

MEDICAL INSURANCE PROPOSAL FORM

Policy Number:

Agent's Code	Agent's Name

Ypera Insurance Co. Ltd Head Offices: Ypera House 2 Medousis str, 6059 Larnaca

2 Medousis str, 6059 Larnaca
P.O.Box 40378, 6303 Larnaca, Cyprus
♦ +357 24 200800

info@ypera.com.cy

www.ypera.com.cy

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Policy Holder Details

Name & Surname/Company	Name				
Identity Card/Passport/Con	np. Reg. Number			Date of Birth	
Occupation					
Phones			Email		
Correspondence Address:					
		Pos	stal Code ————	Town	
Insured Details					
Name & Surname					
Identity Card/Passport		Date of Bir	rth	_ Male Female H	eight Weight
Home Address					
Postal Code	Town	Occupation	1	Phones	
Email			Marit	al Status: Single, Married	
Relationship with Policy Ho	lder				
Correspondence Address: _					
		Pos	stal Code	Town	
Choice of an Insuran	ice Plan				
Please indicate with √the ir	nsurance policy y	ou prefer:			
Plans Student	Silver	Gold	Platinum	World wide	OTHER
Coverage: Hospital Care:	Customised	l Plan: OTHER	Second Medical	Opinion:	
Deductible Amount for Hospital Care	NO YES_	_ 500€ 1000€ _	2000€ 3000€	€ 5000€ 10.000€ -	15.000€ OTHER
Premium Payment <i>N</i>	lethods				
Payment Frequency		Annually	Semi-Annually	Quarterly	Monthly
Method of Payment		Cash	Direct Debit	-	•
Premium		_€	Deposit:	Date:	
Period of Insurance		from		to	

Dependants Details

Please note that only the spouse and legally unmarried children under the age of (18) or serving their Military Services or who are students in Cyprus and less than the age of (25) may be included as dependants in the insurance plan.

S/N	FIRST NAME	SURNAME	DATE OF BIRTH	HEIGHT (cm)	WEIGHT (kg)	OCCUPATION	I.D NO	RELATION TO POLICY HOLDER

All the questions below should be answered fully in respect of the insured and all the dependents that are proposed for this plan. Where your answer is YES, please supply full details in the table that follows:

YES

NO

Insurance History

1. Are you insured now or have you ever been
insured under a Health Insurance Plan, with our
Company or any other Insurance company? If yes,
please state the name of the Insurance Company
with which you are or have been held covered.

2. Has any insurance company ever declined or YES NO accepted with any special conditions or extra premium, any application of your for Life, Health or Personal Accident Insurance?

3. Do you have any application pending acceptance YES NO for Life, Health or Personal Accident Insurance, by our Company or other insurance company?

QUEST. NO.	INSURED PERSON	DETAILS

Way of Life

1. Do you smoke?	YES	NO

If ves. please state:

- For how many years you have been smoking _____
- Your daily consumption in tobacco
- 2. Please state your daily alcohol consumption____
- 3. Do you travel abroad frequently for reasons other than YES NO recreational?

If yes, please state how often, for how long and where you travel.

- 4. Do you intend to live abroad permanently? YES NO
 5. Do you engage in any sport or other activity? YES NO
- If yes, please state what kind of sport and whether you engage in a professional or amateur mode.
- 6. Are there any conditions in your profession, habits or other occupations that put you at risk? If Yes, please give details.
- 7. Do you drive a motor above 75CC? If yes, please give details.

QUEST. NO.	INSURED PERSON	DETAILS

Medical History

Do you suffer now or have you ever suffered in the past from:

- 1. Heart Disorders or abnormal electrocardiogram? YES NO
 2. Blood and blood vessel disorders, anemia, hypertension, chest pain or shortness of breath? NO
- Lung and Bronchial disorders, or any other YES NO respiratory and/or chest disease?
- 4. Eye, Ear, Throat, Mouth or Sinus Disorders? YES NO

5. Disorders of the Urinary Track, gall bladder, renal colic, YES NO renal stones, blood, protein or sugar in the urine? YES 6. Diabetes Mellitus, Hyperlipidemia? NO 7. Disorders of the Thyroid gland, lymphnodes, tumors, cancer, YES NO Multiple Sclerosis and/or Parkinson's Disease? 8. Vertigo, fainting attacks, mental disorders, epilepsy, any YES NO disorders of the mental and nervous system or cerebral disease? 9. Rheumatic fever, arthritis, lumbago, gout or any other bone, YES NO joints, or spinal cord disorders, fractures or disabilities? 10. Cyst of Coccyx, hemorrhoids, hernia, any form of celes, YES NO fistula, varicose veins or other disorders of the circulatory system? 11. Any sexually transmitted disease (e.g. Syphilis or YES NO gonorrhea), or have you ever sought medical advice, treatment, or had clinical tests carried out in connection with these or any other viral diseases such as Hepatitis C and /or AIDS? 12. Have you ever had any blood transfusions or have received YES NO treatment with any blood products? Have you ever been rejected as a blood donor are you a Trait B Carrier? 13. Have you ever had X-rays, Electrocardiograms, Clinical YES NO Tests, or other diagnostic Tests, or General Medical

YES

YES

YFS

NO

NO

NO

16. For Female applicants only:

· Are you presently pregnant?

reason?

· Please state any Breast and/or Genital Organs Disorders?

medications without a medical prescription?

Check-ups? If yes, please state why these were carried out.

14. Have you ever been operated or hospitalized for any

15. Have you ever taken any other intravenous drugs and/or

 If yes, please state in which month. 		
17. For Male applicants only:		
• Have you regularly served or are you now serving your Military Service?	YES	NO
• If not, please supply us with a photocopy of your release report.	YES	NO
18. Family Medical History: Has any of your parents or siblings (whether alive or not) ever suffered or are suffering now from diabetes, heart disease, tumors or cancer, Huntington's Chorea, polycystic Kidneys, stroke, multiple sclerosis, neuropathies, hypertension or other hereditary disease?	YES	NO
19. Please state the name and address of your personal medical attendant.		

QUEST. NO.	INSURED PERSON	DETAILS

CONSENT ACCORDING TO THE PROCESSING OF PERSONAL DATA (PROTECTION OF NATURAL PERSONS)

According to the provisions of the processing of personal data (protection of natural persons) Regulation (EU) No.2016 / 679, Ypera Insurance Co Ltd (hereafter Ypera) has the obligation and responsibility to ensure that personal data relating to you are legitimately processed, whether are given or will be given at any given time in the future, in accordance with the above stated Regulation.

The data Controller in the context of its activities will proceed with the fully or partially automated processing of personal data, as well as the non-automated processing of such data, whether they belong to the special categories of personal data (sensitive) of Article 9 of Regulation (EU) 2016/679 which include health data, or not, and which are included and/or are to be included in a filing system that is relevant and will be limited to what is necessary for the purposes for which they are submitted and will be updates at reasonable intervals. The main purpose of the processing is to provide the services requested by the Proposer through this Proposal and, if any insurance policy is subsequently issued, to examine any claim submitted.

Ypera will transmit the personal data concerning you to a third party to the extent that this is required as a contractual necessity, due to legal obligations and/or protection of its legitimate interest, with which confidentiality agreements are observed for the performance of their duties. Data processing is confidential and as such will only be carried out by persons under the control of the Controller and only at his command in a way that guarantees their security. Any personal data will not be disclosed to third parties. except in cases where the law allows and/or requires it and /or where there is any further express consent

- RIGHTS OF INSURED PERSON AND / OR POTENTIAL TO BE INSURED PERSON
 Revoke your consent to process your personal data (it is understood that withdrawal of consent does not affect the legitimacy of the processing based on your consent given prior to revocation).
 Receive a confirmation from the Controller that your personal data collected and related to you are being processed, if this is not the case, you also have the right to access and update this data upon your request.
- Processed, if this foot the case, you also have the right to access and update this data upon your request.

 Request from the Controller to correct any inaccurate data and/or duly complete your personal data.

 Request from the Controller to delete or restrict the processing of personal data concerning you without undue delay if they are no longer necessary in relation to the purpose they have been collected or submitted, if you withdraw your consent, if you object to processed, or if there are no longer any imperative and legitimate reasons for processing, if an unlawful processing has been performed, if the data is to be deleted under Law or if you question the accuracy of the data and their limitation until they are verified by
- the Controller. Subject to the exceptions of Articles 17 (3) and 18 (2) of the Regulation.

 Receive your personal data that you have provided to the Controller in a readable electronic form and forward them to another processor without objection from the Controller to whom they were provided. Also ask for the direct transmission of personal data from one Controller to another, if technically feasible.

Your above stated rights could be exercised with your written request to the Data Protection Officer via fax: 24 828290 or via email to DPO@ypera.com.cy or via registered mail at Medousis Street 2, 6059 Larnaca. The DPO is obliged to respond within one (1) month of receipt of your request. This period may be extended by two (2) more months, if necessary, taking into account the complexity of the request and/or the sum of your requests. You can learn more about how we process personal data by reading our GDPR policy available at www.ypera.com.cy/el/gdpr

II. REFUSAL OF CONSENT

Denial of your consent to the collection and processing of your personal data, Ypera Insurance Co Ltd will have the right to reject the insurance proposal or the additional act, since it will not be able to examine it or terminate the policy or reject a claim for compensation.

III. STATEMENT

I have duly read and fully understand the content of this statement and with free will I sign it by giving my explicit consent for the collection and processing of my personal data by the controller in accordance with the Law and Regulation (EU).

Full Name	ID card	Signature	e-Signature	Date

Optional consent to receive information and/or promotional material and/or information about the insurance contract and/or transaction and/or the insurance company; as well as for the promotion and sale of materials and/or intangible goods and both services and remote services provided by Ypera Insurance Co. Ltd.

I hereby explicitly declare that I agree to receive from me the above-mentioned information.

Optional consent to receive informative and/or advertising material and/or any other information about the insurance contract and/or transaction and/or about the insurance company as well as for the prop and sale of material and/or intangible products and goods & services remotely by Ypera Insurance Co Ltd

YES	NO	

Declaration

We declare that besides the above, any other information optained from me/us remains the same as the information I/ we have already provided to you in my/our previous proposal. We declare and warrant that after enquiry all statements and particulars contained in this Proposal and addenda are true and that no information whatever has been withheld which might increase the risk of Ypera Insurance Co. Ltd or influence the acceptance of this Proposal and should the above particulars alter in any way I/we will advise Ypera Insurance Co. Ltd as soon as practicable. I/we understand that failure to disclose any material facts which would be likely to influence the acceptance and assessment of the Proposal may result in Ypera Insurance Co. Ltd refusing to provide indemnity or voiding the policy in every respect. I/we hereby agree and accept that this Declaration shall be the basis of the contract between both parties if entered into.

Signed In	on the
Insured's Signature	Policy Holder's Signature
e-Signature	Date ———

Agent's Declaration

I hereby declare that all necessary explanations/clarifications have been given to the Insured person and the Proposer and that I do not know anything else that could affect the decision of the Company in connection with the insurability of the main insured person and of the insured dependants.

Date:	Agent's Full Name:
Agent's Signature:	Agent's Code Number:
e-Signature	Date ———