*Médis** Health Plan — APPLICATION FORM

Ocidental seguros
Millenniumbcp Fortis
GRUPO SEGURADOR

☐ New Insurance ☐ Amendments Policy
Branch
Employee
Insurance Broker **207074605** Banco Comercial Português SA

Millennium bcp
A vida inspira-nos

MEMBER/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:
Date of Birth: / /	Gender: ☐ M ☐ F	Marital Status:
Identity Card:	Tax number:	Profession:
Telephone Nr. (home):	Telephone Nr. (work):	Mobile Phone Nr.:
E-mail:		

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 Nr.:

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

Spouse:

Date of Birth: / / Gender: ☐ M ☐ F Identity Card: Tax Nr.:

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

Child:

Date of Birth: / / Gender: ☐ M ☐ F Identity Card: Tax Nr.:

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

OPTIONS (Choose the appropriate Option by putting an X on one of the 7 options)

	Option 1	Option 2	Option 3
	☐ Basic ☐ Basic + Outpatient Assist. ☐ Basic + Outpatient Assist. + Birth	☐ Basic ☐ Basic + Dental	☐ Basic ☐ Basic + Dental

COVERS, CAPITALS, CONTRIBUTIONS, SUB-LIMITS and DEDUCTIBLE ITEM per Insured Person / Year

	Option 1	Option 2	Option 3
Covers / Capitals			
Inpatient Birth sub-limit	€ 15.000,00 € 1.500,00 (Optional)	€ 50.000,00 € 2.000,00	€ 75.000,00 € 3 000,00
Outpatient Assistance	€ 1.000,00 (Optional)	€ 2.500,00	€ 5.000,00
Second Opinion Network (Best Doctors)	Yes	Yes	Yes
Dental	-	€ 250,00 (Optional)	€ 1.000,00 (Optional)
International - Clínica Navarra (Spain) [1]	-	-	Unlimited
Barcelona - Berlin - USA [2]			€ 75.000,00
Remaining Clinics			
Serious Illness [3]	-	-	€ 1.000.000,00
Contributions			
In-network (after co-payment)	100 %	100 %	100 %
Out-of-network	35 %	35 %	35 %
Dental Prostheses and Orthoses[4]	-	50% for Médis Network 35% outside the Médis Network	50% for Médis Network 35% outside the Médis Network
International - Clínica Navarra (Spain) [1]	-	-	100 %
Barcelona - Berlin - USA [2]			80 %
Remaining Clinics			60 %
Serious Illness	-	-	100 %
Sub-Limits			
Physiotherapy	€ 500,00 [5]	€ 500,00	€ 500,00
Psychiatric Appointments	6 individual or 12 group sessions[5]	6 individual or 12 group sessions	6 individual or 12 group sessions
Deductible Item			
Outpatient Assistance[5]	€ 50,00	-	-
International - Remaining Clinics	-	-	€ 1.500,00/Household

[1] 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).
[2] Barcelona Medical Centre (Spain); Deutsches Herzzentrum Berlin (Germany); Johns Hopkins Clinic (USA).
[3] The pathologies under this Cover are: cancer; intercranial neurosurgical pathology; by-pass of at least two arteries; non-congenital valvular pathology; organ transplant.
[4] Applies only when the optional Dental cover is contracted.
[5] Applies only when the optional Outpatient Assistance in contracted.

CO-PAYMENTS and GRACE PERIODS

Co-Payments

Inpatient	€ 200,00	X-Ray	€ 5,00
Birth	€ 250,00	Sound Scan	€ 10,00
Primary Care Appointments [6]	€ 12,50	Nuclear Medicine	€ 12,50
Specialty Appointments	€ 15,00	CAT Scan	€ 25,00
Urgency	€ 37,50	Magnetic Resonance Imaging	€ 62,50
Home Medical Visits	€ 25,00	Dental (per medical act) [7]	€ 15,00
Blood Tests (per analysis)	€ 1,50	Other Complementary Means of Diagnosis	10%
Pathology Anatomy	€ 5,00	Surgeries, treatments and Other Outpatient Medical Acts	10%

[6] Applicable when the optional Outpatient Assistance and Birth cover are contracted.
[7] Applies only when the optional Dental cover in contracted.

Grace Periods

60 days - Outpatient (includes Dental) 90 days - Inpatient
6 months - Serious Illness Cover
12 months
- Sclerosis and/or surgical treatment of Varicose veins;
- Surgical treatment of Herniated Disc;
- Haemorrhoidectomy and other haemorrhoid treatments;
- Arthroscopy or Septoplasty or Rhinoseptoplasty;
- Birth;
- Tonsillectomy, Adenoidectomy, Myringotomy with or without the application of ventilating tubes;
- Surgical removal, or laser treatments, of benign skin lesions;
- Surgical treatment for sleep apnoea.

(Signature of the Member)

DATE OF BEGINNING, TYPE OF CONTRACT AND PREMIUM PAYMENTS

Beginning Date: ☐☐ ☐☐ ☐☐☐☐

Under the Legal terms, after acceptance of this Application Form, the risk cover is only effective after the due payment of the premium, or an instalment of it, is made.

Duration: Year and Following | Frequency of Premium Payment: ☐ Monthly ☐ Quarterly ☐ 6-monthly ☐ Annually

(First receipt will be added of € 5,35 for policy cost)

AUTHORISATION FOR DIRECT DEBIT

Account Holder:

To the _____bank, please proceed with the debit, through the Direct Debit system, of my account with the Identification Nr. ☐☐☐☐ ☐☐☐☐ ☐☐☐☐☐☐☐☐☐☐ ☐☐ for payment of the Premium to Ocidental – Companhia Portuguesa de Seguros, SA, with the agreed frequency, regarding the Insurance Contract set out within this current Application Form.
When the Insurance Company owes the Insured Persons any amounts, these authorize – without prejudice to previous expressed instructions in contrary – the payment to be made as a credit onto this bank account, giving its necessary and total discharge.

Place and Date: | Signature of the Account Holder:

DECLARATIONS, DATE AND SIGNATURES

For the effects of concluding the current insurance contract, the Member/Policyholder and the Insured Person(s), declare that:

1. The statements that I made are accurate and complete, and I am aware of all the information required for concluding this contract, as I have been given copies of its General and Special Conditions, of which I am totally aware, and I have been clarified of its contractual conditions, namely, about the applicable guarantees and exclusions, with which I agree.
2. The risk I seek to insure has not been covered, totally or partially, by any other contract whose premium, instalment or any other amount, is owed.
3. I authorize the treatment, automated or not, of the personal data supplied, and the recording of accesses, appointments, instructions and other information related to this contract, as well as the treatment of information that concerns me, obtained indirectly from other sources. I agree that the gathered data be processed and informatically stored and destined to be used in the contractual relations with the Insurance Company and its subcontractors, being that they are responsible for its treatment. The omissions, inaccuracies or forgery, whether regarding the compulsory data or the optional data, are of the Member/Policyholder's responsibility and that of the Insured Person(s).
4. I also authorize the doctors and other healthcare providers sought, to supply – within the scope of this contract – the Insurance Company's medical services – without compromising its confidentiality – with any information related to the services provided and protected by professional secrecy, as well as the automated treatment of such data and that which is included in the Individual Health Questionnaire, with the sole purpose of statistics, analysis and risk tariffing, without prejudice to being allowed to consult and correct it at any time.
5. I also authorize the Ligado Bank/Insurance Broker to keep a record, through electronic, digital or other means, of the conversations held through specialized telephone channels, including the codified identification of the Client and instructions transmitted by him/her, destined whether to clarify doubts or to be presented in court in case of litigation.
6. I am aware that the entity responsible for the treatment of data is the Ligado Bank/Insurance Broker, integrated with the complementary groupings of companies composed by it, or the companies held by it, in the national territory or aboard, and hereby authorize such entities to circulate this data in terms of internal information and for updating the respective records, with the exclusive purpose of managing the contractual relation, for the pursuit of the insurance brokerage activity, for the management of contracts and for promotional activities.
7. I am aware that under the legal terms I am entitled to the rights of: being informed, having access, rectifying, amending or suppressing such personal data, through a personal contact with my account manager, telephone or internet contact, or at any branch of the Ligado Bank/Insurance Broker, or even through written communication directed to – depending on the case – this same institution, or the Insurance Company.

The Member/Policyholder and the Insured Person(s) are also aware that:

8. The acceptance of the Insurance, regarding each Insured Person, is dependant 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.
9. 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.
10. 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.
11. The guaranteed instalments that are stated in this Application Form exclusively refer to each year of the contract's lifetime.
12. The Banco Comercial Português, S.A. (Millennium bcp) has an indirect holding of over 10% of the Ocidental – Companhia Portuguesa de Seguros, SA, capital, of the Ocidental – Companhia Portuguesa de Seguros Vida, SA, of Médis – Companhia Portuguesa de Seguros de Saúde, SA, and also of Pensõesgere – Sociedade Gestora de Fundos de Pensões, SA.
There is no holding, direct or indirect, with over 10% of the rights to vote or of the capital of this Bank, that is detained by any Insurance Company or by a parent company of any Insurance Company.
13. Millennium bcp's intervention as a Broker involves the providing of assistance during the lifetime of the Insurance Contracts, and is not authorized to receive the Insurance Premiums. The Client has the right to request information about Millennium bcp's pay of the brokerage services, which will be granted at his/her request.
14. Regarding the brokerage activity, the Policyholders' complaints and/or that of other interested parties, may be registered at the Ligado Bank/Insurance Broker's Complaints Book, as well as brought forward to the Portuguese Insurance Institute – a supervising authority – or yet, in case of litigation, presented to the judicial courts or the organisms for extra judicial resolution.
15. The Bank, in the role of Ligado Insurance Broker, has the contractual obligation to exercise the insurance brokerage activity exclusively for the insurance companies hereby identified. In the insurance contracts where the Bank is the Broker, the intervention of other insurance brokers does not exist.

Place and date, _____

The Member/Policy holder _____

The Insured Person(s) _____

_____

_____

The branch _____

Ligado Insurance Broker: Banco Comercial Português, S.A., Open Society (Millennium bcp) Head office: Praça D. João I, 28 4000-295 Porto * Share Capital 4.694.600.000 Eur * Unique Registration and Tax nr. 501525882. Mediador de Seguros Ligado nº 207074605 – Registration Date : 26/06/2007. Authorisation for the brokerage of the life and non-life insurance sector of the Seguradores Ocidental - Companhia Portuguesa de Seguros de Vida, S.A., Ocidental - Companhia Portuguesa de Seguros S.A., and Médis - Companhia Portuguesa de Seguros de Saúde, S.A. and also with Pensõesgere - Sociedade Gestora de Fundos de Pensões, S.A. For information and further registration details, please consult: www.isp.pt.

Insurance Company: Ocidental – Companhia Portuguesa de Seguros, S.A. Public Limited Company with its head office in Avenida José Malhoa, nº 27, in Lisbon, tax nr. 501836918 and registered with this same number in the Lisbon Trade Registry, with a share capital of €12.500.000,00. Address for correspondence: Tagus Park, Edifício 10 - Piso 1, 2744-002 Porto Salvo.

*** Médis**: exclusive and registered brand of the products managed by Médis – Companhia Portuguesa de Seguros de Saúde, SA, insurance company, reinsurer and manager of the healthcare integrated system subjacent to the insurance of the sectors: Illness, Assistance and Accidents, through Policies issued by itself or by other insurance companies authorised by it to do so.