**Compensa Oświata**

Lista do umowy grupowego ubezpieczenia do polisy typ 185 nr: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Klasa:** | | | |
| **Lp.** | **Imię nazwisko ubezpieczonego** | **Składka**  **pierwsze dziecko – 79 zł**  **drugie i kolejne dziecko – 39,50 zł** | **Drugie i kolejne dziecko**  **(imię i nazwisko, klasa)** |
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