

How to File a Claim under EDU Plus insurance?

Fast. Convenient. Online. File a claim at: <https://zgloszenie.interrisk.pl>

- You'll be able to easily upload the required documents
- You'll immediately receive a claim number
- Choose your preferred settlement method
- Save time

Prefer traditional methods? You can still file a claim by phone, email, or mail.

Step 1 – Gathering Information

What do you need to have ready?

- the policy series and number under which the claim will be filed
- the Insured's personal information
- the policyholder's information
- the bank account number to which the benefit is to be transferred

Step 2 – Filing a Claim

How to file a claim?

• **online**

– via the website **www.interrisk.pl**

link: <https://zgloszenie.interrisk.pl/assetclaim/new>

QR code:



• **by phone**

– by calling **InterRisk Contact at (22) 575 25 25**

• **by email** – to the following email address: szkody@interrisk.pl

• **by mail** – to the address: P.O. Box 3334, 40-610 Katowice

• **The claim form** is available for download at www.interrisk.pl

Link: <https://bit.ly/3VGQhQW>

QR code:



Step 3 – Completing the Documents

What documents will be needed to file a claim?

Event	Documents	How to Submit
Accident	- a detailed description of the circumstances of the accident; be sure to include the date and location - a copy of the police report, if the police were notified - first aid documentation and/or a hospital information sheet - medical records detailing the course of treatment, describing the nature of the injuries sustained along with a precise diagnosis	online or by mail
Heart attack or stroke	- hospital treatment records - records from the Cardiology Clinic where the Insured was treated following the heart attack - ECG results obtained no earlier than 3 months after the date of the heart attack - medical records from the Neurology Clinic or from the attending physician describing the dysfunctions present following a stroke	online or by mail
Cost of purchasing medical devices dispensed by prescription	- a copy of the physician's prescription for prescription medical devices; - present the originals of personalized receipts or VAT invoices, along with proof of payment;	online or by mail
Cost of purchasing or repairing prescription eyeglasses, a hearing aid, orthodontic appliances, or an insulin pump damaged as a result of an accident on the premises of an educational institution	- medical records from a visit to a medical facility - an accident report prepared by an accident investigation team appointed by the director of the educational institution, or a statement from the director of the educational institution containing the date and a description of the circumstances of the incident	online or by mail
	originals of personalized receipts or VAT invoices, along with proof of payment	online or by mail
Dream Trip Costs	- medical records documenting the course of treatment for the consequences of the accident, describing the nature of the injuries sustained and containing a detailed diagnosis; - a copy of the disability determination issued by the county (provincial) disability assessment board – applies to children under 16 years of age, - a copy of the certificate of significant disability issued by the county (provincial) disability assessment team—applies to children over 16 years of age, - originals of personalized receipts or VAT invoices, along with proof of payment, confirming that you took your dream trip or met your favorite sports, literary, political, or entertainment star (music, film, television, or the Internet);	online or by mail
Medical expenses, post-exposure treatment costs, and dental treatment costs	- medical records of visits, procedures, hospital stays, and surgeries - in the case of rehabilitation costs—medical documentation containing a referral for rehabilitation treatments - originals of personalized receipts or VAT invoices, along with proof of payment,	online or by mail
Assault or battery	- a copy of the police report - medical records detailing the course of treatment, describing the nature of the injuries sustained and containing a precise diagnosis - hospital information sheet	online or by mail

Incident	Documents	Method of submission
Hospital stay	- hospital information form - detailed diagnosis, including the date the illness was diagnosed or the date of the accident	online or by mail
Death of the Insured as a result of an accident	- the Insured's death certificate - statistical form accompanying the death certificate or other documentation confirming the cause of death - police report or information from the investigating authority - certificate of inheritance or notarized certificate of inheritance, if the Insured was of legal age and could have had children who are his or her primary heirs - information on both parents (first name, last name, mailing addresses, contact information) <u>In the case of a minor beneficiary:</u> - a statement from the parents confirming that they are the child's heirs and that they agree to repay the benefit if another heir is identified - the bank account numbers of both parents or consent to have the benefit paid into a single account (a statement with handwritten signatures)	online or by mail
Death of a parent/guardian as a result of an accident	- death certificate - the Insured's birth certificate or other documentation confirming the family relationship - a copy of the death certificate or medical records confirming the cause of death - a police report or the contact information for the investigating agency	online or by mail
Traffic accident	- medical records detailing the course of treatment, describing the nature of the injuries sustained, and containing an accurate diagnosis (including first aid provided, the course of treatment, and information regarding the completion of treatment) - the date of the accident and a detailed description of the circumstances surrounding it - Police/prosecutor's report or details of the agency handling the case - if the injured party was the driver: driver's license number and expiration date, and a copy of the vehicle registration certificate	online or by mail
Reimbursement of medical expenses under the Tick Package	- medical documentation from the doctor's visit during which the tick was removed, including a referral for diagnostic tests or a recommendation for antibiotic therapy - originals of personalized receipts or VAT invoices, along with proof of payment	online or by mail
Reimbursement for the cost of the paid tour	- date of the accident and a detailed description of the circumstances surrounding it - a certificate from the educational institution organizing the trip confirming that the Insured did not participate in the aforementioned trip - medical records detailing the course of treatment, describing the nature of the injuries sustained, and containing an accurate diagnosis (including first aid provided, the course of treatment, and information regarding the completion of treatment) - originals of personalized receipts or VAT invoices, along with proof of payment	online or by mail
Bites, nibbles, stings	<u>In the case of a bite:</u> - complete documentation of first aid and the course of treatment An information sheet from the hospital <u>In the case of a nibble or sting:</u> - information sheet from the hospital	online or by mail

Incident	Documents	Method of submission
Care for a child staying in the hospital	- a medical certificate stating the period during which the parent or legal guardian was on leave from work to care for a hospitalized child - medical records regarding the child's hospital stay - a statement from the parent or legal guardian confirming that 24-hour care for the child was necessary during the child's hospital stay - in the case of a hospital stay caused by a Serious Illness—medical records confirming the date of diagnosis of the Serious Illness	online or by mail
Invasive treatment	- medical records from in-person visits to a medical facility or a doctor's note/printout of a doctor's note containing information about the period during which the Insured was temporarily unable to attend school or work - Confirmation of the Insured's absence from work or classes provided by the employer or school	online or by mail
Reimbursement of the Insured's funeral expenses	- medical certificate – the Insured's death certificate - the Insured's death certificate or a court ruling declaring the Insured deceased - statistical form accompanying the death certificate or other documentation confirming the cause of death - a police report or information from the agency handling the case - a probate record or a notarial certificate of inheritance, if the Insured was of legal age and could have had children who are his or her primary heirs - originals of personalized receipts or VAT invoices, along with proof of payment	online or by mail
Serious Illnesses, zoonotic diseases, sepsis	- a detailed diagnosis, including the date the illness was diagnosed - complete medical records from all consultations	online or by mail
Reimbursement of costs for a child search operation	- police report or contact information for the agency handling the missing child report - originals of personalized receipts or VAT invoices, along with proof of payment	online or by mail
Medical Procedures	- detailed diagnosis, including the date of diagnosis or the date of the accident - hospital information sheet - complete medical records from all consultations	online or by mail

Would you like to use Assistance EDU Plus:

1. Call the InterRisk Contact number: (22) 575 25 25
2. Please provide the following information:
 - the policyholder's first and last name or company name and address;
 - the Insured's first and last name;
 - the Insured's residential address;
 - a brief description of the incident and the type of assistance needed;
 - At the request of the Assistance Center, you may be asked to present the following documents to the Assistance Center's doctors: medical certificates, referrals, sick leave notes, medical records, and prescriptions, as well as to show the originals of personalized receipts or VAT invoices and proof of payment.

If you want to use TeleMedicine:

1. Visit the website: www.interrisk.pl
2. Register on the TeleMedicine Center portal and follow the instructions provided by the application.

Would you like to get a Second Medical Opinion:

1. Please contact the Second Opinion Center by phone at (22) 364 15 15 or by email at: interrisk@eiem.pl
2. In your request for this service, please provide:
 - first and last name,
 - first and last name of the person reporting the insured event, if they are not the Insured,
 - policy number,
 - a phone number or email address where the Insured or any other person acting on their behalf can be reached,
 - complete medical documentation, including the initial medical opinion confirming the occurrence of the event,
 - the treatment plan prepared by the physician who issued the initial medical opinion,
 - documents necessary to verify the Insured's identity, i.e., an ID card, driver's license, or passport—upon request by the Second Opinion Center,
 - the Insured's consent to the processing of personal data, including medical data necessary to prepare the Second Medical Opinion pursuant to Article 9(2)(a) of Regulation (EU) 2016/679 of the European Parliament and of the Council of April 27, 2016, on the protection of natural persons with regard to the processing of personal data and on the free movement of such data, and repealing Directive 95/46/EC,
 - other documents, if the documents previously provided are insufficient to establish that the Insured is entitled to the benefit—at the request of the Second Opinion Center.

Would you like to use Legal Assistance:

1. Please call the InterRisk Contact number: (22) 575 25 25
2. Please provide the following information:
 - first name, last name, and contact information of the person filing the claim (the Insured),
 - the subject and description of the legal issue to be addressed by Legal Assistance,
 - specification of the means of communication through which the Legal Assistance service is to be provided, including the phone number or email address, as applicable.

InterRisk – poznaj nas bliżej



30 lat doświadczenia
na polskim rynku



Rating AAA od Fitch Ratings
z perspektywą stabilną



Ponad **50 000** pośredników
ubezpieczeniowych

**Jesteśmy częścią
Vienna Insurance Group**

- **200 lat** doświadczenia
- **50 firm** na terenie
30 krajów

- **34 mln** klientów
- **Rating A+** z perspektywą stabilną
od Standard & Poor's

Źródła: Sprawozdanie wypłacalności i kondycji finansowej InterRisk w 2025 roku oraz dane własne, www.vig.com