

### 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, Middlesea Insurance p.l.c. would not be in a position to confirm acceptance of this offer.

### ALL QUESTIONS MUST BE FULLY ANSWERED

#### 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.	
Tel/Mob. no.	E-mail address	
Address		
Policy no.	Group/Company name (if applicable)	
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?  Yes  No

If "YES", please give details

### 3. CHOOSE TYPE OF COVER REQUIRED (INSURED)

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

Type of cover required	Middlesea Health Insurance Basic Scheme	Middlesea Health Insurance Hospital Scheme	Middlesea Health Insurance 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)

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

### 4. 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 unless such a condition is declared and which Middlesea Insurance p.l.c. did not exclude. Failure to notify Middlesea Insurance 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.

Have you or any of your dependants included in this Proposal Form:

1. Consulted with a general practitioner/family specialist and been provided with prescription drugs or medication within the last five years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Consulted with a specialist in the last five years with an actual or suspected medical condition?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Is there any known or foreseeable need to consult a doctor or any other health professional for any reason?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Been admitted to a hospital, clinic or nursing home in the last five years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Currently taking any medication or is there any foreseeable need to take medication?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Do you undergo regular check ups (such as, but not limited to: mammograms, colonoscopy, bone density, pap smear, ECG, cholesterol, prostate check ups)? If "YES" please provide us with a copy of the most recent results.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Do you suffer 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
8. Been refused Private Medical Insurance or Life Assurance cover?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Are you or any of your beneficiaries currently insured or was/were insured, under another Private Medical Insurance policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "YES" please provide details.		



### Important Note

This is an annual policy. The full annual premium is always due.

Requested commencement date | | | |

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.

### 6. DATA PROTECTION NOTICE

Middlesea Insurance p.l.c. holds, uses and processes information in order to create, evaluate and administer your policy and/or claim. Such information, which is either supplied by you or by the other members of your family, will include personal data about you and any other members of your family if they are also covered by the insurance. Information about you may also be obtained, if and when applicable, from third parties such as medical providers, employers or related persons or organisations from whom such information would be essential for the proper processing of the data within the purpose as stated above. This information will be kept by us in strictest confidence and will only be passed to other parties solely for the detection, prevention and suppressing fraud, and to other companies within the Middlesea Group (or companies acting under our instructions) for the proper processing for those purposes that are compatible with that for which the information has been collected. By signing this declaration you will be giving your consent to the above. The Company is registered with the Office of the Commissioner for Data Protection to process data in accordance with the Data Protection Act 2001.

### 7. 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.

### 8. 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 which you may find in the policy document or on our website. 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.

### HOW TO COMPLAIN

#### STEP 1 – CONTACTING US

The first step is to talk to a member of our staff or of the intermediary if your Proposal was arranged through one. This can be done informally either directly or by telephone. Usually the best staff member to talk to will be the person who dealt with the matter you are concerned about as they will be in the best position to help you promptly and to put things right. If they are not available or you would prefer to approach someone else then ask for the manager or senior person responsible. We will seek to resolve the problem immediately. If we cannot do this then we will take a record of your concern and arrange the best way and time for getting back to you. This will normally be within two working days.

#### STEP 2 – TAKING YOUR COMPLAINT FURTHER

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

Once our Complaints Officer receives a written complaint, s/he will arrange for it to be fully investigated. Your complaint will be acknowledged in writing within five days of receiving it and the letter will say when you can expect a full response. This should normally be within three weeks unless the matter is very complicated such as where other organisations need to be contacted. Where this is the case we will still let you know what action is being taken and tell you when we expect to provide you with 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 the Consumer Complaints Manager at the Malta Financial Services Authority on 8007 4924 or 2144 1155. Following these procedures will not affect your right to take legal action.

### 9. DECLARATION

I/we the undersigned, declare that the information provided in this proposal form is/are true and correct and that I/we have not withheld any material fact and I/we understand this proposal form shall be the basis of the Insurance contract.

I/we consent to Middlesea Insurance p.l.c. to share information with other agents/insurers and Insurance Associations in order to prevent fraudulent claims and for underwriting purposes.

I/we further declare that I/we have no objection and hereby instruct and authorise such person(s) and organisation(s) to provide Middlesea Insurance p.l.c. with full and complete medical or other information and not to withhold any information which in the opinion of the Middlesea Insurance p.l.c. might be relevant to accept this proposal form.

Furthermore I/we agree to reimburse Middlesea Insurance p.l.c. with any costs should they arise as a result of withholding any information and/or provision of incomplete information or incorrect information by me/us and any person or organisations providing information on my/our behalf as aforesaid.

I/we the undersigned consent to Middlesea Insurance p.l.c. to process my/our personal/sensitive data in the manner indicated in this form and as further provided in the Middlesea Insurance Data Protection Notice, as may be amended by Middlesea Insurance p.l.c. from time to time.

Please note that all persons included in this proposal over the age of 18 must sign this declaration in the space below. In the case of persons included in this proposal under the age of 18 years then their parent/legal guardian must sign.

Name	Signature	Date
Signature of main applicant		Date