

## APPLICATION FOR ENTRY INTO INSURANCE CONTRACT

### Health insurance

The insurer is ERGO Life Insurance SE (registered in Lithuania) which provides services in Estonia through the Estonian branch of ERGO Life Insurance SE (hereinafter also referred to as the Insurer). This application is to be completed by the policyholder or their authorised representative. The applicant is required to provide correct and complete data in the application and notify the insurer of all the circumstances known to the applicant that have an impact on the insurer's decision to enter into the insurance contract or to do so under the agreed additional terms and conditions.

#### PLEASE COMPLETE IN CAPITAL LETTERS

##### POLICYHOLDER

First name and surname/ Name of company \_\_\_\_\_ Personal identification code/registry code/ date of birth \_\_\_\_\_

Citizenship \_\_\_\_\_ Address \_\_\_\_\_  
Street, house no., apartment no. (farm, village), postal code, city or rural municipality and county

Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

Contact person \_\_\_\_\_  I would like to receive the invoice by e-mail

##### INSURED PERSON To be completed if the policyholder and the insured person are different persons

First name and surname/ Name of company \_\_\_\_\_ Personal identification code/registry code/ date of birth \_\_\_\_\_

Citizenship \_\_\_\_\_ Address \_\_\_\_\_  
Street, house no., apartment no. (farm, village), postal code, city or rural municipality and county

Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

##### INSURANCE

Start of the insurance period \_\_\_\_\_ End of the insurance period \_\_\_\_\_ Payment of insurance premiums

Day, month, year Day, month, year

Annual payment	Half-yearly payment	Quarterly payment	Monthly payment	Single payment (for a contract with a term of 3-12 months)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

##### Insurance product

Insurance package for a resident \_\_\_\_\_ Insurance package for a non-resident \_\_\_\_\_ Supplementary insurances \_\_\_\_\_ Insurance premium \_\_\_\_\_

MINI  MINI  Dental insurance  
 MIDI  MIDI  
 MAKSI  MAKSI

Before signing the application, please examine the general terms and conditions of the health insurance contract. Instructions on completing the application and consents can be found on the next page and form an integral part of the application. Your signature confirms that you agree to these and that you have received a copy of the application.

I confirm that I have received and examined the information sheet regarding entry into the contract.

	<b>POLICYHOLDER</b>	<b>INSURER'S REPRESENTATIVE</b>
Place _____	Signature _____	Signature _____
		First name and surname _____
	<b>INSURED PERSON</b>	Name of company _____
Date _____	Signature _____	Registry code _____
Day, month, year		

## INSTRUCTIONS FOR POLICYHOLDER

### ■ Liability for the insurance application

The intermediary (insurer's representative) gives you advice upon entry into the insurance contract and does not have the authorisation to accept oral examinations or information. All explanations and information must be submitted to the Estonian branch of ERGO Life Insurance SE (hereinafter ERGO) in writing. This also applies if you have provided explanations or information to the intermediary (insurer's representative) before reading this provision. Please check that all the information and explanations the intermediary (insurer's representative) has entered in the insurance application or in other documents on your behalf are correct and complete. Corrections must be accompanied by the 'Proper correction' note and the policyholder's signature.

### ■ Legal basis for the insurance contract

Legislation in force in the Republic of Estonia and insurance contract documentation apply to the insurance contract.

### ■ Entry into supplementary life insurance contracts

The existing life insurance contracts do not hinder entry into supplementary life insurance contracts in order to extend the insurance cover.

## CONSENT FOR PROCESSING PERSONAL DATA

Information on the health condition of the insured person submitted to the insurer upon entry into and amendment of the insurance contract in the insurance application is sensitive information for the purposes of the Personal Data Protection Act. The insurance company needs the information in order to assess the insured risk and guarantee insurance cover.

Before granting your consent for processing your health data, please examine the personal data processing principles of ERGO at: [https://www.ergo.ee/files/ergo\\_privaatsuspoliitika.pdf](https://www.ergo.ee/files/ergo_privaatsuspoliitika.pdf) or in an office of ERGO. The personal data processing principles explain in detail the categories of personal data, the purposes of and legal basis for processing, the categories of recipients of personal data, the time limits for storage of data, the rights of the data subject to submit requests for and object to further processing and the procedure for filing complaints. If you have examined the personal data processing principles and agree to these, please grant ERGO the following consent:

- I grant ERGO my consent for processing the health data (data on health, genetic information and/or disability) set out in this application for the purpose of preparing the entry into the contract (incl. assessment of the insured risk, consulting experts and the reinsurer). I agree that in order to assess the insured risk ERGO has the right to consult experts, competent authorities and the reinsurer in order to decide whether and under which terms and conditions to enter into the insurance contract. In order to check and specify the data, ERGO has the right to question the doctors and medical institutions by which I have been or will be examined, treated or cared for.

\_\_\_\_\_

Date

\_\_\_\_\_

(name of the policyholder)

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

\_\_\_\_\_

(name of the insured person)

\_\_\_\_\_

Signature

## ANNEX TO APPLICATION FOR ENTRY INTO INSURANCE CONTRACT

### Risk circumstances questionnaire

You may append the information that you do not want to disclose to the sales representative of ERGO to the application in a sealed envelope that will be sent to the underwriter.

#### INSURED PERSON

First name and surname \_\_\_\_\_ ID code/DOB \_\_\_\_\_

#### 1. Risks endangering health

- 1.1. Does your work pose a threat to your health?  No  Yes (please specify) \_\_\_\_\_
- 1.2. Do you pursue any high-risk hobbies or play any high-risk sports?  No  Yes (please specify) \_\_\_\_\_  
(e.g. motor sports, bungee jumping, boxing, mountaineering or rock climbing, downhill and speed skiing, extreme sports, professional sports)

#### 2. Information on the health of the insured person

- 2.1. Height \_\_\_\_\_ cm Weight \_\_\_\_\_ kg Body mass index \_\_\_\_\_
- 2.2. Do you smoke more than 20 cigarettes a day?  No  Yes
- 2.3. Do you consume more than 0.3 l of strong alcohol, 1.2 l of wine or 1.5 l of beer a week?  No  Yes
- 2.4. Do you regularly take any medications, drugs, sedatives, etc.?  No  Yes (please specify) \_\_\_\_\_
- 2.5. Have you had any of the following health problems during the past five years?  No  Yes (please specify) \_\_\_\_\_
- Respiratory diseases (e.g. asthma, chronic bronchitis, chronic running nose, pneumonia, angina)
  - Cardiovascular diseases (e.g. high blood pressure, heart rhythm disorders, infarction)
  - Digestive organ diseases (e.g. gastritis, ulcer, chronic intestinal inflammation)
  - Endocrine diseases (e.g. diabetes, thyroid diseases, high cholesterol)
  - Spinal, skeletal and joint diseases (e.g. radiculopathy, scoliosis, spondylitis, arthritis, rheumatism)
  - Renal, urinary and sexual organ diseases (e.g. inflammations, stones, tumours)
  - Nervous system and mental disorders (e.g. headaches, migraine, epilepsy, Parkinson's disease, depression, paresis)
  - HIV carrier
  - Traumas, injuries
  - Other health conditions not specified above (incl. pregnancy) or complaints that affect your health and due to which you plan to visit a doctor

#### Please specify the circumstances of the risks endangering health, the health problem or the complaint

(diagnosis or description of complaints, have you recovered or are you undergoing treatment, do you take any medications, etc.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- I am aware that the insurer does not indemnify treatment expenses for a disease or trauma that emerged before entry into force of the insurance contract unless otherwise specified in the insurance terms and conditions.
- I declare that I have provided honest and complete responses to the questionnaire. I am aware that if the information I provided is false, incomplete or misleading, the insurer has the right to cancel the insurance contract as of the moment of its conclusion.

Date \_\_\_\_\_  
DD MM YYYY

#### INSURER'S REPRESENTATIVE

First name and surname \_\_\_\_\_

Signature \_\_\_\_\_

#### INSURED PERSON

Signature \_\_\_\_\_