



New Insurance

Policy N°:

Start Date*:

Amendments

Insurance Broker:

Proposition:

Application Form Médis Health Insurance

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

Policy Holder (The Person identified below is the one who signs the Insurance Proposal and who is responsible for payment of the Premium)

Name: _____

Address: _____

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

Marital Status: _____

Date of Birth:

Profession: _____

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 Médis 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 Médis Card (maximum of 25 characters)

Spouse:

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

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

Child:

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

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

Child:

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

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



médic

Application Form

Médic Health Insurance

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. 200€ (w/o deductibles) <input type="checkbox"/> 1 + Outpatient Assist. 1.000€ (w/ deductibles) | <input type="checkbox"/> 2 <input type="checkbox"/> 2 + Dental | <input type="checkbox"/> 3 <input type="checkbox"/> 3 + Dental |
| Inpatient | | | |
| Base | € 15.000 | € 50.000 | € 1.000.000 |
| Reinforced Oncological Protection | - | Additional of € 50.000 | Unlimited |
| Birth | - | Included in Hospitalization | Included in Hospitalization |
| 2nd Opinion (1) | Yes | Yes | Yes |
| Outpatient Assistance | | | |
| Base | € 200 (Optional) € 1.000 (Optional) | € 2.500 | € 5.000 |
| Reinforced Oncological Protection | - | Additional of € 2.500 | Additional of € 5.000 |
| Dental | - | € 250 (Optional) | € 1.000 (Optional) |
| Oncology - Protheses and Orthoses | | | |
| Bras for breast prosthesis | - | € 40 (1 per annuity) | € 40 (1 per annuity) |
| External bilateral breast prosthesis | - | € 110 (1 per annuity) | € 110 (1 per annuity) |
| External unilateral breast prosthesis | - | € 95 (1 per annuity) | € 95 (1 per annuity) |
| Wigs | - | € 500 (1 per life) | € 500 (1 per life) |
| Ostomy supporting products | - | € 500 | € 500 |
| Oncology - Assistance Services | | | |
| Transport of patients | - | 2 transportations per annuity | 2 transportations per annuity |
| Psychological support | - | 5 appointments per annuity | 5 appointments per annuity |
| Comfort services | - | € 1.000 per annuity | € 1.000 per annuity |
| Home nursing care | - | 10 uses per annuity | 10 uses per annuity |
| International | | | |
| Clínica Universitária de Navarra (2) | - | - | Unlimited |
| Barcelona - Berlin - EUA(3) | - | - | € 75.000 |
| Remaining Clinics | - | - | |
| Serious Illness (4) | - | - | € 1.000.000 |

**médis****Application Form****Médis Health Insurance****Covers, Capitals, Contributions, Sub-limits and Deductible Item per Insured Person / Year**

| Options | Option 1 | Option 2 | Option 3 |
|---|---------------------------------------|---|---|
| Contributions | | | |
| In-network (after co-payment) | 100% | 100% | 100% |
| Out of network | 35% | 35% | 35% |
| Dental Prostheses and Orthoses (5) | - | 50% in network Médis 35% out network Médis | 50% in network Médis 35% out network Médis |
| International Clínica Universitária de Navarra (2) | - | - | 100 % |
| Barcelona — Berlin — EUA (3) | - | - | 80 % |
| Remaining Clinics | - | - | 60 % |
| Serious Illness (4) | - | - | 100% |
| Sub-Limits | | | |
| Physiotherapy | € 500 (6) | € 500 | € 500 |
| Psychiatric Appointments | 6 individual or 12 group sessions (6) | 6 individual or 12 group sessions | 6 individual or 12 group sessions |
| Deductible Item | | | |
| Outpatient Assistance (6) | € 50 | - | - |
| International – Remaining Clinics | - | - | € 1.500 for Household |

Co-payments

| | | | |
|----------------------------|-------------------------------------|---|----------------------|
| Inpatient | 10% minimum € 200 and maximum € 500 | Pathology Anatomy | € 7,50 |
| Chemotherapy | 10% per session and maximum € 500 | X-Ray | € 7,50 |
| Childbirth | € 250 | Nuclear Medicine | 10% |
| Caesarean section | € 600 | CAT Scan | € 27,50 |
| Appointments | € 17 | Magnetic Resonance Imaging | € 65 |
| Online Doctor | W/o co-payment | Dental (per medical act) (5) | € 15 |
| Médis Medical Assistant | € 12,5 | Dental Médis Clinic(per medical act) | €10 |
| Urgency | € 40 | Other Complementary Means of Diagnosis | 10% |
| Home Medical Visits | € 25 | Surgeries, treatments and Other Outpatient Medical Acts | 10% |
| Blood Tests (per analysis) | € 1,50 | Psychological support | € 10 by consultation |
| Sound Scan | € 12,50 | Home nursing care | € 10 by use |



médís

Application Form

Médís Health Insurance

Grace Periods

60 days - Outpatient Assistance, Dental and Oncology - Prostheses and Orthoses **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, myringotomy 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.

www.medis.pt

⁽¹⁾ Service provided by the Clínica Universitaria de Navarra, available through Médís Line ⁽²⁾ 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). ⁽³⁾ Barcelona Medical Centre (Spain); Deutsches Herzzentrum Berlin (Germany); Johns Hopkins Clinic (USA). ⁽⁴⁾ 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. ⁽⁵⁾ Valid only when subscribed the optional Dental cover. ⁽⁶⁾ Applies only when the optional Outpatient Assistance with €1.000 is contracted, except Online Doctor which has no deductible.

Payment Option, Duration and Frequency of Premium Payment

Choose a payment option:

Insurance Broker Debit(ATM / Check) Direct Debit (Field Authorisation for Direct Debit)

Duration: Year and Following Frequency of Premium Payment: Annually Six-monthly
Quarterly Monthly*

First receipt will be added of € 5,38 for policy cost

***Possible only by Direct Debit**



médias

Application Form

Médias Health Insurance

Account Debit / Credit Sepa

Account Holder: _____

I authorise the Bank to pay to Médias – Companhia Portuguesa de Seguros de Saúde, S.A., the premium relating to the Insurance subscribed through this Proposal and at the agreed intervals, by direct debit pursuant to the authorization or, if the payment of the initial premium or the first instalment thereof is not compatible with that payment service on the date of commencement of the insurance, by credit transfer to the account of Médias – Companhia Portuguesa de Seguros de Saúde, S.A., with IBAN PT50.0033.0000.00170575083.05, by debit to my account indicated below.

Account Number:

IBAN □□□□ □□□□□□□□ □□□□□□□□□□ □□ **BIC / SWIFT** □□□□□□□□

Type of payment: Recurrent payment or One-off payment

By signing this authorisation, you authorise (i) Médias – Companhia Portuguesa de Seguros de Saúde, S.A. to send instructions to your bank to debit your account and (ii) your Bank to debit your account in accordance with the instructions of Médias – Companhia Portuguesa de Seguros de Saúde, S.A.

Your rights, with reference to the abovementioned authorisation, are explained in a statement that you can obtain from your bank and you are entitled to claim a refund of the amount debited from your Bank, under the terms and conditions agreed with your Bank. The refund must be claimed within 8 weeks from the date on which your account was debited. We would, however, draw your attention to the fact that the refund by the Bank does not extinguish the obligation of the payment of the premium in question, or any liability arising from breach of the Insurance contract. The payment of any amounts under this insurance contract, must be credited in the same account, unless otherwise specified.

In the case of subscription in tenants-in-common or mixed accounts, the express agreement of the co-Account Holders is required, and this payment instruction form must be signed in accordance with the conditions of operation of the current account.

Location and Date: _____, _____ of _____ of _____

Signature of the Account Holders:

(According to the Signatures Form, or Identification Document, and in accordance with the conditions of operation of the current account)



médis

Application Form

Médis Health Insurance

Authorisation to collect personal health data

I authorise the Insurance Company to collect personal data relative to my state of health from medical doctors or other health professionals and from public or private entities such as hospitals, clinics, health centers and forensic medicine institutes, including after my death, with a view to confirming or to complement the information provided on or after subscription of the insurance contract, for the purposes of assessing the insurance subscription risk or management of the subsequent contractual relationship, namely for the purpose of determining the origin, cause and evolution of any disease and I understand that this authorisation is essential for the conclusion and operation of this insurance contract.

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.



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Application Form

Médís Health Insurance

Declarations, Consents, Date and Signatures (cont.)

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.

9. The guaranteed instalments that are stated in this Application Form exclusively refer to each year of the contract's lifetime.

10. 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 through the email provedor.medis@mm-advogados.com 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. Médís - Companhia Portuguesa de Seguros de Saúde, S.A. (Hereinafter referred to as "Médís") 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, Médís 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, Médís may communicate the collected data to subcontractors, business partners and entities of the insurance sector, such as the Portuguese Association of Insurers, insurance distributors and reinsurers. Médís 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 Médís 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, Médís will implement the necessary and appropriate measures in light of the applicable law to ensure the protection of the personal data being transferred. Médís 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 Médís to the email apoioaocliente@medis.pt or postal address Praça Príncipe Perfeito 2, 1990-278 Lisboa. 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 complaint 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 Médís. Médís 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, Médís 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, express their point of view and contest the decision in question.



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Application Form

Médís Health Insurance

Declarations, Consents, Date and Signatures (cont.)

With the Data Subject's consent (if a natural person), Médís will use the collected data for sending promotional communications, disclosing campaigns relative to Médís 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. (brand Ocidental), Ageas Portugal - Companhia de Seguros de Vida, S.A., Ocidental - Companhia Portuguesa de Seguros de Vida, S.A., Médís - Companhia Portuguesa de Seguros de Saúde, S.A., Ageas - 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 Médís 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).



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Application Form

Médís Health Insurance

Declarations, Consents, Date and Signatures (cont.)

- I consent to the entities of the Ageas Portugal Group (identified above) having access to my personal data kept in the context of the relationship established with the entity(ies) of the Ageas Group, under the terms referred to above.
- I consent to the processing of my personal data by the entities of the Ageas Portugal Group (listed above), for purposes of sending marketing communications through the different communication channels, whether physical or digital, namely electronic notifications, letters, SMS or email, suited to my profile, under the terms referred to above and described in more detail in the various Privacy Policies available on their websites.
- I consent being the legal representative and holder of the parental responsibilities of the identified minor(s) or being duly authorised by the legal representative and holder of the parental responsibilities of the identified minor(s), and that I have been informed of the terms of the personal data processing by Ocidental, for the described purposes and pursuant to the terms established above.

The Policy holde

The Insurance Broker

The Insured Person

The Insured Person

The Insured Person

The Insured Person

Location and date: _____, _____ of _____ of _____

The present document is a translation of the Portuguese version. In case of discrepancy between the versions, the Portuguese version shall prevail. Does not exempt consultation of the legally required pre-contractual and contractual information.

Insurance Company: Médís – Companhia Portuguesa de Seguros de Saúde, S.A Public Limited Company with its head office in Praça Príncipe Perfeito 2, 1990-278 Lisboa, tax nr. 503 496 944 and registered with this same number in the Lisbon Trade Registry, with a share capital of € 12.000.000. ASF Register 1131, www.asf.com.pt