

	New insurance			
médis	Amendments	Insurance Broker:	Proposition:	
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Application Form				
Médis Health Insur	ance	Name of Insurance Broker:		
		*The contract commences on the 1st or 15	oth calendar day of the month following accept	ance of the risk by the Insurer
Policy Holder (The Person identified b	pelow is the one who	signs the Insurance Proposal and wi	no is responsible for payment of the Pre	mium)
Name:				
Address:				
Postal code:	City:		E-mail:	
Marital Status:				
Date of Birth:	Gei	rider: Identity Card	d: Tax	number:
Mobile Phone Nr.:	Tel	ephone Nr. _(work) :	Telephone Nr. (home)	:]
Identification of Insured People	e (If there is more	e than one Insured Person, ple	ase fill out a new Application for	m, with that information only
Is the Member the Insured Persor	n? 🛘 Yes 🗖 N	0		
Name to be printed on the Médis Ca	ard			(maximum of 25 characters)
Holder (Unnecessary to fill out, if the			T	
Date of Birth: / /		M □ F Identity Card:	Tax n	umber:
Name to be printed on the Médis Ca Spouse:	ard			(maximum of 25 characters)
Date of Birth: / /	Gender: D	IM □ F Identity Card:	Tax n	umber:
Name to be printed on the Médis Ca	ard			(maximum of 25 characters)
Child:	Condon 5	IM FIE Hards Oast		
Date of Birth: / / Name to be printed on the Médis Ca		IM □ F Identity Card:	i lax n	umber: (maximum of 25 characters)
Child:				()
Date of Birth: / /	Gender: C	IM □ F Identity Card:	Tax n	umber:
Name to be printed on the Médis Ca	ard			(maximum of 25 characters)
Covers, Capitals, Contributions	s, Sub-limits ar	nd Deductible Item per Insu	red Person / Year	
Options		Options 1	Options 2	Options 3
Choose the appropriate Option by p		<u>.</u>	□ 2	
Does not relieve a careful reading of contractual and contractual condition		☐ 1 + Outpatient Assist. ☐ 1 + Outpatient Assist. + Birth	2 + Dental	☐ 3 + Dental
required.		1 + Outpatient Assist. + Birtin		
Inpatient Base		€ 15.000	€ 50.000	€ 1.000.000
Reinforced Oncological Protect	tion	-	Additional of € 50.000	unlimited
Birth sub-limit 2nd Opinion (2)		€ 1.500 (Optional) ⁽¹⁾	€ 2.000	€ 3 000
Outpatient Assistance		Yes	Yes	Yes
Base		€ 1.000 (Optional)	€ 2.500	€ 5.000
Reinforced Oncological Protect Dental	tion	-	Additional of € 2.500	Additional of € 5.000
Oncology - Prostheses and Orthose		-	€ 250 (Optional)	€ 1.000 (Optional)
	es	-	€ 250 (Optional)	€ 1.000 (Optional)
Bras for breast prosthesis External bilateral breast prosthesis	es	-	€ 250 (Optional) € 40 (1 per annuity) € 110 (1 per annuity)	€ 40 (1 per annuity)
Bras for breast prosthesis External bilateral breast prosthesis External unilateral breast prosthesis	98	-	€ 40 (1 per annuity) € 110 (1 per annuity) € 95 (1 per annuity)	€ 40 (1 per annuity) € 110 (1 per annuity) € 95 (1 per annuity)
Bras for breast prosthesis External bilateral breast prosthesis External unilateral breast prosthesis Wigs	98	-	€ 40 (1 per annuity) € 110 (1 per annuity)	€ 40 (1 per annuity) € 110 (1 per annuity) € 95 (1 per annuity) € 500 (1 per life)
Bras for breast prosthesis External bilateral breast prosthesis External unilateral breast prosthesis Wigs Ostomy supporting products Oncology - Assistance Services	es	-	€ 40 (1 per annuity) € 110 (1 per annuity) € 95 (1 per annuity) € 500 (1 per life) € 500	€ 40 (1 per annuity) € 110 (1 per annuity) € 95 (1 per annuity) € 500 (1 per life) € 500
Bras for breast prosthesis External bilateral breast prosthesis External unilateral breast prosthesis Wigs Ostomy supporting products	es	-	€ 40 (1 per annuity) € 110 (1 per annuity) € 95 (1 per annuity) € 500 (1 per life)	€ 40 (1 per annuity) € 110 (1 per annuity) € 95 (1 per annuity) € 500 (1 per life)
Bras for breast prosthesis External bilateral breast prosthesis External unilateral breast prosthesis Wigs Ostomy supporting products Oncology - Assistance Services Transport of patients Psychological support Comfort services	es	- - - - - -	€ 40 (1 per annuity) € 110 (1 per annuity) € 95 (1 per annuity) € 500 (1 per life) € 500 2 transportations per annuity 5 appointments per annuity € 1.000 per annuity	€ 40 (1 per annuity) € 110 (1 per annuity) € 95 (1 per annuity) € 500 (1 per life) € 500 2 transportations per annuity 5 appointments per annuity € 1.000 per annuity
Bras for breast prosthesis External bilateral breast prosthesis External unilateral breast prosthesis Wigs Ostomy supporting products Oncology - Assistance Services Transport of patients Psychological support	es	-	€ 40 (1 per annuity) € 110 (1 per annuity) € 95 (1 per annuity) € 500 (1 per life) € 500 2 transportations per annuity 5 appointments per annuity	€ 40 (1 per annuity) € 110 (1 per annuity) € 95 (1 per annuity) € 500 (1 per life) € 500 2 transportations per annuity 5 appointments per annuity
Bras for breast prosthesis External bilateral breast prosthesis External unilateral breast prosthesis Wigs Ostomy supporting products Oncology - Assistance Services Transport of patients Psychological support Comfort services Home nursing care	es	- - - - - -	€ 40 (1 per annuity) € 110 (1 per annuity) € 95 (1 per annuity) € 500 (1 per life) € 500 2 transportations per annuity 5 appointments per annuity € 1.000 per annuity	€ 40 (1 per annuity) € 110 (1 per annuity) € 95 (1 per annuity) € 500 (1 per life) € 500 2 transportations per annuity 5 appointments per annuity € 1.000 per annuity
Bras for breast prosthesis External bilateral breast prosthesis External unilateral breast prosthesis Wigs Ostomy supporting products Oncology - Assistance Services Transport of patients Psychological support Comfort services Home nursing care International	es	- - - - - -	€ 40 (1 per annuity) € 110 (1 per annuity) € 95 (1 per annuity) € 500 (1 per life) € 500 2 transportations per annuity 5 appointments per annuity € 1.000 per annuity 10 uses per annuity	€ 40 (1 per annuity) € 110 (1 per annuity) € 95 (1 per annuity) € 500 (1 per life) € 500 2 transportations per annuity 5 appointments per annuity € 1.000 per annuity 10 uses per annuity



Contributions				
In-network (after	co-payment)	100%	100%	100%
Out of network		35%	35%	35%
Dental Prosthes	es and Orthoses ⁽⁶⁾	-	50% in network Médis 35% out network Médis	50% in network Médis 35% out network Médis
International	Clínica Universitária de Navarra (3)	-	-	100 %
	Barcelona — Berlin — EUA ⁽⁴⁾	-	-	80 %
	Remaining Clinics	-	-	60 %
Serious Illness (5)		-	-	100%
Sub-Limits				
Physiotherapy		€ 500 ⁽⁷⁾	€ 500	€ 500
Psychiatric Appo	intments	6 individual or 12 group sessions (7)	6 individual or 12 group sessions	6 individual or 12 group sessions
Deductible Item				
Outpatient Assist	ance (7)	€ 50	-	-
International – Re	emaining Clinics	-	-	€ 1.500 for Household

Co-payments

Inpatient	10% minimum € 200 and maximum € 500	Sound Scan	€ 12,50
Chemotherapy	10% per session and maximum € 500	Nuclear Medicine	10%
Birth	€ 250	CAT Scan	€ 27,50
Appointments	€ 15	Magnetic Resonance Imaging	€ 65
Urgency	€ 40	Dental (per medical act) (6)	€ 10
Home Medical Visits	€ 25	Other Complementary Means of Diagnosis	10%
Blood Tests (per analysis)	€ 1,50	Surgeries, treatments and Other Outpatient Medical Acts	10%
Pathology Anatomy	€ 7,50	Psychological support	€ 10 by consultation
X-Ray	€ 7,50	Home nursing care	€ 10 by use

Grace Periods

60 days - Outpatient Assistance, Dental and Prosthetic Devices and Orthosis **90 days** - Inpatient **180 days** - Serious Illness Cover; Surgical or other invasive treatment of benign prostatic hypertrophy, benign uterus condition, cystocele and rectocele **365 days** - Birth; Surgical treatment of varicose veins of lower members and of herniated disk; Haemorrhoidectomy and other haemorrhoid treatments as well as the treatment of the perianal fistula; Treatment of joint pathology by arthroscopy, Tonsillectomy, adenoidectomy, myringtomy with or without ventilating tubes, septoplasty, rhinoseptoplasty and surgical treatment for sleep apnea Surgical excision of cutaneous or subcutaneous benign lesions and laser treatments of benign skin lesions.

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(1) Optional Outpatient Assistance cover subscription is mandatory. (2) Service provided by the Clínica Universitaria de Navarra, available through Médis Line (3) Médis 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 in contracted.

Payment Option, Duration and Frequency of Premium Payment

Choose a payment option:						
Insurance Broker	Debit(ATM / Check)	_	Direct Debit (Field Au		,	
Duration: Year and Followin	ng Frequency of P	remiur	m Payment: Annually	Six-monthly	Quarterly	Monthly*
First receipt will be added of	f € 5,38 for policy cost					
*Possible only by Direct Debit						



Account Debit / Credit Sepa	
Account Holder:	
I hereby authorise the Bank to pay Médis – Companhia Portuguesa de Seguros de Saúde , S.A. the premiun	n relative to the Insurance subscribed through this Proposal and in the frequency agreed.
Account Number:	
IBAN	BIC/SWIFT
Type of payment: Recurrent payment or One-off payment	
Bank to debit your account in accordance with the instructions of Médis – Companhia Your rights, with reference to the abovementioned authorisation, are explained in a st amount debited from your Bank, under the terms and conditions agreed with your Bar debited. We would, however, draw your attention to the fact that the refund by the Baliability arising from breach of the Insurance contract. The payment of any amounts specified.	guros de Saúde, S.A. to send instructions to your bank to debit your account and (ii) your Portuguesa de Seguros de Saúde, S.A. tatement that you can obtain from your bank and you are entitled to claim a refund of the nk. The refund must be claimed within 8 weeks from the date on which your account was ank does not extinguish the obligation of the payment of the premium in question, or any under this insurance contract, must be credited in the same account, unless otherwise eement of the co-Account Holders is required, and this payment instruction form must be
Location and Date:	of
Signature of the Account Holders: (According to the Signatures Form, or Identification Document, and in accordance with	h the conditions of operation of the current account)
	The serial series of special series and series accessing
Authorisation to collect personal health data	
such as hospitals, clinics, health centers and forensic medicine institutes, including at after subscription of the insurance contract, for the purposes of assessing the insurance	alth from medical doctors or other health professionals and from public or private entities fter my death, with a view to confirming or to complement the information provided on or ce subscription risk or management of the subsequent contractual relationship, namely for stand that this authorisation is essential for the conclusion and operation of this insurance
The Insured Person	The Insured Person
The Insured Person	The Insured Person

Declarations, Consents, Date and Signatures

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

- 1. We have been informed of the conditions of the insurance contract and all the necessary and legally required clarifications have been provided, and declare having received for this effect the annex to this proposal: Document of information about the insurance product and the General and Special Conditions.
- 2. 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.
- 3. The previous paragraph does not apply to group insurance.

We are also aware that:

- 4. 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.
- 5. 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.
- 6. 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.
- 7. 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 Médis insurance. The preexistences will be reported on the date that the medical questionnaire that supports a subscription of this insurance is filled.
- 8. 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.
- 9. 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.
- 10. The guaranteed instalments that are stated in this Application Form exclusively refer to each year of the contract's lifetime.
- 11. Complaints arising from the contract can be submitted in writing to the complaints management department of the Insurer, Non-Life Customer Support (namely through the email: apoioaocliente@medis.pt), in the Complaints Book, to the Customer Ombudsman and to the Insurance and Pension Fund Supervisory Authority at www.asf.com.pt. In the events of disputes, the parties can also appeal to the Alternative Dispute Settlement Entity: CIMPAS Insurance Information, Mediation and Arbitration of Insurance Centre www.cimpas.pt or to the judicial courts. The Insurer's Policy on Handling Customers and all other information on the Management of Complaints is available at www.medis.pt.



Declarations, Consents, Date and Signatures (cont.)

Médis - Companhia Portuguesa de Seguros de Saúde, S.A. (Hereinafter referred to as "Médis") is the entity responsible for processing the personal data of the insurance policyholder (if a natural person) or the representative(s) of the insurance policyholder (if a legal person), all the other insured persons and/or beneficiaries ("Data Subjects"), in the context of the subscription of insurance products, collected through this document, as well as any that are provided subsequently, namely during the reporting of a claim, even if they have been collected from third parties. The personal data provided are necessary for the subscription and management of the insurance, including the issuance of the policy, management of the policy, management of claims and annulment of the policy, and are processed only for this(these) purpose(s). In this regard, Médis processes the following categories of data: identification and contact data, health data; financial data and all other data required for concluding the insurance contract. For the pursuit of the purpose(s) described above, Médis may communicate the collected data to subcontractors, business partners and entities of the insurance sector, such as the Portuguese Association of Insurers, insurance distributers and reinsurers. Médis may also communicate personal data when it deems that this disclosure of data is necessary or appropriate (i) in light of the applicable law, (ii) in compliance with legal obligations/court orders, or (iii) to respond to requests from public or governmental authorities. The provision of products and services by Médis could imply the transfer of personal data to third countries (which do not belong to the European Union or European Economic Area).

In these cases, Médis will implement the necessary and appropriate measures in light of the applicable law to ensure the protection of the personal data being transferred. Médis keeps the data throughout the established contractual period, unless it is duty bound by law to keep the data for a longer period of time. Data Subjects can, at any time, request access to their personal data, as well as their data's rectification, elimination or limitation to their processing, the portability of their data, or object to their processing (with the exception of data strictly necessary for the provision of the service) through written request addressed to Médis to the email apoioaocliente@medis.pt or postal address Avenida Dr. Mário Soares (Tagus Park), Edificio 10, piso 1, 2744-002, Porto Salvo. If you wish to contact the Data Protection Officer (DPO), please do so via the email dpo@medis.pt. Without prejudice to any other form of administrative or judicial appeal, Data Subjects are entitled to the right to submit a compliant to the National Data Protection Commission (CNPD) or to another supervisory authority that is competent under the terms of the law, if they consider that their data is not being processed legitimately by Médis. Médis may process personal data in order to assess the level of risk associated to the insurance subscription based on automated processing (i.e. without human intervention) of personal data, substantiating a decision which could take effect in the legal sphere of the Data Subject, namely with respect to the pricing of the insurance. In this respect, Médis undertakes to take the appropriate measures to safeguard the rights, freedoms and legitimate interests of the Data Subjects, namely the right to obtain human intervention by Ocidental Seguros, express their point of view and contest the decision in question.

With the Data Subject's consent (if a natural person), Médis will use the collected data for sending promotional communications, disclosing campaigns relative to Médis products and services suited to the Data Subject's profile.

With the Data Subject's consent, the entities of the Ageas Portugal Group (namely: Ageas Portugal - Companhia de Seguros, S.A., Ageas Portugal - Companhia Portuguesa de Seguros, S.A., Ocidental - Companhia Portuguesa de Seguros de Vida, S.A., Médis - Companhia Portuguesa de Seguros de Saúde, S.A., Ocidental - Sociedade Gestora de Fundos de Pensões, S.A.) will have access to the Data Subject's personal data for sending promotional communications, disclosing campaigns relative to Médis products and services suited to the Data Subject's profile. These entities will act as autonomous processors for the processing that each carries out. Data Subjects can, at any time, request access to their personal data, as well as their data's rectification, elimination or limitation to their processing, the portability of their data, or object to their processing through written request addressed to the entities responsible for the processing (processors) to the contacts indicated above. They may also contact the DPO of the Ageas Portugal Group through the email dpo@ageas.pt. You can also manage the consents that have provided through your Reserved Area. If you wish to know more about how the entities of the Ageas Portugal Group process your personal data, please see their Privacy Policies presented on the website of each entity.

The profile will be created based, in particular, on demographic variables such as age and gender, area of residence, personal preferences indicated, as well as the subscribed products, with the profile being adjusted throughout the relations established with any of the entities of the Ageas Portugal Group. The personal data will be kept for marketing purposes as long as the Data Subject does not withdraw consent. All of our communications contain a link through which the Data Subject can, at any time, withdraw consent. However, this does not invalidate the processing that has been done up to that date based on the previously given consent.

The Insurance Policyholder (natural or legal person), by providing third party data, namely insured person(s) and/or beneficiary(ies), undertakes to provide information relative to the processing of personal data described above, as well as the collection of any applicable consent(s)

	The Insured Person The Insured Person	The Insured Person The Insured Person
	The Insured Person	The Insured Person
		The Insured Person
	The Policy holder	The Insurance Broker
holder of		ies of the identified minor(s) or being duly authorised by the legal representative aren informed of the terms of the personal data processing by Ocidental Seguros, for the
the different		ugal Group (listed above), for purposes of sending marketing communications through nic notifications, letters, SMS or email, suited to my profile, under the terms referred eir websites.
	s) of the Ageas Group, under the terms referred to above.	access to my personal data kept in the context of the relationship established with the
	t to the entities of the Ageas Portugal Group (identified above) having a	

Insurance Company: Médis – 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.