Policyholder has the right to withdraw from the insurance contract within:</p> <ul style="list-style-type: none"> - 30 days, - 7 days - when the Policyholder is an entrepreneur. <p>This period is counted from the date of conclusion of the insurance contract on the basis of a declaration of withdrawal from the insurance contract submitted to the Insurer directly or through an agent.</p> <p>The resignation from insurance cover shall apply to the Insured.</p>
16.	Taxation of benefits	Not applicable

IMPORTANT: This Product Sheet is only an informative material. It was prepared on the basis of the Special Conditions of Insurance for Mastercard World Elite BNP Paribas Bank Polska SA Credit Card Holders, which apply from January 1st, 2025, and which constitute the full content of the Insured's rights and obligations.

TABLE OF BENEFITS AND LIMITS	Sum insured
In the absence of other information, the amounts of all benefits are calculated per Insured and per Trip	
Part A - Treatment costs and medical assistance, including:	7,500,000 euros
Costs of medical care, transport from / to / between facilities and repatriation	7,500,000 euros
Prolonged stay of the covered person / accompanying person	150 euros a day for a maximum of 10 days and transportation
Funeral and body repatriation costs	4,500 euros
Travel of a Close relative in case of Hospital Admission	150 euros a day for a maximum of 10 days and economy class flight
Co-worker transport	economy class flight
Part B - Personal Accident Coverage, including:	500,000 euros
In the event of death (Insured under 5 years of age)	10,000 euros
In the event of death (Insured between 5 and 15 years of age)	20,000 euros
In the event of death (Insured between 15 and 74 years of age)	500,000 euros
In the event of permanent impairment (Insured under the age of 74)	500,000 euros
Consequences of Accidents for all Insured and Co-insured travelers Total	5,000,000 euros
Part C - Liability	1,500,000 euros
Part D - Sport Equipment, including:	2,000 euros
Limit for one Insured Event	500 euros
Limit for the provision of replacement rental for Sport Equipment	150 euros not more than 30 euros per day
Part E - Costs of cancellation or early return from the Trip, including:	18,750 euros
For all Insured and Co-insured people traveling together	18,750 euros
Re-booking fee for all Insured and Co-insured persons traveling together	500 euros
Part F - Hospital Admission Insurance	2,250 euros
Limit for the benefit for each day, not more than 30 days	75 euros
Part G - Costs of being late for the departure of the means of transport	750 euros
For all Insured and Co-insured people traveling together	750 euros
Part H - Costs of delayed departure of a means of transport	750 euros
Per one Insured	350 euros
For all Insured and Co-insured people traveling together	750 euros
Part I - Baggage Delay Insurance	
For delays over 4 hours - for all Insured and Co-insured persons traveling together	500 euros
For delays over 48 hours - for all Insured and Co-insured persons traveling together	3,750 euros
Part J - Overbooking	750 euros
Per one Insured	350 euros
For all Insured and Co-insured people traveling together	750 euros
Part K - Legal Aid	9,000 euros
Part L - Loss of Purchases	30,000 euros
Per calendar year	30,000 euros
Per one incident	5,000 euros
Part M - Deductible for damage to the rented vehicle	50,000 euros
Part N - Keys and Personal Documents	300 euros
Per calendar year	300 euros
Part O - Travel Assistance, including:	40,000 euros
Travel counseling	No limit
A loan against a security deposit	40,000 euros
Assistance in the event of baggage loss	No limit
Cash advance	8,000 euros
Assistance in case of loss or theft of documents	No limit
Assistance in the delivery of personal items	No limit
Assistance in finding local service providers	No limit
Help with medicine delivery	No limit
Forwarding the message	No limit

Appendix No. 1 to the Insurance Product Sheet for the Holders of Mastercard World Elite BNP Paribas Bank Polska SA