UNIQA

UNIQA Life Insurance plc
Sofia 1000, 18 Todor Aleksandrov blvd.
Phone.: 0700 111 50
www.uniqa.bg

Insurance intermediary

Agency: | City

Str. | Tel.:

Application

Application

For conclusion of a health insurance „Health & Value“

☐ Conclusion of a new insurance ☐ Amendment of an effective insurance No.

Policy No. Old | New

Insuring

The insuring is the insured person?

☐ Yes ☐ No

V 1

Insured at the National Health Insurance Fund (NHIF)?

☐ Yes ☐ No

Name, second name, surname or company name

ID Card No. | Issued by Date of issue

Company ☐ | UIC

Physical person ☐ | PIN

Street, No. entrance, apartment | e-mail

PO Code | City | Telephone No.

Family status | Date of Birth dd/mm/yyyy | ☐ Female ☐ Male | Profession/Occupation

Insured Persons

V 2

Insured at the National Health Insurance Fund (NHIF)?

☐ Yes ☐ No

Name, second name, surname | PIN

Family status | Date of Birth dd/mm/yyyy | ☐ Female ☐ Male | Profession/Occupation

Address (if different from that of the policy holder)

V 3

Name, second name, surname | PIN

Family status | Date of Birth dd/mm/yyyy | ☐ Female ☐ Male | Profession/Occupation

V 4

Name, second name, surname | PIN

Family status | Date of Birth dd/mm/yyyy | ☐ Female ☐ Male | Profession/Occupation

V 5

Name, second name, surname | PIN

Family status | Date of Birth dd/mm/yyyy | ☐ Female ☐ Male | Profession/Occupation

Previous insurances

Which of the insured or eligible persons does have or had a personal health insurance, life insurance and/or accident Insurance?

Person	Type	Company	Policy No.	Previous insurance of this type? Applied?	Declined?	Terminated?
V 1						
V 2						
V 3						
V 4						
V 5						

X Please indicate where necessary!

Health Status

No medical examination is required for conclusion of this insurance.
However, it is necessary for us to know what your health status is, sothat we are able to provide you with adequate insurance cover (it is possible to includexisting diseases). Therefore, we ask you to respond to the following questions accurately and thoroughly for all eligible persons. Please bear in mind that seemingly trivial information may prove of decisive importance.
If you answer a question with a „yes", please provide also all relevant details, such as: designation of person, disease, diagnoses, surgical operations, doctors, hospitals, treatment period, recovery date, medications, expected date of birth delivery, degree of disability, dioptres - in the respective boxes!

Questions regarding your current health status

Do you have any existing treated or untreated diseases, injuries, complaints, infirmities, other anomalies or visual impairment?

V 1 V 2 V 3 V 4 V 5
No Yes No Yes No Yes No Yes No Yes

Height(cm)				
Weight(kg)				
Dioptres - left				
Dioptres – right				

If not stated above: Have you planned any treatment (surgery, medical examination, etc.)?

V 1 V 2 V 3 V 4 V 5
No Yes No Yes No Yes No Yes No Yes

If not stated above: Are you currently taking any medication, drugs or opiates?

V 1 V 2 V 3 V 4 V 5
No Yes No Yes No Yes No Yes No Yes

For women: Are you pregnant? What is the expected date of delivery?

dd/mm/yyyy

V 1 V 2 V 3 V 4 V 5
No Yes No Yes No Yes No Yes No Yes

Questions regarding your past medical status

If not stated above: Have you had any diseases, injuries, complaints or other anomalies, treated in an out-patient ward or not treated at all for the last 5 years?

V 1 V 2 V 3 V 4 V 5
No Yes No Yes No Yes No Yes No Yes

If not stated above: Have you undergone any inpatient treatment in a hospital, sanatorium, clinic, balneological sanatorium, radiation treatment (X-ray, radium, isotopic radiation, etc.) or chemotherapy for the last 10 years?

V 1 V 2 V 3 V 4 V 5
No Yes No Yes No Yes No Yes No Yes

If not stated above: Have you ever had any severe diseases, injuries or other anomalies, such as cancer, stroke, heart-attack , tuberculosis, renal failure, depressions, skull or spine traumas , severe liver conditions (cirrhosis), diabetes, severe chronic infectious diseases (hepatitis), immune insufficiency (also HIV positive), drug addiction, etc.?

V 1 V 2 V 3 V 4 V 5
No Yes No Yes No Yes No Yes No Yes

Other details

Do you practice sports professionally? What type of sports?

V 1 V 2 V 3 V 4 V 5
No Yes No Yes No Yes No Yes No Yes

Family or attending physician (name, address, for which person?)

Please indicate where necessary! X

Special waiting periods

The diseases listed in the box at the right are covered by the insurance after the expiration of the following waiting periods.

Person, date of birth, rate, type of disease, waiting period

Rate categories

V 1		
V 2		
V 3		
V 4		
V 5		
	Tariff(s)	Insurance premium, according to the payment schedule

0 1
Insurance begin
d d/ m m /y y

Total premium EUR

Tax 2% according to LTIP (Law on Tax on Insurance Premiums) EUR

Total amount due EUR

Additional agreements and special terms and conditions

Optional insurance for person(s) /rate(s), other

If any of the agreements listed has not been concluded at the time the application is signed, legal provisions require us to ask you to subsequently sign your name.

Date, signature, insuring

Payment schedule Method of payment

☐ monthly ☐ every 3 months ☐ every 6 months ☐ annually

☐ by bank transfer ☐ by direct remuneration deductio ☐ by a public utility services contract

I agree that all subsequent documents related to the insurance I have concluded should be sent to the e-mail address provided by me. By this I mean that the written notification form has been complied with.

☐ Yes ☐ No

Declaration

1. I am familiar with and accept the Terms of Insurance.
2. I declare that what I have declared in the Proposal for the conclusion of the insurance and the Declaration of Health are part of the insurance policy and the submission of incorrect or incomplete information may lead to termination or change in the conditions of the contract, or to a reduction or refusal to pay insurance indemnity.
3. I declare that I have received and am aware of the information under Art. 324 and 326 of the Insurance Code, and that received information document for insurance product, according to art. 325a of the Insurance Code

Personal data

I am informed that the personal data submitted by me are processed by UNIQA Life Insurance Plc, in its capacity of a personal data controller, according to the applicable national legislation. I have made myself familiar with the Notification of confidentiality available on the company's web site www.uniqa.bg and in any office thereof, which contains the basis and the purposes of the personal data processing, third parties having access thereto, retention period, my rights and contact data.

Place, Date

Signature: intermediary

Signatures of the insured:
(in case of minors – guardian)

V 1 _____ (insuring)

V 2 _____

V 3 _____

V 4 _____

V 5 _____