



Application Form Médís Health Insurance

New Insurance Policy N°: Start Date*:

Amendments Insurance Broker: Proposition:

Name of Insurance Broker: _____

*The contract commences on the 1st or 15th calendar day of the month following acceptance of the risk by the Insurer

Name: _____

Address: _____

Postal code: _____ City: _____ E-mail: _____

Marital Status: _____ Profession: _____

Date of Birth: Gender: F M Identity Card: Tax number:

Mobile Phone Nr.: Telephone Nr. (work): Telephone Nr. (home):

Identification of Insured People (If there is more than one Insured Person, please fill out a new Application form, with that information only)

Is the Member the Insured Person? Yes No

Name to be printed on the Médís Card (maximum of 25 characters)

Holder (Unnecessary to fill out, if the answer was "Yes" for Member):

Date of Birth: / / Gender: M F Identity Card: Tax number:

Name to be printed on the Médís Card (maximum of 25 characters)

Spouse:

Date of Birth: / / Gender: M F Identity Card: Tax number:

Name to be printed on the Médís Card (maximum of 25 characters)

Child:

Date of Birth: / / Gender: M F Identity Card: Tax number:

Name to be printed on the Médís Card (maximum of 25 characters)

Child:

Date of Birth: / / Gender: M F Identity Card: Tax number:

Name to be printed on the Médís Card (maximum of 25 characters)

Covers, Capitals, Contributions, Sub-limits and Deductible Item per Insured Person / Year

| Options | Options 1 | Options 2 | Options 3 |
|--|--|---|---|
| Choose the appropriate Option by putting an X. Does not relieve a careful reading of the pré-contractual and contractual conditions legally required. | <input type="checkbox"/> 1 <input type="checkbox"/> 1 + Outpatient Assist. <input type="checkbox"/> 1 + Outpatient Assist. + Birth | <input type="checkbox"/> 2 <input type="checkbox"/> 2 + Dental | <input type="checkbox"/> 3 <input type="checkbox"/> 3 + Dental |
| Inpatient | € 15.000,00 | € 50.000,00 | € 500.000,00 |
| Birth sub-limit | € 1.500,00 (Optional) ⁽¹⁾ | € 2.000,00 | € 3.000,00 |
| 2nd Opinion ⁽²⁾ | Yes | Yes | Yes |
| Outpatient Assistance | € 1.000,00 (Optional) | € 2.500,00 | € 5.000,00 |
| Dental | - | € 250,00 (Optional) | € 1.000,00 (Optional) |
| Serious Illness ⁽⁵⁾ | - | - | € 1.000.000,00 |
| International Clínica Universitaria de Navarra ⁽³⁾ | - | - | Unlimited |
| Barcelona — Berlin — EUA ⁽⁴⁾ | - | - | - |
| Remaining Clinics | - | - | € 75.000,00 |
| Contributions | | | |
| In-network (after co-payment) | 100% | 100% | 100% |
| Out of network | 35% | 35% | 35% |
| Dental Prostheses and Orthoses ⁽⁶⁾ | - | 50% in network Médís 35% out network Médís | 50% in network Médís 35% out network Médís |
| International Clínica Universitaria de Navarra ⁽³⁾ | - | - | 100 % |
| Barcelona — Berlin — EUA ⁽⁴⁾ | - | - | 80 % |
| Remaining Clinics | - | - | 60 % |
| Serious Illness ⁽⁵⁾ | - | - | 100% |
| Sub-Limits | | | |
| Physiotherapy | € 500,00 ⁽⁷⁾ | € 500,00 | € 500,00 |
| Psychiatric Appointments | 6 individual or 12 group sessions ⁽⁷⁾ | 6 individual or 12 group sessions | 6 individual or 12 group sessions |
| Deductible Item | | | |
| Outpatient Assistance ⁽⁷⁾ | € 50,00 | - | - |
| International — Remaining Clinics | - | - | € 1.500,00 for Household |

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Declarations, Date and Signatures

For the effects of signature of this insurance contract I declare that:

1. The statements that I made are accurate and complete, and I am aware of all the information required for concluding this contract, and I have been clarified of its contractual conditions, namely, about the applicable guarantees and exclusions, with which I agree.
2. I authorise the Insurance Company to process the personal data provided, as well as the information collected from other entities, with a view to managing the contractual relationship, without prejudice to the right to consult, amend or delete said data by written communication addressed to the Insurance Company responsible for their processing.
3. I authorise the medical doctors and other health care providers I may use, within the scope of the insurance contract, to provide to the clinical services of the Insurance Company and to receive from them any information related to the services provided and covered by professional secrecy, as well as its processing.
4. I authorise the recording of telephone conversations undertaken within the scope of the insurance contract, for the purposes of management of the contractual relationship.
5. I also authorise the information relative to the benefit statement, containing information relative to the health care provider, date on which the medical act was performed and the value of the expenses incurred, to be provided to the Policy Holder.
6. Without any prejudice to the obligations and limits laid down by data protection and competition laws, the Insurer may provide access or transmit such information, as well as data, to people, individual or collective, with public or private rights, in order to subcontract for collaboration on construction and subsequent statistical studies, market surveys or feasibility of the implementation of contracts, including to those the Portuguese Association of Insurers (as well as reinsurance companies or entities that fall within or perform, legally, cooperation activities; data collection; prevention and fight against fraud; statistical or technical-actuarial studies).
7. In the Insurance contracts with a term equal or longer than six months, the singular Policyholder has the right to terminate the contract, without the need to invoke a just cause, within thirty days after the reception of the policy.
8. The previous paragraph does not apply to group insurance.

I am also aware that:

9. The acceptance of the Insurance, regarding each Insured Person, is dependent on the analysis of the respective Individual Health Questionnaire, and the Insurance may be considered as having been accepted if, within a maximum of 14 days from the date of the Insurance Company's Medical Subscription Services' receipt of the Application Form and respective Individual Health Questionnaire, it does not inform the Insured Person of the non-acceptance of the proposed risk or the need to obtain additional elements for its assessment.
10. The analysis of the Individual Health Questionnaire and remaining factors that characterize the proposed risk, condition its acceptance by the Insurance Company or the terms under which it may take place.
11. In the case of a transfer of risk previously covered by another insurance contract, particular exclusions and grace periods for new coverage and the difference of capital, compared with the previous insurance policy, will be applied, with exception of Birth coverage subject to the grace period provided in the General Conditions of the policy, which is 365 days.
12. The particular exclusions and preexistence will be considered on the basis of existing clinical information, that is, in the Particular Conditions / Individual Certificates in force at the date of transfer. In the absence of referred information the subscription will be based on a medical questionnaire which is needed to be filled and reported upon an acquisition of the Médís insurance. The preexistences will be reported on the date that the medical questionnaire that supports a subscription of this insurance is filled.
13. In case of any change of the policy's conditions, grace periods will be applied to the new coverages and to the difference of capital in excess of the previous option. Pre-existing conditions and particular exclusions will be considered based on the existing clinical information (medical questionnaire, Specific Conditions/Individual Certificate and additional information arising from the insurance utilization) for the new coverages or for the difference of capital in excess of the previous option.
14. Under the legal terms, after acceptance of this application form the risk cover is only effective once the owed premium - or instalments of it - is paid.
15. The guaranteed instalments that are stated in this Application Form exclusively refer to each year of the contract's lifetime.
16. Complaints of the Policyholder/Insured Person or other interested parties may be submitted to the departments of the Insurer, using the Complaints Book, the Client Ombudsman, the Portuguese Insurance and Pension Fund Supervision Authority or, in the case of litigation, the parties may also resort to the following Alternative Dispute Settlement Entity: the Insurance Information, Mediation, Ombudsman and Arbitration Centre (CIMPAS) www.cimpas.pt or the courts.

The Policy holder

The Insurance Broker

The Insured Person

The Insured Person

The Insured Person

The Insured Person

Place and date: _____, _____ of _____ of _____

www.medis.pt

⁽¹⁾ Optional Outpatient Assistance cover subscription is mandatory. ⁽²⁾ Service provided by the Clínica Universitaria de Navarra, available through Médís Line ⁽³⁾ Médís pays in full all the previously approved medical expenses and, in case of hospitalisation, guarantees the Insured Person and Companion for the payment of expenses related to accommodation and travel by air (economy class), train, or car (only includes fuel expenses, tolls, and one night's accommodation for the outward journey and another for the return journey). ⁽⁴⁾ Barcelona Medical Centre (Spain); Deutsches Herzzentrum Berlin (Germany); Johns Hopkins Clinic (USA). ⁽⁵⁾ All Medical Expenses covered by this cover will only be accepted if services were rendered in the Network of Providers agreed outside the national territory. The Serious Illnesses under this coverage are listed in contractual terms. ⁽⁶⁾ Valid only when subscribed the optional Dental cover. ⁽⁷⁾ Applies only when the optional Outpatient Assistance is contracted.

Insurance Company: Médís – Companhia Portuguesa de Seguros de Saúde, S.A Public Limited Company with its head office in Av. Dr. Mário Soares (Tagus Park), Edifício 10, Piso 1, 2744-002 Porto Salvo, tax nr. 503 496 944 and registered with this same number in the Lisbon Trade Registry, with a share capital of € 12.000.000,00.