ERGO Life Insurance SE Estonian branch
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ERGO
Teeme tähtsa lihtsaks

Application for health insurance for not-insured by state insurance

The insurer is ERGO Life Insurance SE (registered in Lithuania), which provides services in Estonia through ERGO Life Insurance SE Estonian branch (hereinafter also referred to as the insurer or ERGO). This application form is to be completed by the policyholder or his/her authorised representative, the health risk questionnaire is to be completed by the insured person. The applicant(s) is obliged to provide correct and complete information in the application and to inform the insurer of all circumstances known to him/her that have an impact on the insurer's decision to conclude the insurance contract or to do so under agreed additional conditions.

POLICYHOLDER

First and last name/ Name of company	Personal ID/ Registration number/ Date of birth
Citizenship	Telephone
Address	
(Street, house number, flat number (farm, village), postcode, town or municipality and county)	
E-mail	☐ I want an invoice by e-mail
Contact person	

INSURED PERSON

To be completed if the policyholder and the insured person are different

First and last name	Personal ID/ Date of birth
Citizenship	Telephone
Address	
(Street, house number, flat number (farm, village), postcode, town or municipality and county)	
E-mail	

INSURANCE

Start of the insurance period Day, month, year NB! We can issue the policy from the first (1st) or fourteenth (14th) day of the calendar month.	End of the insurance period Day, month, year

Payment of insurance premium	☐ Annual payment	☐ Semi-annual	☐ Quarterly	☐ Monthly installment

1. Health risks

1.1. Does your occupation involve any health risks?	☐ Yes (please specify)	☐ No
1.2. Are you involved in any high-risk hobbies or sports?	☐ Yes (please specify)	☐ No
Examples of high-risk hobbies and sports are motor sports, bungee jumping, boxing, mountaineering or rock climbing, speed skiing or downhill skiing, extreme sports.		
1.3. Do you practise professional sports?	☐ Yes (please specify)	☐ No
Professional sports (i.e professional athleticism) refers to sporting activities that constitute the athlete's primary source of income and occupation.		

1.4. Height	Weight	Body Mass Index
cm	kg	=body weight (kg) / (height(m) x height(m))

CONSENT TO PROCESS PERSONAL DATA

Please read the General Terms and Conditions and the Special Terms and Conditions of Health Insurance Contracts before concluding the insurance contract. The questionnaire on health risks and the insured person's consent to the processing of personal data are an integral part of the application and by paying the premium you confirm that you agree with them.

In order to assess the insurance risk and provide insurance cover, the insurer needs to process your personal data, including data on health risks contained in the application.

Please read ERGO's personal data processing principles at https://ergo.ee/en/personal-data-protection or at ERGO's office before agreeing to the processing of your personal data. Once you have read the personal data processing principles, please give your consent below.

You can withdraw your consent by notifying us by e-mail elukindlustus@ergo.ee or by phone +372 610 6677. The withdrawal of consent does not affect the lawfulness of processing of personal data carried out prior to the withdrawal of consent. If you withdraw your consent before the contract is concluded, we will not be able to conclude the insurance contract.

DECLARATIONS AND CONSENTS OF THE INSURED PERSON

☐ **I am aware that the insurer will not reimburse the costs of treatment for illness or injury that occurred before the insurance contract came into effect, unless otherwise stated in the insurance terms and conditions.**

☐ **I confirm that the above information is true and complete. I am aware that if the information I have provided is false, incomplete or misleading, the insurer has the right to withdraw from the insurance contract.**

☐ **I hereby give my consent to ERGO Life Insurance SE Estonian branch to process the personal data I have provided to ERGO for the purpose of preparing the insurance contract and assessing risks (including consulting with doctors, medical institutions, experts and reinsurers).**

DATE	INSURED PERSON
Day, month, year	Signature