

CERERE-CHESTIONAR

ASIGURAREA PENTRU INDEMNIZATIE DE SPITALIZARE DIN ORICE CAUZA (ACCIDENT SI /SAU BOALA) CU OPTIUNE DE DECES DIN ACCIDENT

HOSPITAL CASH & ACCIDENTAL DEATH PROPOSAL FORM HOSPITAL CASH

Acoperirea asigurarii / Insurance Cover Available:

Indemnizatie de spitalizare / Hospital cash benefit:

- Urmare a unui accident si/sau a unei imbolnaviri / Following to an Accident or Illness**
- Optional: Acoperire pentru Deces din Accident / Optional Accidental Death Coverage**

Sectiunea A - Date Personale / Personal Details:

Nume / Name:	Prenume / Forename:
---------------------	----------------------------

Statut (Domn/Domnisoara/Doamna) / Title: (Mr/Mrs/Ms):	Stare civila / Marital Status:
--	---------------------------------------

Data nasterii (ziua/luna/an) / Date of Birth: (DD/MM/YY):	Locul nasterii / Place of Birth:
--	---

Nationalitate / Nationality:

Adresa e-mail / Contact e-mail address:	Telefon / Contact Telephone Number:
--	--

Adresa postala / Full Postal Address:
--

Ocupatia / Occupation and Duties:
--

Nota: pentru grupuri de peste 20 de persoane asigurate polita va fi considerata polita de grup si se va completa Sectiunea A1 si Sectiunea B / Group details for more 20 persons:

Sectiunea A1/ Section A1:

Denumire companie / Company Name
Domeniul de activitate / Type of activity CUI / Nr. Registru Comertului / Juridical Date
Adresa / Address Reprezentant legal / Representative
Nr. total persoane angajate / Total employees din care cuprinse in asigurare, conform listei atasate / of which covered, according to attached:

Sectiunea B - Detaliile acoperirii / Details of Cover:

<p>Indemnizatie zilnica de spitalizare din accident sau boala <i>Hospital Cash (Accident and Illness):</i></p> <p><input type="checkbox"/> 50 Euro <input type="checkbox"/> 75 Euro <input type="checkbox"/> 100 Euro <input type="checkbox"/> 125 Euro <input type="checkbox"/> 175 Euro <input type="checkbox"/> 200 Euro</p> <p>Optional:</p> <p><input type="checkbox"/> Acoperire pentru Deces din Accident 10.000 Euro <i>Optional Accidental Death Coverage</i></p>	<p>Data solicitata privind intrarea in valabilitate / <i>Requested Effective Date:</i></p> <p>____ / ____ / ____</p> <p>(zi /luna /an) (dd /mm /yyyy)</p>
--	--

Alegerea indemnizatiei de spitalizare:

- Planul de servicii de spitalizare ofera o gama variata de indemnizatii de spitalizare asigurand alegerea protectiei medicale in functie de nevoile individuale. Indemnizatia zilnica de spitalizare ofera posibilitatea alegerii intre urmatoarele valori zilnice: 50 Euro, 75 Euro, 100 Euro, 125 Euro, 150 Euro, 175 Euro sau 200 Euro.
- Indemnizatia zilnica de spitalizare se plateste incepand cu a 2-a zi de spitalizare (fransiza temporala 1 zi) ca urmare a unei spitalizari continue de 24 de ore in caz de accident si incepand cu a 3-a zi de spitalizare (fransiza temporala 2 zile) ca urmare a unei spitalizari continue de 48 de ore in caz de imbolnavire. Indemnizatia de spitalizare se acorda pentru o perioada maxima de 30 de zile pe intreaga perioada asigurata.
- Indemnizatia se plateste direct Asiguratului dupa prezentarea documentelor doveditoare producerii Evenimentului asigurat si a documentelor de spitalizare.

Choice of Daily Benefit

- The Hospital Cash plan offers a wide range of Daily Benefit Amounts providing a choice in coverage protection to suit one's individual needs. Daily Benefit Amounts include €50, €75, €100, €125, €150, €175 or €200. The Daily Benefit Amount is paid in Lei using National Bank of Romania rate Lei-Euro at the date when the Insured event occurred.
- The chosen Daily Benefit Amount will be payable for the 2-nd day/each hospitalization following a continuous 24-hour hospitalization for an accident or for the 3-rd day each hospitalization following a continuous 48-hour hospitalization following a covered illness in case of coverage chosen for accident and illness, up to a maximum of 30 consecutive days per Policy.
- The cash benefit is paid directly to the Insured after submission of appropriate documentation of the accident and hospital documents.

Sectiunea C - Istoric medical si alte informatii referitoare la spitalizari din accident si/sau imbolnavire.

Medical History and Other Information in Case of Accident and Illness Coverage:

<p>Va rugam sa indicati numele, adresa si telefonul medicului de familie / curant: <i>Please provide Name, Address, and Telephone number of your usual Doctor / GP:</i></p>	<p>Nume / Name:</p> <p>Adresa / Address:</p> <p>Numar telefon / Telephone:</p>
<p>In cazul in care ati schimbat medicul de familie in ultimii 5 ani, va rugam indicati numele, adresa si telefonul medicului precedent: <i>If you have changed your Doctor in the last five years, please also provide Name, Address, and Telephone number of the previous Doctor:</i></p>	<p>Nume / Name:</p> <p>Adresa / Address:</p> <p>Numar telefon / Telephone:</p>
<p>Inaltime (m) / <i>Your Height (meters):</i></p> <p>Greutate (kg) / <i>Your Weight (kgs):</i></p>	
<p>Ati mai avut asigurari sau ati mai fost propus pentru incheierea unei asigurari in ultimii 2 ani sau ati mai depus o cerere la un alt Asigurator? Daca da, cand si la ce Asigurator? <i>Have you effected or proposed for cover on your life within the last two years, or</i></p>	

are you making a concurrent application to any other Insurer? If so, when and to what Insurer?	
<p>Aveti cereri depuse pentru asigurari de viata, boala, accident, sanatate, invaliditate sau cereri de asigurare refuzate, anulate, sau acceptate in conditii speciale sau modificate in vreun fel?</p> <p>Daca da, cand si la ce Asigurator?</p> <p><i>Has any proposal for life, sickness, accident, health or disability insurance on your life, or request for reinstatement thereof, ever been declined, postponed, accepted on special terms or modified in any way? If so, when and by what Insurers?</i></p>	

<p>Se completeaza in cazul Asiguratului - persoana fizica/ To be completed if ensured is individual:</p> <p>Locul nasterii/Birth Place , BI/CI/ID nr/no , seria/series , emis de/ issued by.....la data/date / .../ , Cetatenia/Citizenship , Nationalitatea/Nationality , <input type="checkbox"/> Rezident /Resident <input type="checkbox"/> Nerezident/Non-resident, Ocupatia/Occupation: , Angajator ori natura activitatii proprii/Employer or self employed activity type , Numele beneficiarului real, daca este cazul/ The real beneficiary name, if aplicable , Persoana expusa politic/ Political involment <input type="checkbox"/> Nu/No; <input type="checkbox"/> Da/Yes.</p>
<p>Se completeaza in cazul Asiguratului - persoana juridica/ To be completed if ensured is legal entity:</p> <p>Certificat de inregistrare/documentul de inregistrare la ONRC sau alte autoritati similare/ Registration certificate/registration document with the trade registry or other similar authorities: nr./no. , seria/series , Data/Date / / ;</p> <p>Identitatea persoanelor care, potrivit actelor constitutive si/sau hotararii organelor statutare, sunt investite cu competenta de a conduce si reprezenta entitatea, precum si puterile lor de a angaja entitatea/Registration certificate/registration document with the trade registry or other similar authorities: ,</p> <p>Structura actionariatului/asociatilor/ Shareholder structure / associates: ,</p> <p>Numele/denumirea beneficiarului real/ The real beneficiary name:</p>

Subsemnatul declar ca toate informatiile mentionate in aceasta cerere-chestionar sunt adevarate si nu am ascuns nici o informatie care ar putea influenta acceptarea in asigurare. Ma angajez sa aduc la cunostinta orice modificari care pot avea loc in aceste declaratii inainte de finalizarea contractului, in caz contrar acest fapt poate afecta valabilitatea contractului.

Nerespectarea oricaror materiale si fapte cunoscute poate anula contractul. Orice fapta este de natura sa influenteze acceptul Asiguratorului sau evaluarea propunerii; se va consulta agentul Dvs asupra oricarei indoieli asupra faptului/materialului respectiv.

Subsemnatul este de acord ca Asiguratorul sa solicite informatii medicale de la orice medic cu privire la tot ceea ce afecteaza sanatatea mea fizica sau mentala sau informatii de la orice Asigurator cu privire la orice asigurare din viata mea si autorizez acordarea unor astfel de informatii.

Prin semnarea Cererii-Chestionar, Asiguratul/Contractantul imputerniceste orice unitate medicala, dispensand de obligatia pastrarii secretului profesional, sa furnizeze toate datele/informatiile medicale Asiguratorului, necesare acestuia pentru evaluarea riscului. Asiguratorul va pastra confidentialitatea informatiilor si le va folosi numai in scopul evaluarii riscului.

Asiguratorul isi rezerva dreptul de a verifica starea de sanatate a Asiguratului, prin solicitarea unor investigatii medicale, examene medicale, anumite documente necesare in vederea acceptarii riscului ce urmeaza a fi asigurat. Asiguratorul va suporta doar cheltuielile ocazionate de investigatiile medicale standard solicitate printr-un document in care se confirma faptul ca acestea vor fi facute pe cheltuiala Asiguratorului.

Daca in urma evaluarii riscului, Asiguratorul refuza preluarea in asigurare, acesta nu este obligat sa declare motivele refuzului.

Cererea -Chestionar si toate documentele anexate raman la Asigurator, pastrandu-si caracterul confidential.

I, the Life to be insured declare that to the best of my knowledge and belief all the statements made in this proposal are true and that I have not withheld any information that may influence the acceptance of my proposal. I undertake to inform the Underwriters of any changes to these statements which occur before the contract completes and I understand that failure to do so may affect the validity of the contract.

Failure to disclose any material facts known to me may invalidate the contract. (A material fact is one that is likely to influence the Underwriters' acceptance or assessment of your proposal. You should consult your insurance adviser if in any doubt as to what may be a material fact.)

I, the Life to be assured consent to the Underwriters seeking medical information from any doctor who has attended me concerning anything which affects my physical or mental health or seeking information from any Insurer to whom a proposal has been made for assurance on my life and I, authorise the giving of such information.

Subsemnatul declar ca nu intentionez sa urmez un tratament acordat in regim de spitalizare: Da Nu:

I, the life to be insured declare that I do not plan to have any inpatient treatment: Yes No:

Nume/Prenume, Semnatura Asiguratului: Name/Surname, Signature of Insured:	Data: Date:
---	----------------