

Application Form for Employees

(Exclusively for Coverage based on Medical History Disregarded)



SI Insurance (Europe), SA is registered in Luxembourg with company registration number B221096 and registered address 40 Montereiv, L2163, Luxembourg and represented by AKD Insurance.

Insurance Intermediary:

Tax Identification Code: **No. of Special Registry:**

SECTION 1 – Personal details

1.1 Applicant (the employee requesting cover for himself/herself and for his/her family)

Full Name:

Date of birth: **ID or Passport no:**
(DD/MM/YYYY)

Occupation: **Male:** **Female:**

T.I.C.: **Height (cm):** **Weight (kg):**

Nationality:

1.2 Family members of the Applicant requesting cover

Full Name:

Date of birth: **ID or Passport no:**
(DD/MM/YYYY)

Occupation: **Male:** **Female:**

T.I.C.: **Height (cm):** **Weight (kg):**

Nationality:

Full Name:

Date of birth: **ID or Passport no:**
(DD/MM/YYYY)

Occupation: **Male:** **Female:**

T.I.C.: **Height (cm):** **Weight (kg):**

Nationality:

Full Name: _____

Date of birth: _____ **ID or Passport no:** _____
(DD/MM/YYYY)

Occupation: _____ **Male:** **Female:**

T.I.C.: _____ **Height (cm):** _____ **Weight (kg):** _____

Nationality: _____

Full Name: _____

Date of birth: _____ **ID or Passport no:** _____
(DD/MM/YYYY)

Occupation: _____ **Male:** **Female:**

T.I.C.: _____ **Height (cm):** _____ **Weight (kg):** _____

Nationality: _____

Full Name: _____

Date of birth: _____ **ID or Passport no:** _____
(DD/MM/YYYY)

Occupation: _____ **Male:** **Female:**

T.I.C.: _____ **Height (cm):** _____ **Weight (kg):** _____

Nationality: _____

1.3 Address of permanent residence

Street name & no: _____

Town/village: _____

District: _____ **Postal code:** _____ **Country:** _____

1.4 Contact details

Mobile phone: _____ **Other phone:** _____

Fax: _____

Email: _____

1.5 Policyholder details

Name of Employer: _____

Tel.: _____ **Registration no.:** _____

Email: _____

SECTION 2 – Questionnaire

All applicants (the main applicant and his/her family members requesting cover) must answer both questions.

2.1	Have you ever been diagnosed with, or received treatment for, any of the following dread diseases: cancer, heart attack, stroke, major organ failure, organ transplant, multiple sclerosis, paralysis, or benign brain tumour?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2.2	Do you have any ongoing or scheduled in-patient treatment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If you have answered “Yes” to any of the above questions, please identify each claimant to whom the answer applies and provide information such as: details of the accident/illness and current medical condition, details of treating doctor, hospital and healthcare providers involved, diagnosis, dates and type of treatment etc. You can attach additional pages if necessary.

SECTION 3 – Declaration

I declare that all statements made in this Application Form are true and complete to the best of my knowledge, and that I have neither concealed nor falsified any fact or information, nor knowingly made any misleading statement. I agree that this Application Form, together with this Declaration, shall be binding upon me and shall form the basis of the Policy between the Insurer and myself. I further acknowledge that, upon issuance of the Policy, this Application Form shall be deemed incorporated therein.

I also declare that I understand and accept that the Insurer’s liability shall commence only upon the Insurer’s written acceptance of this Application Form.

Furthermore, I declare that I have received all the relevant pre-contractual information and disclosures in accordance with the applicable provisions of the Law.

The Applicant:

Date: (DD/MM/YYYY)

SECTION 4 – Consent for personal data processing

Privacy Statement

This privacy notice provides an overview of the personal data that we (SI Insurance (Europe), SA, part of the Sompo group) process as a controller for the provision of our services. It also provides information on how we protect personal data and third-party rights. It applies to **Insureds**, claimants and any third parties who interact with us about our products and services. Our long form privacy notice is available at www.sompo-intl.com/privacy-policies/

Categories of personal data we process include standard personal data, e.g. contact information; where necessary, special categories of personal data, e.g. health information; and criminal offence data, obtained from anti-fraud checks. Our reasons for processing commonly include policy administration, claims and complaints handling and to carry out identity and credit checks. The legal reason we process personal data depends on the circumstances, but usually it is for performance of a contract or to ensure legal compliance. For special category personal data, this is either because processing is necessary for an insurance purpose, to protect a vital interest, or we rely on consent. We may process information on criminal convictions (if any) to prevent a crime.

Where we have consent or a legitimate interest, we occasionally use personal data to send targeted marketing emails about related products and services. Such emails always contain an opt-out process. Occasionally we use automated decision-making, for example, to assess the likelihood of a claim being made. More information about this and related rights is available in our long form privacy notice.

Personal data is shared with us both directly, and indirectly through authorised individuals or organisations, such as insurance brokers or claims handlers. Anyone providing information about another person must first ensure that person has seen a copy of this privacy notice and consents to their information being shared with us.

We share personal data within the Sompo group and with relevant third parties including service providers, insurance intermediaries and reinsurers. The Sompo group and many of the companies we work with are international organisations. As such, we transfer personal data outside of the UK and EEA. We ensure that any international transfers are subject to appropriate safeguards and technical and organisational measures, in accordance with data protection law.

We retain personal data only for as long as necessary to fulfil the processing purpose to which it relates and having regard to our business needs and legal requirements.

Data protection law affords access, rectification, erasure, restriction, and objection rights to any individual whose personal data we process. Any request to exercise these rights, or any complaints about how we handle personal data should be directed to privacy@sompo-intl.com. Our data protection officer may be contacted at mhinze@sompo-intl.com. Complaints may also be lodged with the relevant data protection supervisory authority. This is the Information Commissioner's Office for our UK business and the National Commission for Data Protection for our EEA business.

Declaration of consent for personal data processing

I hereby give my express consent to the processing of my personal data to **SI Insurance (Europe), SA** for the purposes mentioned above.

1. Applicant's full name:			
ID No.:		Signature	
2. Applicant's full name:			
ID No.:		Signature	
3. Applicant's full name:			
ID No.:		Signature	
4. Applicant's full name:			
ID No.:		Signature	
5. Applicant's full name:			
ID No.:		Signature	
6. Applicant's full name:			
ID No.:		Signature	

SECTION 5 – Professional Secrecy Waiver

By signing this proposal form the **Applicant** (i) acknowledges having been informed about the Luxembourg professional secrecy obligations and having read the secrecy waiver document accessible here [www.sompo-intl.com/locations/luxembourg-luxembourg/] and (ii) explicitly accepts to waive SI Insurance (Europe), SA's professional secrecy obligations to the extent and under the conditions set forth in this secrecy waiver.