

New Insurance	Policy Nº:	Start date*:			
Amendments	Insurance Broker:	Proposal			
Name of the Insur	rance Broker:				
*The contract commences on the 1st or 15th calendar day of the month following					

Policy Holder			
Name of Enterprise:			
	ed People (If there is mo that information only)	ore than one Insured Pers	on, please fill out a new
Employee Name:			
Address:Postal code: Marital Status: Birth Date:	City:	E-r	nail:Tax number:
	□F□M		
Mobile Phone Nr:	Telephone i	Nr. (work): T€	elephone Nr. (Home):
Name to be printed on the 25 characters)	he Médis Card 🔲 📗		(maximum of
Spouse:		· · · · · · · · · · · · · · · · · · ·	
Birth Date: /	/ Gender: / □ M □ F	Identity Card:	Tax number:
Name to be printed on to 25 characters)	he Médis Card 🔲 📗		(maximum of
Child:			
Birth Date: /	/ Gender:	Identity Card:	Tax number:
Name to be printed on the 25 characters)	ne Médis Card 🔲 📗		(maximum of

acceptance of the risk by the Insurer



Covers, Capitals, Contributions, Sub-limits and Deductible Item per Insured Person / Year						
Options	Inpatient	Option A	Option B	Option C	Option D	
Choose the appropriate Option by putting an X. Does not relieve a careful reading of the pré- contractual and contractual conditions legally required.			☐ B ☐ B + Dental ☐ B + Dental + Serious Illness	□ C □ C + Dental □ C + Serious Illness		
				☐ C + Dental + Serious Illness ☐ C + Dental + Serious Illness + Prost.& Orthosis		
Covers						
Inpatient	€ 15.000	€ 15.000	€ 30.000	€ 50.000	€ 500.000	
Birth	-	€ 1.500	€ 2.000	€ 5.000	€ 5.000	
2ª Opinion (1)	Yes	Yes	Yes	Yes	Yes	
Outpatient Assistance	-	€ 1.000	€ 2.500	€ 3.000	€ 5.000	
Mental Health Psychiatric hospitalisation	-	20 days	20 days	20 days	20 days	
Psychology and Psychotherapy	-	20 Sessions	20 Sessions	20 Sessions	20 Sessions	
Psychiatric Appointments	-	Included in Outpatient	Included in Outpatient	Included in Outpatient	Included in Outpatient	
Online Doctor GP Medicine	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	
Paediatrics	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	
Psychology	-	Mental Health Included	Mental Health Included	Mental Health Included	Mental Health Included	



Covers, Capitals, Contribution	· ·	1	· · · · · · · · · · · · · · · · · · ·		0-1-1
Options	Inpatient	Option A	Option B	Option C	Option D
Covers		T			
Psychiatry	-	Outpatient Included	Outpatient Included	Outpatient Included	Outpatient Included
Other specialties	-	Outpatient Included	Outpatient Included	Outpatient Included	Outpatient Included
Dental	-	-	€250(Optional)	€ 500(Optional)	€ 1.000
Prosthetic Devices and Orthosis	-	-	-	€ 300 (Optional)(5)	€ 500
Serious Illness (4)		-	€ 1.000.000 (Optional)(6)	€ 1.000.000 (Optional)	€1.000.000
International Clínica Universitária de Navarra (2)	-	-	-	Unlimited	Unlimited
Barcelona — Berlin — EUA(3)	-	_	-	€ 50.000	€ 50.000
Remaining Clinics	-	-	-	2 00.000	2 33.333
Percentage paid by Médis					
Options	Inpatient	Option A	Option B	Option C	Option D
In Médis Network (after copayment)	100%	100%	100%	100%	100%
Out of Médis Network					
	30%	30%	30%	35%	35%
Psychiatric hospitalisation	30%	100%	30% 100%	35% 100%	35% 100%
Psychiatric hospitalisation Online doctor					
		100%	100% 100% 50% In network	100%	100%
Online doctor		100%	100% 100% 50% In network	100% 100% 50% In network	100% 100% 50% In network 35% Out



Covers, Capitals, Contribution Percentage paid by Médis	no, oub-illilits			e item per moul		
Options	Inpatient	Optio	on A	Option B	Option C	Option D
Barcelona — Berlin — EUA(3)	_	_		_	80%	80%
Remaining Clinics	_	_		-	60%	60%
Serious Illness ⁽⁴⁾	-	-		100%	100%	100%
Sub-Limits						
Physiotherapy	-	€ 500		€ 500	€ 500	€ 500
Ophthalmic Orthosis	-		-	-	€ 120	€ 200
Frames	-	-		-	€ 50	€ 80
Lenses	-	_		-	€ 35	€ 60
Contact Lenses	-	_		-	€ 35	€ 60
Deductible						
International – Remaining Clinics	-	_		-	€ 1.500 for Household	€ 1.500 for Household
Psychiatric hospitalisation	-		day ictible	1 day deductible	1 day deductible	1 day deductible
Co-payments						
Inpatient			Magne	etic Resonance Ir	maging	
Médis Network Providers	- ,	10%, Min. € 250 and Max. € 500		Médis Network l		€ 70 € 10
CUF and Luz Saúde unit	s 10%, Min	in. € 400 Dental (per medic				€ 10
Chemotherapy 10% per s	and Max ession and Max				r medical act) (5)	€ 1 is 20 %
Childbirth		€ 250	Surgeries treatments and Other Outpatient			
Caesarean section Appointments		€ 600 Medical Acts		·	20 %	
Médis Network Providers	5	€ 19	Mental Health Psychology and Psychotherapy appointment		tments	
CUF and Luz Saúde unit	S	€ 21	Médis Network Providers		€ 19	
Médis Medical Assistant Online Médis Medical Assistan	•	€ 12,5			€ 2	
Urgency		€ 10	Psychiatry appointments			
Médis Network Providers		€ 50	Médis Network Providers		€ 19	
CUF and Luz Saúde units		€ 55			€ 2	
Home Medical Visits Blood Tests (per analysis)		€ 25 € 2	Online		21 - 84 - 12 - 2	
Pathology Anatomy		€ 10		General and Fa Pediatrics	mily iviedicine	€ €
X-Ray		€ 10	1 Calatiloo		€ 12,	
Sound Scan		€ 15		Psychology		€ 12,
Physiotherapy € 7,5 Nuclear Medicine 20 %		l	Other Specialitie		Until € 2	

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Co-payments (cont.)	
CAT Scan Médis Network Providers € 30 CUF and Luz Saúde units € 55	Oncology – Psychological support € 10 by consultation Oncology – Home nursing care € 10 by use

Grace Periods

60 days - Outpatient Assistance, Dental, Oncology - Prostheses and Orthoses, 2nd Opinion, Psychology and Psychiatry Appointments and Psychotherapy Sessions 90 days - Inpatient and Psychiatric Hospitalisation 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.

Payment of Claims

In situations where the Company have to pay any amount to the Insured Person, the credit must be made in the same account, unless there are other instructions.

Account N	umber:			
IBAN				BIC / SWIFT
Location a	and Date:	,of	of	
Signature	of the Account Holders	: :		
,	to the Signatures Form,	or Identification Do	ocument, and in acco	rdance with the conditions of



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

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



Declarations, Consents, Date and Signatures (cont.)

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 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.

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.



Declarations, Consents, Date and Signatures (cont.)

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 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).



Declarations, Consents, Date and Signature	gnatures (cont.)	
☐ I consent to the entities of the Ageas kept in the context of the relationship referred to above.		e) having access to my personal data of the Ageas Group, under the terms
☐ I consent to the processing of my pers for purposes of sending marketing cor physical or digital, namely electronic no referred to above and described in more	mmunications through the differ otifications, letters, SMS or ema	ent communication channels, whether il, suited to my profile, under the terms
	resentative and holder of the ped of the terms of the personal	consibilities of the identified minor(s) or arental responsibilities of the identified data processing by Ocidental, for the
The Policy holder		The Insurance Broker
The Insured Person	The Insured Person	The Insured Person

Location and date: _______of _____of _____of



www.medis.pt

(1) Service provided by the Clínica Universitaria de Navarra, available through Linha Médis (2) 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). (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) Optional Dental and Serious Illness covers subscription is mandatory. (6) Optional Dental cover subscription is mandatory. (7) Applies only when the optional cover is contracted.

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