

DECLARATION OF ACCESS to the Group Health Insurance Contract

Details of the Main Insured

Surname and first name:

PESEL: date of birth:

Place of residence:

city: postcode:
street: building/flat no.:
telephone: e-mail:

Correspondence address:

city: postcode:
street: building/flat no.:
telephone: e-mail:
citizenship: sex:

Details of family members of the Main Insured*

1.

Surname and first name:

PESEL**: date of birth:

Place of residence:

city: postcode:
street: building/flat no.:
telephone: e-mail:

Correspondence address:

city: postcode:
street: building/flat no.:
telephone: e-mail:
citizenship: sex:

Relationship degree with the Main Insured:***

2.

Surname and first name:

PESEL**: date of birth:

Place of residence:

city: postcode:
street: building/flat no.:
telephone: e-mail:

Correspondence address:

city: postcode:
street: building/flat no.:
telephone: e-mail:
citizenship: sex:

Relationship degree with the Main Insured:***

3.

Surname and first name:

PESEL**: date of birth:

Place of residence:

city: postcode:
street: building/flat no.:
telephone: e-mail:

Correspondence address:

city: postcode:
street: building/flat no.:
telephone: e-mail:
citizenship: sex:

Relationship degree with the Main Insured:***

4.

Surname and first name:

PESEL**: date of birth:

Place of residence:

city: postcode:
street: building/flat no.:
telephone: e-mail:

Correspondence address:

city: postcode:
street: building/flat no.:
telephone: e-mail:
citizenship: sex:

Relationship degree with the Main Insured:***

5.

Surname and first name:

PESEL**: date of birth:

Place of residence:

city: postcode:
street: building/flat no.:
telephone: e-mail:

Correspondence address:

city: postcode:
street: building/flat no.:
telephone: e-mail:
citizenship: sex:

Relationship degree with the Main Insured:***

* - if applicable. ** - in case of a child without the Personal Identification Number (PESEL), enter the mother's PESEL. *** - insurance may cover only: a partner of the Main Insured living in the same household (married spouse, unmarried partner) and/or children, i.e. own or adopted children of the Main Insured and/or the Married Spouse or the Unmarried Partner, living on a regular basis in the household of the Main Insured and being his/her dependants, up to 25 years of age.

By entering the Insurance Contract, I express my consent to:

- The processing of my personal data (personal data of my child) by Medicover Försäkrings for the purposes of the implementation of the Contract, and to make available these data to entities of the Medicover Group, being members of the same capital group, listed on the website at www.medicover.pl, and cooperating facilities listed on the website at www.medicover.pl, for the purposes of providing healthcare services.
- Be covered with the Insurance on terms presented to the Insuring Party by Medicover Försäkrings.
- Be represented by the Insuring Party, including for the purposes of making any declarations of will agreed previously with me, needed to change Healthcare Programmes under the Contract concluded on my behalf. This authorisation also includes the right to change my personal data, expressing consent on my behalf to extend the Contract for subsequent periods, including on amended terms, in form and in keeping with the principles specified in General Terms and Conditions of Insurance.
- In accordance with Article 38 of the Act on insurance and reinsurance activity, I authorise Medicover Försäkrings to obtain medical data pertaining to my state of health (state of health of my child) from every physician, who treated me (my child), and from healthcare entities that provided healthcare services to me. At the same time, I grant my consent to make available to Medicover Försäkrings all information and medical documentation pertaining to my state of health (state of health of my child), about which Medicover Försäkrings asks physician and healthcare entities in relation to the conclusion or performance of the Contract.

I confirm that all data included in this declaration are true and consistent with my best knowledge. In case of providing untrue information, Medicover Försäkrings shall not be held liable on terms set forth by the Civil Code. I undertake to notify Medicover Försäkrings AB of any changes of the aforementioned data if they occur before or after concluding the Contract.

Date and signature of the Main Insured:

Date and signatures of Insured: (their parents or guardians)

- 1.
- 2.
- 3.
- 4.
- 5.

DECLARATION OF ACCESS to the Group Health Insurance Contract

General template of the information clause

Basic information on the processing of personal data.	
Data Controller	Medicover Försäkrings AB (publ) S.A. – represented by the Branch in Poland, Al. Jerozolimskie 96, 00-807 Warszawa.
Purposes of the processing	Covering with the health insurance contract, direct marketing of own services of the data controller (including profiling), financial settlements and recovery, complaint handling, archiving and statistics.
Legal basis for the processing	Legal obligation / health insurance contract / your consent / our legitimate interest.
Recipients of data	Other insurance firms, entities processing personal data on behalf of the data controller including, inter alia, IT service providers, entities authorised based on legal regulations, processing data for the purposes of debt recovery, marketing agencies, insurance brokers – whereas such entities shall process data based on the agreement with the controller and only in accordance with instructions of the controller, entities authorised by you.
Sources of data and the data obtained	The entity that concluded the health insurance contract (pertains to persons, to whom services are provided under group contracts), natural person, who signed the application and acquired individual health insurance.
Rights related to the processing of data	Right to object to the processing of data for marketing purposes, right to object to the processing of data due to special situation, right to data portability, right of access to data, other rights referred to in the detailed information on the processing of data.

Detailed information pertaining to the processing of personal data by Medicover Försäkrings AB (publ) S.A. – represented by the branch in Poland, Al. Jerozolimskie 96, 00-807 Warszawa

1. Personal data controller

Medicover Försäkrings AB (publ) S.A. – represented by the Branch in Poland, Al. Jerozolimskie 96, 00-807 Warszawa (hereinafter: we) shall be the Controller of your personal data. You can contact us in the following way:

- by post, to the following address: Client Service Department of Medicover Sp. z o.o., Al. Jerozolimskie 96, 00-807 Warszawa
- via e-mail: dok@medicover.pl
- by telephone: 500 900 500

2. Data protection officer

We have appointed the data processing officer. The data processing officer is a person you may contact with respect to all matters pertaining to the processing of personal data and exercising rights related to the processing of data.

The inspector can be contacted in the following way:

- by post, to the following address: Al. Jerozolimskie 96, 00-807 Warszawa
- via e-mail: IOD_INS@medicover.pl

3. Purposes of the processing and legal basis for the processing

We will process your personal data in order to:

- conclude and implement the healthcare care insurance contract, including assess insurance risk – the legal basis for the processing include the necessity to process data in order to conclude and implement the contract, and the consent to the processing of data pertaining to the state of health;
- assess insurance risk by automated means, as part of customer profiling before concluding the contract – the legal basis for the processing include the legal duty imposed on the controller and the consent to the processing of data pertaining to the state of health;
- provide you with marketing materials pertaining to own products and services of the controller, including carry out the analysis and profiling – the legal basis for the processing include pursuing the legitimate interest by the administrator; the legitimate interest of the controller is carrying out direct marketing of its services;
- pursue claims related to the health insurance contract concluded – the legal basis for the processing include the necessity of the processing in order to pursue the legitimate interest by the administrator; the legitimate interest of the controller is being able to pursue claims.

4. Information on profiling

Based on your personal data, we conduct profiling, i.e. automated evaluation of certain personal aspects relating to you. The purpose of profiling is to properly select communication materials and materials promoting activities of the data controller. Based on your profile, we will select appropriate content of information and promotional materials. The following data are used for the purposes of profiling: customer ID, first name, surname, age, gender, language, date of birth, locality, type

of the product purchased, source of data. Additionally, in the profiling process, we take into account statistical data pertaining to behaviour on websites and preferences expressed on sites and in applications of Medicover Polska.

5. Period for which your personal data will be stored

Data that are processed based on the agreement for healthcare for the purposes of the provision of healthcare services will be stored for the period specified in the agreement for healthcare, legal regulations, and in case of legitimate interest of the data controller (marketing, including profiling), until making an objection.

6. Recipients of your personal data

We will transfer your personal data to:

- entities processing personal data on behalf of and based on the instruction of the data controller including, inter alia, IT service providers, entities processing data for the purposes of debt recovery, marketing agencies, insurance brokers – whereas such entities shall process data based on the agreement with the controller and only in accordance with instructions of the controller;
- entities authorised by legal regulations;
- entities authorised by you.

7. Your rights related to the processing of personal data

You have the following rights related to the processing of personal data:

- a) right to object to the processing of data for marketing purposes, as we process your data for marketing purposes based on our legitimate interest;
- b) right to object to the processing of data due to special situation, when we process your data for marketing purposes based on our legitimate interest;
- c) right of access to your personal data;
- d) right to request rectification of your personal data;
- e) right to request erasure of your personal data, only when we are not obliged by legal regulations to process them;
- f) right to request restriction of the processing of your personal data;
- g) right to personal data portability, i.e. the right to receive from us personal data concerning you, in a structured, commonly used and machine-readable format. You can transmit those data to another data controller or request us to transmit these data to another controller. However, we will transmit these, only where technically feasible.

In order to exercise the aforementioned rights, please contact us or our data protection officer (contact details, in points 1 and 2 above).

Right to lodge a complaint with a supervisory authority

You also have the right to lodge a complaint to a supervisory authority competent for the protection of personal data, i.e. the Inspector General for the Protection of Personal Data.

8. Duty to provide data

The provision of personal data in relation to the contract concluded is necessary in order to conclude and implement the insurance contract and to assess insurance risk – the insurance contract cannot be concluded without providing personal data. Personal data are provided for marketing purposes on a voluntary basis.