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 Select"

☐ 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. | Company ☐ UIC | Physical person ☐ PIN

Issued by Date of issue

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

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

V 4

Name, second name, surname

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

V 5

Name, second name, surname

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!

Questions regarding your current health status

1. Have the persons to be insured been treated for any of the following diseases or have they occurred at any time:

   cancer, stroke, heart attack, chronic heart diseases, chronic lung diseases, chronic kidney diseases, body mass index above 38 (excessive overweight), diabetes, chronic liver disease, HIV-positive findings?

2. Is an inpatient hospital stay planned or has such stay been advised by a doctor?

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

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

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 transfe	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 documentfor 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 Pic, 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

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

V 1 _____ (insuring)
V 2 _____
V 3 _____
V 4 _____
V 5 _____

Signature: intermediary