	ew Insurance	Policy No.:]	Start Date *:
Insurance Proposal		Branch:]	Proposal:
Médis Dental Insu	rance	Name of Insurance Br *The contract starts or that of the Insurer's ac	the 1st or	15th day of the month after
Policyholder (The person id the premium)	entified below who	signs the Insurance Prop	osal and is	s liable for the payment of
Name: Address: Post Code:				
Marital status: Date of birth: □□□□□□□□		Identity Card:		Гахрауег No:
Mobile telephone:	Telephone	(work):	Telephor	ne (home):
Identification of the Insur Proposal just with this data)	ed Persons (If th	ere are more Insured P	ersons ple	ease complete another
Is the Policyholder the Insu Name e Médis Dental Card [Holder (Does not need comp				(max. 25 characters)
Date of Birth:	Sex:	Identity Card:	Olicyfioldc	Taxpayer No.:
/ /	□М□Г			11-2 7
Name to be printed on the M 25 characters)	/lédis Dental Card			(max.
Spouse: Date of Birth:	Sex:	Identity Card:		Taxpayer No.:
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Name to be printed on the N 25 characters) Child:	Médis Dental Card			(max.
Date of Birth:	Sex:	Identity Card:		Taxpayer No.:
Name to be printed on the N 25 characters) Child:				(max.
Date of Birth:	Sex:	Identity Card:		Taxpayer No.:

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Name to be printed on the Médis Dental Card

25 characters)



Coverages and Limits per Insured Person / Year

Coverages	Limits	Co-payments
Dental		
Dental medicine appointment	Unlimited	
Application of dental sealants (by quadrant)	Once every 2 years	
Topical application of fluorides	1 per semester	
Bimaxillary removal of calculus	1 per semester	
Sodium bicarbonate jet cleaning	1 per semester	
Orthopantomography	1 per annuity	
Restoration	3 per annuity	
Pulpal protection	3 per annuity	
First Session of Endodontics	1 per annuity	€ 3 per visit
Follow-up endodontics	2 per annuity	
Extraction of Deciduous Tooth	Unlimited	
Tooth extraction with odontosection and osteotomy	Unlimited	
Extraction of multiradicular teeth	Unlimited	
Extraction of monoradicular teeth	Unlimited	
Implantology Study Pack	1 per annuity	
Orthodontics Study Pack	1 per annuity	
Control of Fixed Brace	3 per year	
Online Doctor		
GP Medicine	2 per annuity	
Pediatrics	2 per annuity	
Psychology	agreed prices	agreed prices
Psychiatry	agreed prices	agreed prices
Other specialties	agreed prices	agreed prices
Contributions	Inside the Network	Outside the Network
Dental	100%	0%



Description of the acts

Application of dental sealants (by quadrant) - Application of liquid resin on the masticatory surface of teeth to prevent tooth decay: one unit every 2 years is funded up to 18 years old;

Topical application of fluorides - Application of fluorides to prevent tooth decay: pursuant to good clinical practice, one unit every 6 months is funded;

Bimaxillary removal of calculus - Dental cleaning: pursuant to good clinical practice, one unit every 6 months is funded;

Sodium bicarbonate jet cleaning – jet spraying of high-pressure water combined with air and sodium bicarbonate onto the surface of teeth to remove tartar and plaque;

Orthopantomography-X-ay enabling an overview of the jaws and teeth: the Insurer pays one orthopantomography per annuity;

Restorations - Treatment of damaged teeth, restoring their form and function: the Insurer paying two restorations per annuity;

Pulpal protection – application of a medicinal product of cavity liner to preserve tooth vitality;

First Session of Endodontics - Devitalisation or root canal treatment, which consists of full removal of the pulp and dental nerve: the Insurer paying one devitalisation per annuity;

Follow-up endodontics – total removal of the dental pulp and root canal treatment;

Extraction of deciduous tooth - Extraction of milk teeth: unlimited;

Tooth extraction with odontosection and osteotomy – surgical tooth extraction (minor surgery);

Extraction of multiradicular extraction of teeth with teeth _ more one root: Extraction of monoradicular teeth extraction of teeth with а single root: Implantology study pack - Study made before the customer places a dental implant. This study includes a appointment, study rehabilitation of with implants Orthodontics study pack - Study made before the customer places the dental brace. This study includes a dental medicine appointment, orthodontic study models, cephalometric analysis, teleradiography and photographic study.

Control of fixed brace - 6 controls of fixed brace are funded during 2 years (maximum of 3 controls per year). The funding begins when the 1st control of this brace is done in the Médis Dental network;

Other Conditions

- No age limit for subscription
- No pre-existing aspects
- No grace periods
- No need for prior authorisation
- No completion of medical questionnaire



of the current account)

Médis Dental Insurance

Payment, duration and periodicity of the payment of the premium
Payment:
By Account Debit (Complete Account Debit Authorisation) Duration: Year and following Drawing Power of Paris disites Account Debit Authorisation Overtable Overt
Premium Payment Periodicity Annual ☐ Six-monthly ☐ Quarterly ☐ Monthly ☐
The 1st premium receipt is increased by the cost of the policy and respective legal costs, to the total value of €
5.38 Payment Option, Duration and Frequency of Premium Payment
rayment Option, Buration and Frequency of Fremium Payment
Account Holder: I authorise the Bank to pay to Médis – 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 Médis – Companhia Portuguesa de Seguros de Saúde, S.A., with IBAN PT50.0033.0000.00170575083.05, by debit to my account indicated below. Account number:
IBANOOO OOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOO
Type of payment: Recurring payment ☐ One-off payment ☐ By signing this authorisation, you authorise (i) Médis – 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 Médis – 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:

April 2025 Médis Dental Insurance Page 4 of 8



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

Declarations, Consents, Date and Signatures

For purposes of conclusion of this insurance contract, the Proponent/Insurance Policyholder/Insured Person Statement state 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.

The Proponent/Insurance Policyholder/Insured Persons are also aware that:

- **4.** 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.
- **5.** 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.
- **6.** The guaranteed instalments that are stated in this Application Form exclusively refer to each year of the contract's lifetime.
- 7. Complaints arising from the contract can be submitted in writing to the Insurer's complaint-management department (namely through the e-mail: reclamacoes@medis.pt or by post to: Praça Príncipe Perfeito 2, 1990-278 Lisboa), in the Complaints book, to the Customer Ombudsman (namely through the e-mail provedor.medis@mm-advogados.com) and to the Insurance and Pension Funds Supervisory Authority, at www.asf.com.pt. In the events of a disputes, in addition to resorting to the other Alternative Dispute Resolution Entities, under the terms of applicable legislation, the parties can also appeal to CIMPAS the Insurance Information, Mediation and Arbitration Centre, of which the Insurer is a member www.cimpas.pt or to the judicial courts. The Insurer's Customer Handling Policy and other information on Complaints and Dispute Management 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 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 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, 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. (brand Ocidental), Ageas Portugal - Companhia de Seguros de Vida, S.A., Ocidental - Companhia Portuguesa de Seguros de Vida, S.A., Médis - 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 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



Declarations, Consents, Date and Signatures (cont.)

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) be

	The Policy holder The Insured Person The Insured Person	The Insured Person The Insured Person
	The Policy holder	The Branch
or being minor(s)	duly authorised by the legal representative a	of the parental responsibilities of the identified minor(s) and holder of the parental responsibilities of the identified of the personal data processing by Ageas Seguros, for tablished above.
for purpo physical	oses of sending marketing communications to digital, namely electronic notifications, lett	the entities of the Ageas Portugal Group (listed above), through the different communication channels, whether ers, SMS or email, suited to my profile, under the terms various Privacy Policies available on their websites.
		up (identified above) having access to my personal data ith the entity(ies) of the Ageas Group, under the terms



www.medis.pt

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: Médis – 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