Insurance Intermediary	Code



# EuroLife Ltd

4 Evrou Str., 2003 Strovolos, P.O. Box 21655, 1511 Nicosia

# Application for "medica / medica blue" health program

		API	incation for h	icuica / ilicui	ca blue near	ın program		
۱.	Policyholder's Details	(a) Fu	ıll Name: (Surname/Nar	ne/Initial):				
				•••••	••••••			
		(b) Se	ex: M		(c) I.D. Number:			
		(d) Da	te of Birth:	/				
	(e) Place of Birth: (f) Marital Status:							
		(g) (i) Home Address:						
		Town/VillageP.C. Telephone:						
		(ii) Business Address:						
		(h) Oc	cupation (and duties):					
2.	Premium	(i) An	nual Premium	€	(ii) Payal	ole: Yearly [		
		(iii) Payable Premium € Half-yearly □						
		(iv) Amount paid with the application $\epsilon$						
		(v) Mo	dal Premium	Direct Deb	it	Monthly [		
3.	Annual Claims	z	ero 🗆	€ 2.000*		€ 5.000*		
Excess Amount			8.000*	€ 10.000*		€ 20.000*		
			ot applicable for "medica blu	e" health program				
1.	Details of the Proposed  (a) Proposed for insurance per		rance Persons					
	Full Name		Occupation	Date of Birth	Height / Weight	Identity Card Number		
(i)		••••••		//				
(ii)		••••••		//	,			
(iii		••••••		//				
(v)		••••••	•••••	//	//			
(vi				//				
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(b)	Country of Residence  If any of the proposed for insurance persons temporarily resides abroad, information such as Country, duration and purpose of				pose of		
	stay is required to be given in the paragraph "Add	itional Details	".				
(c)	Simultaneous Coverage						
	If there are any Insurance Policies in force, or pendi Company or with any other Insurance Company, de				with our		
(d)	Hobbies						
	Should any of the proposed for insurance persons or details should be given in the paragraph "Additional	cupies himself Details".	or in	tends to occupy himself with any kind of dangerous	hobbies,		
(e)	Medical History						
	The questions should be answered in relation to each of the proposed for Insurance persons.						
	Has any of the Proposed for Insurance Persons ever	had or has :					
		YES NO			YES NO		
1.	Heart problems or abnormal cardiogram, blood or circulatory problems, anemia or high blood pressure?		12.	Been discharged or exempted from military or other service for medical reasons?			
2.	Lung, bronchial or other chest problem?		13.	Any ailment, injury, fracture, disability, abnormality or contagious disease?			
3.	Stomach (ulcer e.t.c.) intestinal or liver problems?		14.	Undergone surgical operation or been hospitalised?			
4.	Renal colic or any urinary track problem such as renal stones, haematuria, albuminuria or glycosuria?			Postponed any surgical operation?			
5.	Diabetes, thyroid or other lymph-node problems tumor or cancer?		16.	Consulted in the past or at present any physician in relation to AIDS, or received medication or therapy for such a disease?			
6.	Arthritis, lumbago or other skeletal, joint or lumbar problems?		17.	Had blood examination or been advised to have a blood examination for AIDS or any			
7.	X-rays, electrocardiograms, blood or urine analysis, or medical check-ups the last 5 years?			other related disease?			
8.	Suffered from vertigo, loss of consciousness or any		18.	Received any blood transfusion or elements of blood during the last year?			
	related mental problems such as epilepsy, spasms, paralysis, brain or other central nervous system problem?		19.	Been rejected as a blood donor?			
9.	Eye, ear, throat or sinuses problem?		20.	Taken medicine or any other intravenous drugs without medical prescription?			
10.	Coccyx cyst, haemorrhoids, perianal fistula, varicose		21.	For women only:			
	veins?			Breast disease or disease of genital organs?			
11.	Been indemnified for disability due to accident or illness?			Are you or is she pregnant?			
				If yes in what month is the gestation period?			
	each affirmative answer details should be given in pa person concerned.	ragraph "Addi	tional	Details" by indicating the relevant number of the qu	estion and		
(f)	Family History						
	Should any of your parents or brothers / sisters (alive of asthma, cerebral stroke, high blood pressure, any type blood, details should be given in the paragraph "Addit	of heart disease					

	g.	Life Style				
	(1)	(i) Have	you smoked any cigarettes in the last 12 months?		YES	NO □
				Years		
	(2)		t is your daily consumption in,	1. T-h		
			cohol:the above habits changed substantially during the last			NO 🗆
<b>5.</b>	Ad	litional D	<b>Details</b>			
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	<u>Tem</u>	orary and (	Conditional medica/ medica blue Insurance Cove	r ("Conditional Cover")		

#### 1. First Premium

Subject to the following Terms and Conditions and in consideration of: a) the submission to EuroLife by the Proposed Insured of an Application to effect an Insurance Policy and b) the payment of the first Premium, EuroLife agrees to provide Conditional Cover:

## a. Premium Payment

For the Conditional Cover to take effect, the amount of the first Premium which has been paid must be greater than or equal to one monthly Premium and the receipt must have been signed by the Insurance Intermediary up until the date of completion of all the medical examinations required by the Company. In case of payment of the Premium by cheque, there is no Conditional Cover if the cheque is not cleared or honoured by the paying Bank.

## b. Commencement Date of Conditional medica/medica blue Insurance Cover

The Application for insurance cover must be fully and truly completed and must be accompanied by all the documents required by the Regulations of the Company which support the insurability of the Proposed Insured.

The Conditional Insurance Cover, as applied for, will become effective as of the latest of: (a) the date of the Application, or (b) the date of completion of all medical examinations required by the Company, or (c) the postdated date of commencement, if any, requested on the Application by the Proposed Insured.

#### c. Termination of Conditional medica / medica blue Insurance Cover

Any Conditional Cover provided will terminate on the earliest of (a) the date the Application for Insurance has been accepted or declined by the Company (b) Thirty (30) days from the date of submission of the Application, along with all the initial required documents supporting the Proposed Insured's insurability

## d. Amount of Conditional medica / medica blue Insurance Cover

The maximum amount of the Conditional Cover per person which may become effective prior to Policy delivery shall not exceed a total of €10.000 for this and other medica/medica blue Applications or receipts pending with the Company and is paid in the event that the Proposed Insured and/or the Dependants required medical treatment within the Conditional Cover period whereby the treatment would have been payable subject to the conditions of the medica/medica blue programme.

## e. Sub-standard risks

For the Conditional Cover to be considered in force the Proposed Insured must be insurable at the standard class of risk in accordance with the Company's Underwriting Regulations, limits and standards, without any additional Premium or special terms for the respective cover applied for. The Company will not pay any amount claimed during the period of the Conditional Cover if the Policy was to be issued with an additional Premium, or special term or any exclusion.

# 2. Partial Premium payment

In case of a partial Premium payment, the money is deposited in a suspense account and will be transferred to the Policy's account when the full amount of the Premium has been paid. Until such time, the Premium is considered to be unpaid.

# Personal Data Protection Law (138(I)/2001)

In accordance with the provisions of the above Law, the **Bank of Cyprus Ltd**, being the "Controller", informs the Data Subject that in order to conclude and execute the Insurance Contract it is necessary to process Personal Data, some of which are considered Sensitive Data.

The Data will be entered, either in a manual or electronic form, into one or more interconnected archives, which will be kept by EuroLife or other company of the Bank of Cyprus Group or other affiliated / co-operating company.

In addition to the basic purpose of the processing of the Data, which is the execution of the Insurance Contract, the Data will also be subject to processing with the purpose of Promoting Products and Services and / or Research and Statistical Analysis.

Recipients of the Data will be the pertinent personnel of Eurolife or the Bank of Cyprus Group or the affiliated / co-operating company or person, who / which are under the control of the Processor and comply with the principles of secrecy. Any Medical Doctors who have examined or will be examining the Data Subject may also become Recipients of the Data.

The Data Subject has the rights for Information, Access, Rectification and Objection to the processing of his personal data. Specifically for the processing of Sensitive Data, explicit Consent of the Data Subject is required.

In case the Data Subject refuses to give his Consent or objects to the processing of his Personal Data, EuroLife is entitled to discontinue the Insurance Mediation process or to terminate the Insurance Policies or to reject any submitted Claims.

# **Data Subject's Declaration**

I hereby declare that I have been informed of the provisions of the Law and that by signing this Application I give my explicit Consent for the collection and the processing of my Personal Data, whether being sensitive or not.

collection and the processing of my Personal Data, whether being sensitive o	T not.			
I also give my Consent for the processing of my Personal Data by the Companies of the Bank of Cyprus Group, for the purpose of D Marketing of Products or Distance-Provision of Services.				
intarketing of Froducts of Distance-Frovision of Services.	YES $\square$ NO $\square$			
Data Subject's Signature :				
Data Subject's Name :				
Data Subject's Identity Card Number :	Place and Date :			
Important Note				
All the information that is material for the evaluation of this Application she cause to the rejection of a claim. Material fact is any fact that, in the insurer's the Application. Every material circumstance should be declared in this Application or Claim or Letter or with any other way by the Owner of are in doubt about the materiality of a circumstance you should disclose it. Y	opinion, may affect the evaluation of the risk and the acceptance of plication even if this has been disclosed previously in the past with or the Proposed for Insurance Person or by any other person. If you			
Declaration and Authorisation from the Proposed for Insurance Pers	son			
I hereby declare that to the best of my knowledge and belief, all statements a Eurolife to request and obtain medical information about my physical and medical records concerning my health and/or my minor dependants. I also insurance companies to which I have applied for insurance cover. A photocompanies to which I have applied for insurance cover. A photocompanies to which I have applied for insurance cover. A photocompanies to which I have applied for insurance cover. A photocompanies to which I have applied for insurance cover. A photocompanies to which I have applied for insurance cover. A photocompanies to which I have applied for insurance cover. A photocompanies to which I have applied for insurance cover. A photocompanies to which I have applied for insurance cover. A photocompanies to which I have applied for insurance cover. A photocompanies to which I have applied for insurance cover. A photocompanies to which I have applied for insurance cover. A photocompanies to which I have applied for insurance cover. A photocompanies to which I have applied for insurance cover. A photocompanies to which I have applied for insurance cover. A photocompanies to which I have applied for insurance cover. A photocompanies to which I have applied for insurance cover.	nental state of health from any doctor that has examined me or has a authorise EuroLife to request and obtain information from other ppy of this Authorisation will be valid as the original.			
(i)	(ii)			
(iii)	(iv)			
(v)	(vi)			
(vii)	(viii)			
Signature of Policyholer / Place and Date	Signature of Insurance Intermediary / Place and Date			