



New Insurance

☐

Alteration

☐

Policy No.:

Start Date \*:

Branch:

Proposal :

Name of Insurance Broker: \_\_\_\_\_

\*The contract starts on the 1st or 15th day of the month after that of the Insurer's acceptance of the risk

**Policyholder** (The person identified below who signs the Insurance Proposal and is liable for the payment of the premium)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Post Code: \_\_\_\_\_ City/Town: \_\_\_\_\_ E-mail: \_\_\_\_\_

Marital status: \_\_\_\_\_ Profession: \_\_\_\_\_

Date of birth:

Sex:

☐ F ☐ M

Identity Card:

Taxpayer No:

Mobile telephone:

Telephone (work):

Telephone (home):

**Identification of the Insured Persons** (If there are more Insured Persons please complete another Proposal just with this data)

**Is the Policyholder the Insured Person?** ☐ Yes ☐ No to be printed on th

Name e Médis Dental Card  (max. 25 characters)

Holder (Does not need completing if "Yes" was marked, stating that the Policyholder is the Insured Person):

Date of Birth:

Sex:

☐ M ☐ F

Identity Card:

Taxpayer No.:

Name to be printed on the Médis Card  (max. 25 characters)

Spouse:

Date of Birth:

Sex:

☐ M ☐ F

Identity Card:

Taxpayer No.:

Name to be printed on the Médis Card  (max. 25 characters) Child:

Date of Birth:

Sex:

☐ M ☐ F

Identity Card:

Taxpayer No.:

Name to be printed on the Médis Card  (max. 25 characters) Child:

Date of Birth:

Sex:

☐ M ☐ F

Identity Card:

Taxpayer No.:

Name to be printed on the Médis Card  (max. 25 characters)

**médis****Insurance Proposal****Médis Dental Insurance**

Insured Capital			
Coverages	LIGHT	DENTAL	LIGHT + DENTAL
Choose the desired option by placing an X. This does not preclude consulting the legally required pre-contractual and contractual information.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Daily Hospitalisation Allowance</b>	€50 day/60 days per annuity	-	€50 day/60 days per annuity
<b>Outpatient Care</b>			
Medical Consultations (see details)	Unlimited	-	Unlimited
Médis Attending Physician	Unlimited	-	Unlimited
Clinical Tests (see details)	Unlimited	-	Unlimited
X-ray	Unlimited	-	Unlimited
Ultrasounds (see details)	Unlimited	-	Unlimited
CAT Scan (see details)	Unlimited	-	Unlimited
MRI Scan	Unlimited	-	Unlimited
Physical Therapy (see details)	Unlimited	-	Unlimited
Other CMDT's (see details)	Unlimited	-	Unlimited
<b>Online Doctor</b>			
GP Medicine	Unlimited	2 per annuity	Unlimited
Pediatrics	Unlimited	2 per annuity	Unlimited
Psychology	agreed prices	agreed prices	agreed prices
Psychiatry	agreed prices	agreed prices	agreed prices
Other specialties	agreed prices	agreed prices	agreed prices
<b>Care Service</b>			
Home Doctor	Unlimited	-	Unlimited
Home Nursing	5 sessions per annuity	-	5 sessions per annuity
Home Catering	5 days per annuity	-	5 days per annuity
Physical Therapy at Home	5 sessions per annuity	-	5 sessions per annuity
Clinical Tests at Home	5 collections per annuity	-	5 collections per annuity
Non-Urgent Transport	5 transport services per annuity	-	5 transport services per annuity
<b>2<sup>nd</sup> Opinion</b>	Unlimited	-	Unlimited
<b>Dental</b>			
Composites to seal cracks	-	1 every 2 years	1 every 2 years
Topical application of fluorides	-	1 every 6 months	1 every 6 months
Bimaxillary scaling	-	1 every 6 months	1 every 6 months



**médis**

## Insurance Proposal

### Médis Dental Insurance

Coverages (cont.)	LIGHT	DENTAL	LIGHT + DENTAL
Dental pigment removal with jet	-	1 every 6 months	1 every 6 months
Study for orthodontics	-	1 per annuity	1 per annuity
Study for implantology treatment	-	1 per annuity	1 per annuity
Orthopantomography	-	1 per annuity	1 per annuity
First session of endodontics	-	1 per annuity	1 per annuity
Subsequent sessions of endodontics	-	2 per annuity	2 per annuity
Braces control	-	3 per year, 6 throughout contract	3 per year, 6 throughout contract
Pulp protection	-	3 per annuity	3 per annuity
Restoration	-	3 per annuity	3 per annuity
Dental medicine appointments	-	Unlimited	Unlimited
Deciduous tooth extraction	-	Unlimited	Unlimited
Multiradicular tooth extraction	-	Unlimited	Unlimited
Monoradicular tooth extraction	-	Unlimited	Unlimited
Tooth extraction with odontosection and osteotomy	-	Unlimited	Unlimited

#### Deductibles

Coverages	LIGHT	DENTAL	LIGHT + DENTAL
Daily Hospitalisation Allowance	3 days per hospitalisation	-	3 days per hospitalisation

#### Coinsurance (Inside/Outside the Network)

Coverages	LIGHT	DENTAL	LIGHT + DENTAL
Outpatient Care	100% / 0%	-	100% / 0%
Care Services	100% / 0%	-	100% / 0%
2 <sup>nd</sup> Opinion	100% / 0%	-	100% / 0%
Online Doctor	100% / 0%	100% / 0%	100% / 0%
Dental	-	100% / 0%	100% / 0%

**médis****Insurance Proposal****Médis Dental Insurance**

<b>Copayments</b>			
<b>Coverages</b>	<b>LIGHT</b>	<b>DENTAL</b>	<b>LIGHT + DENTAL</b>
<b>Outpatient Care</b>	-	-	-
Medical Consultations (see details)	Up to €30	-	Up to €30
Médis Attending Physician	€20	-	€20
Clinical Tests (see details)	Up to €4.70	-	Up to €4.70
X-ray	Up to €12.50	-	Up to €12.50
Ultrasounds (see details)	Up to €45	-	Up to €45
CT Scan (see details)	Up to €75	-	Up to €75
MRI Scan	Access to network	-	Access to network
Physical Therapy (see details)	Up to €25	-	Up to €25
Other CMDT's (see details)	Up to €170	-	Up to €170
<b>Online Doctor</b>	-	-	-
GP Medicine	€0	€3	€0
Pediatrics	€0	€3	€0
Psychology	agreed prices	agreed prices	agreed prices
Psychiatry	agreed prices	agreed prices	agreed prices
Other specialties	agreed prices	agreed prices	agreed prices
<b>Dental</b>	-	€3 per Visit	-

**Description of the acts****Outpatient Care**

**Medical Consultations** - Primary and speciality care consultations (consultations (except psychiatry and emergency consultations which are at contracted prices)

**Ultrasounds** - Breast ultrasound, gynaecological ultrasound, obstetric ultrasound, soft tissue ultrasound and renal ultrasound;

**Clinical Tests** - Glucose, creatinine, urea, total cholesterol, triglycerides, urine II (urine summary analysis), sedimentation rate;

**CT Scan** - Does not include complex CT scans such as Angiography, Arthro, Enterography and Urogram .

**Physical Therapy** - Amount per session or per procedure billed separately, for direct current, high frequency current, ultrasound, moist heat, respiratory kinesiotherapy, manual massage of a region, hydromassage, helium-neon laser therapy, cryotherapy, special kinesiotherapy techniques.

**Other CMDT's (Complementary Means of Diagnosis)** - Electrocardiogram, audiogram, tympanogram, colposcopy, spirometry, colour doppler echocardiography 'Triplex Scan', orthopantomography and mammography;

**Note** - Values indicated represent the maximum amount payable per physical therapy act, analysis or session. The provision of acts and services not indicated in this table will be carried out with access to the network at agreed prices agreed with the Providers that are part of the Médis Light Network.

## Médis Dental Insurance

### Description of the acts (cont.)

#### Dental

**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-ray 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 teeth** – extraction of teeth with more than one root;

**Extraction of monoradicular teeth** - extraction of teeth with a single root;

**Implantology study pack** – Study made before the customer places a dental implant. This study includes a dental medicine appointment, study of rehabilitation with implants and study models;

**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

## Médís Dental Insurance

### Other Conditions

- ✓ No age limit for subscription
- ✓ No pre-existing aspects (except for Daily Hospitalisation Allowance)
- ✓ No grace periods
- ✓ No need for prior authorisation
- ✓ No completion of medical questionnaire

### Payment, duration and periodicity of the payment of the premium

#### Payment:

By Account Debit (Complete Account Debit Authorisation) ☐

**Duration:** Year and following

**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

#### Account Holder:

I authorise the Bank to pay to Médís – 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 Médís – 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:** Recurring payment ☐ One-off payment ☐

By signing this authorisation, you authorise (i) Médís – 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 Médís – 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.

## Médical Dental Insurance

### Payment Option, Duration and Frequency of Premium Payment

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:

\_\_\_\_\_  
(In conformity with the Signature Form or Identification Document and pursuant to the conditions for movement of the current account)

### 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**

## **Médís Dental Insurance**

### **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](mailto: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](mailto:provedor.medis@mm-advogados.com)) and to the Insurance and Pension Funds Supervisory Authority, at [www.asf.com.pt](http://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](http://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](http://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

## **Médís Dental Insurance**

### **Declarations, Consents, Date and Signatures (cont.)**

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](mailto: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](mailto: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.

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](mailto: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.



**médias**

## Insurance Proposal

### Médias Dental Insurance

#### Declarations, Consents, Date and Signatures (cont.)

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).

☐ 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 declare 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 Ageas Seguros, for the described purposes and pursuant to the terms established above.

\_\_\_\_\_  
**The Policy holder**

\_\_\_\_\_  
**The Branch**

\_\_\_\_\_  
**The Insured Person**

\_\_\_\_\_  
**The Insured Person**

\_\_\_\_\_  
**The Insured Person**

\_\_\_\_\_  
**The Insured Person**

Location and date: \_\_\_\_\_, \_\_\_\_\_ of \_\_\_\_\_ of \_\_\_\_\_

**www.medias.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: Médias – 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](http://www.asf.com.pt)