

Health Insurance Proposal Form

IMPORTANT NOTE

Insurers, their Agents and Insurance Associations share information with each other to prevent fraudulent claims and for underwriting purposes. In the event of a claim, some or all of the information you supply in this form and in any eventual Claim Form together with other information relating to the claim may be provided to other Insurers, their Agents and Insurance Associations.

Your attention is brought to the fact that in this Proposal Form you should disclose any fact which may influence the underwriter in accepting this risk. Should you fail to provide the information required herein, MAPFRE Middlesea p.l.c. would not be in a position to confirm acceptance of this offer.

ALL QUESTIONS MUST BE FULLY ANSWERED

Policy no.	Group/Company name (if applicable)
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1. APPLICANT DETAILS (PLEASE USE CAPITAL LETTERS)

Title	Name of proposer	Surname of proposer
Date of birth	Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male
Nationality	I.D. card no. /Passport No.	
Tel/Mob. no.	E-mail address	
Address		
Business or occupation		

2. RESIDENCY

What is your principal country of residence? (wherein you reside for more than 180 days in any 12 month policy period)	
Are you or any dependant/s listed in this Proposal Form residing away from the principal country of residence for more than 180 days in any 12-month policy period?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "YES", please give details	

3. CHOOSE TYPE OF COVER REQUIRED (INSURED)

From the following MAPFRE Middlesea Health Insurance Policies choose ONE policy that you require:

Type of cover required	Basic Scheme	Hospital Scheme	Family Scheme	International Scheme
In-Patient & Out-Patient				
In-Patient only				

If you wish to apply for an excess on your cover please mark your choice 10% Excess 20% Excess

Persons to be included in this application (all persons must reside at the applicant's address unless agreed otherwise)

	Dependant 1	Dependant 2	Dependant 3	Dependant 4	Dependant 5
Name					
Surname					
Date of birth					
I.D. card no/ Passport Number					
Scheme chosen					

4. EXTENSIONS

From the following MAPFRE Middlesea Health Insurance Extensions choose the ones that you require:

	Available at an additional premium with the below Schemes:	Proposer	Dependant 1	Dependant 2	Dependant 3	Dependant 4	Dependant 5
Second Medical Opinion	Basic Schemes						
Mediphone	Basic Schemes						
Routine and Preventive Care Cover	Only "Inpatient and Outpatient" Schemes						
Dental Cover	Only "Inpatient and Outpatient" Schemes						
Evacuation (to nearest country where treatment is available) and Repatriation to home country for medical treatment or of mortal remains	Only "Inpatient and Outpatient" Schemes						
Loss of Income	Hospital "Inpatient and Outpatient" Scheme						
Waiver of Standard Exclusions	Hospital (incl. Family) and International Schemes						

Please refer to our policy wording for full information about the various Health Schemes and Extensions mentioned in sections 3 and 4 above.

5. MEDICAL HISTORY AND OTHER INFORMATION

Please ensure that you disclose all known and suspected medical conditions in respect of any person to be included in this Proposal Form. It is important to note that we shall not accept liability for a medical condition which arose prior to the proposal date, in line with the policy terms and conditions. Failure to notify MAPFRE Middlesea p.l.c. of any or suspected medical condition may result in the policy being invalidated.

Please answer all the questions in this section. If you answer "YES" to any of the questions please give full details in the space provided.

Within the last five years, have you or any of your dependants included in the Proposal form:

1. Consulted or is there a foreseeable need to consult with a General Practitioner and/or Specialist for an actual or suspected medical condition?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Been provided with, and/or are you currently taking any prescription drugs or medication?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Been admitted to a hospital, clinic or nursing home?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Undergone regular check-ups (such as, but not limited to: mammograms, colonoscopy, bone density, pap smear, ECG, cholesterol, prostate check-up)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Ever suffered from a chronic medical condition or from a known disability or recurrent injury or illness (such as but not limited to: hypertension, diabetes, asthma, recurrent injury)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Been refused Private Medical Insurance or Life Assurance cover?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Been insured or are currently insured under another Private Health Insurance Policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If 'Yes' please provide details.

If you have answered 'Yes' to any question 1-6 please give full details in the space provided.

Name	Question no.	Medical condition	Date of diagnosis	Treatment received	Does the medical condition still exist?

Additional comments (Include any other facts that should be brought to our attention)

Name and address of your usual family's GP/Family specialist

6. METHOD OF PAYMENT

Annually	<input type="checkbox"/>	Cash or Cheque	<input type="checkbox"/>	Credit or Debit Card	<input type="checkbox"/>	Direct Debit*
Direct Debit*	<input type="checkbox"/>	Half Yearly (2.5% charge)	<input type="checkbox"/>	Quarterly (5% charge)	<input type="checkbox"/>	Monthly (7.5% charge)

*A Direct Debit Mandate Form must be completed.

Important Note

This is an annual policy. The full annual premium is always due, irrespective of the agreed method of payment.

Requested commencement date				
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Completion of this Proposal Form does not confirm inception of cover. The effective date of inception of cover shall be stipulated on the Policy Schedule, which will be sent to you upon approval of your application. When a receipt is issued, this will only indicate that money for premium has been received and not that the insurance cover has commenced/or has been accepted.

IMPORTANT NOTE

You should not sign this Proposal Form and its statements or declarations before you have read and understood them. If this document is being completed by someone else on your behalf please ensure that the details on it accurately reflect what you have said.

APPLICABLE LAW

Unless both you and we agree otherwise this contract shall be subject to Maltese Law and to the exclusive jurisdiction of the Maltese courts.

INSOLVENCY

In the event that we become insolvent and unable to meet our obligations under this contract, limited compensation may be available to you under the Protection and Compensation Fund Regulations, 2003.

COMPLAINTS

We are committed to providing good quality services. We recognise that a client may not be satisfied with the service provided. To deal with this we have a complaints procedure. For the sake of clarification a complaint is broadly defined as being a written expression of dissatisfaction with services that we provide or actions we have taken that require a response. We distinguish complaints from queries. Queries are challenges to specific decisions in specific circumstances.

The Company will deal with your complaint

The Company does not look at complaints as unwanted. In fact, they may help the Company to see where its services or procedures may be improved. It is in the parties' interest for the Insured to let the Company know when the Insured feels that the Company has made a mistake or done something which the Insured finds unsatisfactory. Even if the Insured does not think that the particular concern amounts to a complaint the Company would still like to know about it. The Insured will help the Company improve its service further.

HOW TO COMPLAIN

STEP 1 – CONTACTING THE COMPANY

The first step is to talk to a member of the Company's personnel or of the intermediary if the Policy was arranged through one. This can be done informally either directly or by telephone.

Usually the best person to talk to will be the person who dealt with the matter the Insured is concerned about as they will be in the best position to help the Insured promptly and to put things right. If they are not available or the Insured would prefer to approach someone else then address the matter to the manager or senior person responsible. The Company will seek to resolve the problem immediately. If the Company cannot do this then the Company will take a record of the concern and arrange the best way and time for getting back to the Insured. This will normally be within two working days.

STEP 2 – TAKING THE COMPLAINT FURTHER

If the Insured is still unhappy the next step is to put the complaint in writing, addressing it to the Complaints Officer, setting out the details, explaining what the Insured thinks went wrong and what the Insured feels would put things right. If the Insured is not happy about writing a letter, the Insured can always ask a member of the Company to take notes of the complaint which the Insured will be then asked to sign. The Insured will be provided with a copy for their own reference. This record will be passed promptly to the Complaints Officer to deal with.

Once the Complaints Officer receives a written complaint, s/he will arrange for it to be fully investigated. The complaint will be acknowledged in writing within five working days of receiving it and the letter will state when the Insured can expect a full response. This should normally be within fifteen working days unless the matter is very complicated such as where other organisations need to be contacted. Where this is the case the Company will still let the Insured know what action is being taken and will inform the Insured when the Company expects to provide a full response.

TAKING YOUR COMPLAINT ELSEWHERE

If you are still not satisfied with the Complaints Officer's response, you can always seek advice elsewhere. You may contact:

Office of the Arbiter for Financial Services
First Floor
St Calcedonius Square
Floriana FRN1530
Malta
Telephone: 8007 2366 or 21249245
E-mail: complaint.info@financialarbiter.org.mt
Website: www.financialarbiter.org.mt

The Office of the Arbiter will expect that you have a final reply to your complaint from us before approaching them.

DATA PROTECTION PERSONAL PROCESSING CLAUSE

The Proposer is hereby informed and expressly consents, by signing this document, to the processing of the data voluntarily provided in this document, as well as of any data which might be provided to MAPFRE Middlesea Plc or "The Company" directly or through an Insurance Intermediary, and those obtained by recording telephone conversations or as a result of browsing through Internet webpages or by other means, for the enforcement of the agreement or regarding a quotation, application, or the contracting of any service or product, even after the end of the pre-contractual or contractual relation, including, if applicable, any communication or international data transfer which might be made for the purposes specified in the Additional Data Protection Information which is available from any MAPFRE Middlesea Plc Office or through <http://melitaunipol.com/MMS-Informative-Clause-Customer-Level-2-325.aspx>

The Proposer consents in turn to the recording of any telephone conversations with the Company regarding the insurance agreement.

MAPFRE Middlesea Plc may view the Proposer's data in files regarding the fulfilment and non-fulfilment of monetary obligations. Should the data provided pertain to physical persons other than the Proposer, the latter guarantees that he/she has obtained and has their prior consent for the communication of their data and has informed them, prior to their inclusion in this document, of the purposes of the data processing, communications, and other terms established herein and in the Additional Data Protection Information.

The Proposer declares that he/she is older than eighteen (18) years of age. Likewise, should the data provided belong to minors, as the minor's parent(s) or guardian(s), he/she expressly authorises the processing of the said data, including; if applicable, data pertaining to health, for the management of the purposes specified in the Additional Data Protection Information which is available from any MAPFRE Middlesea Plc Office or through <http://melitaunipol.com/MMS-Informative-Clause-Customer-Level-2-325.aspx>

The Proposer guarantees the accuracy and truthfulness of the personal data, including sensitive personal data provided, undertaking to keep them duly updated and to notify MAPFRE Middlesea Plc of any changes in them.

Basic data protection information

Controller:	MAPFRE Middlesea Plc
Purposes:	Management of the insurance agreement, creation of profiles for suitable enforcement of the insurance agreement, integral and centralised management of the relation with the MAPFRE Group, and delivery of information and advertising on MAPFRE Group products and services.
Standing:	Execution of the project.
Recipients:	Data may be communicated to third parties and/or data transfers may be made to third-party countries in the terms stipulated in the Additional Information.
Rights:	You can exercise your rights of access, rectification, removal, limitation, objection, and transferability, specified in the Additional Data Protection Information.
Additional Information:	You can view the Additional Data Protection Information which is available from any MAPFRE Middlesea Plc Office or through http://melitaunipol.com/MMS-Informative-Clause-Customer-Level-2-325.aspx

Check this box if you object to the processing and communication of your personal data by MAPFRE Middlesea Plc for the delivery of information and advertising of the Company products and services, of the various MAPFRE Group companies, and of Third party companies with which any MAPFRE Group company has entered partnership agreements. If you do so, we will be unable to inform you of any discounts, gifts, promotions, and other benefits associated with the MAPFRE Group customer loyalty plans.

In any case, your consent to the treatment of your data for these purposes is revocable, and you may withdraw your consent or exercise any of the rights mentioned at any time as specified in the Additional Data Protection Information which is available from any MAPFRE Middlesea Plc Office or through <http://melitaunipol.com/MMS-Informative-Clause-Customer-Level-2-325.aspx>

PROFESSIONAL SECRECY

I consent on my behalf and on behalf of any other person specified in this form (others), that the Company or any other member of the Group may exchange some or all of the information with my insurance intermediary, appointed experts, other insurance companies or the Malta Insurance Association for the purpose of administering my insurance proposal and policy, handling and settling of claims, detecting, preventing and suppressing fraud and the keeping of statistics. I also authorise (on my own behalf and on behalf of others) insurance companies and intermediaries to disclose information about or relevant to my insurance history for these purposes.

I understand (and have explained to Others) that when I tell the Company about an incident which may or may not give rise to a claim, the Company may pass information relating to it to the Malta Insurance Association and / or other insurance companies and intermediaries. In doing so we will ensure that this communication is carried out confidentially and within the terms of the Professional Secrecy Act, 1994

Material Facts are those facts which are likely to influence us in the acceptance or assessment of this proposal and it is essential that you disclose all of them. If you are in doubt about whether a fact is material then for your own protection you should disclose it since failure to do so could invalidate your policy.

DECLARATION

I have read or have had read to me the contents of this completed proposal form and agree that the above statements are to the best of my knowledge and belief correct and complete and will form the basis of the contract between me and MAPFRE Middlesea p.l.c. (us). I confirm that I have disclosed all Material Facts and accept our standard form of policy for this type of insurance. I am satisfied with the way the proposal has been completed. I confirm that if this form has been completed by one of our employees and/or authorised intermediary on my behalf such person shall, for that purpose be regarded as my agent and our agent. I agree to read the policy and be bound by the terms, conditions, limitations and exclusions of the said policy.

Before signing this document, please read the basic data protection information given in the PERSONAL DATA PROCESSING clause. By signing this document, you consent to the processing of your personal data, including sensitive personal data in the terms and conditions stipulated in said clause.

Name of applicant	Signature	Date
Names of dependants	Signature	Date

Period of insurance required
Intermediary

HLT PRF 01.05.19

MelitaUnipol Insurance Agency Ltd., (C22256-) is authorised as an agent for Mapfre Middlesea p.l.c. (C5553-) under the insurance Business Act 1998 to carry out insurance business. Both companies are authorised by the Malta Financial Services Authority.