DECLARATION OF JOINING
GROUP HEALTH INSURANCE

Please complete in capital letters.
In order to be valid, the Declaration shall be signed by all persons joining the insurance.

☐ **ACCEPTANCE FORM**

☐ **DECLARATION OF CHANGES**

Insuring party
LUX MED Sp. z o.o.

Client LUX MED
.....

Insurance type
☐ Individual ☐ Family
☐ Partner ☐ Parent

Main Insured
Surname:.....
Name(s):.....
Sex: ☐ F ☐ M Date of birth: ___ ___ _____
Personal ID No. (PESEL): _____

When the person joining the insurance is a foreigner:
Nationality:.....
Passport No.:.....

Telephone: _____
E-mail:.....
Position:.....
Declared Main Cover Area*:.....
**City/Town in which the Insured will mostly exercise health care benefits*

Address for correspondence:
Street:.....
Building No: ___ Apartment No: ___ Postal code: ___ – ___
City/Town:.....

Statements by the Main Insured

Statements:

	yes*
1. I hereby declare that I have received complete terms of the Insurance Agreement, including General and Specific Terms and Conditions for Insurance and that I had read them before giving consent to conclude the Insurance Agreement.	☐
2. I hereby authorise healthcare entities to provide LMG Försäkrings AB Branch in Poland information about any services provided to me, including those indicating, even indirectly, my health condition.	☐
3. I hereby consent to the disclosure of my personal data, including data on my health status, to reinsurance entities which will take reassurance actions relating to reinsurance of the risks assumed by the Insurer under the Insurance Agreement.	☐

yes

Marketing clauses:

☐ I hereby consent to obtaining marketing communications from LMG Försäkrings AB S.A. Branch in Poland and other LUX MED Group entities, the purpose of which is to promote services and products offered by these entities, inform about events regarding their activity and promote pro-health lifestyle, for that purpose using the following data:

- ☐ e-mail address (receiving e-mails)
- ☐ telephone number (receiving text and multimedia messages and incoming calls)

☐ I hereby consent to the processing my personal data obtained during ordering, using services of such entities or provided by me in their contact forms for marketing purposes, including by profiling, by LMG Försäkrings AB S.A. Branch in Poland and other LUX MED Group entities. This consent applies to any data regarding my person, including information on the manner in which I use services offered by the above-mentioned entities.

___ ___ _____ _____
date signature of the Main Insured

At the end of the acceptance form you will find information on the personal data controller, the legal basis, purposes for processing your personal data and other matters related to the processing of the data provided to us.
** Acceptance of statements 1-3 is voluntary, however failure to accept them may result in the lack of possibility to take out insurance. Marketing consents are voluntary and do not affect on insurance performance.*

LMG Försäkrings AB
Branch in Poland
ul. Postępu 21C
02-676 Warsaw

t: 22 450 45 00
22 450 50 10
f: 22 331 85 85

District Court for the Capital City of Warsaw in Warsaw
13th Commercial Division of the National Court Register
KRS number: 0000395438

Tax ID No (NIP): 108 001 14 94
Statistical ID No (REGON): 145156729
Share capital: EURO 4,800,000.00

LUXMED UBEZPIECZENIA

Co-Insured (Family members)

1. Co-Insured/Parent

Family relationship towards the Main Insured: ☐ Spouse ☐ Partner ☐ Child ☐ Parent

Surname:.....

Name(s):.....

Sex: ☐ F ☐ M Date of birth: ....

Personal ID No. (PESEL):: .....

When the person joining the insurance is a foreigner:

Nationality:.....

Passport No.:.....

Telephone: .....

E-mail:.....

Position:.....

Declared Main Cover Area*:.....

**City/Town in which the Insured will mostly exercise health care benefits*

Address for correspondence:

Street:.....

Building No: ..... Apartment No: ..... Postal code: ..... – .....

City/Town:.....

Statements of the Co-Insured 1/Parent

	yes*	yes
Statements:		
1. I hereby declare that I have received complete terms of the Insurance Agreement, including General and Specific Terms and Conditions for Insurance and that I had read them before giving consent to conclude the Insurance Agreement.	☐	
2. I hereby authorise healthcare entities to provide LMG Försäkrings AB Branch in Poland information about any services provided to me, including those indicating, even indirectly, my health condition.	☐	
3. I hereby consent to the disclosure of my personal data, including data on my health status, to reinsurance entities which will take reassurance actions relating to reinsurance of the risks assumed by the Insurer under the Insurance Agreement.	☐	

Marketing clauses:

☐ I hereby consent to obtaining marketing communications from LMG Försäkrings AB S.A. Branch in Poland and other LUX MED Group entities, the purpose of which is to promote services and products offered by these entities, inform about events regarding their activity and promote pro-health lifestyle, for that purpose using the following data:

- ☐ e-mail address (receiving e-mails)
- ☐ telephone number (receiving text and multimedia messages and incoming calls)

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....

date signature of the Co-Insured**/Parent

At the end of the acceptance form you will find information on the personal data controller, the legal basis, purposes for processing your personal data and other matters related to the processing of the data provided to us.

** Acceptance of statements 1-3 is voluntary, however failure to accept them may result in the lack of possibility to take out insurance. Marketing consents are voluntary and do not affect on insurance performance.*

*** In case of minors his/her parent or other statutory representative should sign the acceptance form with his/her name and surname.*

2. Co-Insured/Parent

Family relationship towards the Main Insured: ☐ Spouse ☐ Partner ☐ Child ☐ Parent

Surname:.....

Name(s):.....

Sex: ☐ F ☐ M Date of birth: ....

Personal ID No. (PESEL):: .....

When the person joining the insurance is a foreigner:

Nationality:.....

Passport No.:.....

Telephone: .....

E-mail:.....

Position:.....

Declared Main Cover Area*:.....

**City/Town in which the Insured will mostly exercise health care benefits*

Address for correspondence:

Street:.....

Building No: ..... Apartment No: ..... Postal code: ..... – .....

City/Town:.....

Statements of the Co-Insured 2/Parent

yes* yes

Statements:

1. I hereby declare that I have received complete terms of the Insurance Agreement, including General and Specific Terms and Conditions for Insurance and that I had read them before giving consent to conclude the Insurance Agreement. ☐
2. I hereby authorise healthcare entities to provide LMG Försäkrings AB Branch in Poland information about any services provided to me, including those indicating, even indirectly, my health condition. ☐
3. I hereby consent to the disclosure of my personal data, including data on my health status, to reinsurance entities which will take reassurance actions relating to reinsurance of the risks assumed by the Insurer under the Insurance Agreement. ☐

Marketing clauses:

☐ I hereby consent to obtaining marketing communications from LMG Försäkrings AB S.A. Branch in Poland and other LUX MED Group entities, the purpose of which is to promote services and products offered by these entities, inform about events regarding their activity and promote pro-health lifestyle, for that purpose using the following data:

- ☐ e-mail address (receiving e-mails)
- ☐ telephone number (receiving text and multimedia messages and incoming calls)

☐ I hereby consent to the processing my personal data obtained during ordering, using services of such entities or provided by me in their contact forms for marketing purposes, including by profiling, by LMG Försäkrings AB S.A. Branch in Poland and other LUX MED Group entities. This consent applies to any data regarding my person, including information on the manner in which I use services offered by the above-mentioned entities.

date signature of the Co-Insured**/Parent

At the end of the acceptance form you will find information on the personal data controller, the legal basis, purposes for processing your personal data and other matters related to the processing of the data provided to us.

** Acceptance of statements 1-3 is voluntary, however failure to accept them may result in the lack of possibility to take out insurance. Marketing consents are voluntary and do not affect on insurance performance.*

*** In case of minors his/her parent or other statutory representative should sign the acceptance form with his/her name and surname.*

3. Co-Insured/Parent

Family relationship towards the Main Insured: ☐ Spouse ☐ Partner ☐ Child ☐ Parent

Surname: .....

Name(s): .....

Sex: ☐ F ☐ M Date of birth: ....

Personal ID No. (PESEL): .....

When the person joining the insurance is a foreigner:

Nationality: .....

Passport No.: .....

Telephone: .....

E-mail: .....

Position: .....

Declared Main Cover Area*: .....

**City/Town in which the Insured will mostly exercise health care benefits*

Address for correspondence:

Street: .....

Building No: ..... Apartment No: ..... Postal code: ..... – .....

City/Town: .....

Statements of the Co-Insured 3/Parent

yes* yes

Statements:

1. I hereby declare that I have received complete terms of the Insurance Agreement, including General and Specific Terms and Conditions for Insurance and that I had read them before giving consent to conclude the Insurance Agreement. ☐
2. I hereby authorise healthcare entities to provide LMG Försäkrings AB Branch in Poland information about any services provided to me, including those indicating, even indirectly, my health condition. ☐
3. I hereby consent to the disclosure of my personal data, including data on my health status, to reinsurance entities which will take reassurance actions relating to reinsurance of the risks assumed by the Insurer under the Insurance Agreement. ☐

Marketing clauses:

☐ I hereby consent to obtaining marketing communications from LMG Försäkrings AB S.A. Branch in Poland and other LUX MED Group entities, the purpose of which is to promote services and products offered by these entities, inform about events regarding their activity and promote pro-health lifestyle, for that purpose using the following data:

- ☐ e-mail address (receiving e-mails)
- ☐ telephone number (receiving text and multimedia messages and incoming calls)

☐ I hereby consent to the processing my personal data obtained during ordering, using services of such entities or provided by me in their contact forms for marketing purposes, including by profiling, by LMG Försäkrings AB S.A. Branch in Poland and other LUX MED Group entities. This consent applies to any data regarding my person, including information on the manner in which I use services offered by the above-mentioned entities.

date signature of the Co-Insured**/Parent

At the end of the acceptance form you will find information on the personal data controller, the legal basis, purposes for processing your personal data and other matters related to the processing of the data provided to us.

** Acceptance of statements 1-3 is voluntary, however failure to accept them may result in the lack of possibility to take out insurance. Marketing consents are voluntary and do not affect on insurance performance.*

*** In case of minors his/her parent or other statutory representative should sign the acceptance form with his/her name and surname.*

4. Co-Insured/Parent

Family relationship towards the Main Insured: ☐ Spouse ☐ Partner ☐ Child ☐ Parent

Surname:.....

Name(s):.....

Sex: ☐ F ☐ M Date of birth: ___ ___ _____

Personal ID No. (PESEL): _____

When the person joining the insurance is a foreigner:

Nationality:.....

Passport No.:.....

Telephone: _____

E-mail:.....

Position:.....

Declared Main Cover Area*:.....

**City/Town in which the Insured will mostly exercise health care benefits*

Address for correspondence:

Street:.....

Building No: ___ Apartment No: ___ Postal code: ___ – ___

City/Town:.....

Statements of the Co-Insured 4/Parent

Statements:

	yes*
1. I hereby declare that I have received complete terms of the Insurance Agreement, including General and Specific Terms and Conditions for Insurance and that I had read them before giving consent to conclude the Insurance Agreement.	☐
2. I hereby authorise healthcare entities to provide LMG Försäkrings AB Branch in Poland information about any services provided to me, including those indicating, even indirectly, my health condition.	☐
3. I hereby consent to the disclosure of my personal data, including data on my health status, to reinsurance entities which will take reassurance actions relating to reinsurance of the risks assumed by the Insurer under the Insurance Agreement.	☐

Marketing clauses:

	yes
I hereby consent to obtaining marketing communications from LMG Försäkrings AB S.A. Branch in Poland and other LUX MED Group entities, the purpose of which is to promote services and products offered by these entities, inform about events regarding their activity and promote pro-health lifestyle, for that purpose using the following data:	☐
e-mail address (receiving e-mails)	☐
telephone number (receiving text and multimedia messages and incoming calls)	☐
I hereby consent to the processing my personal data obtained during ordering, using services of such entities or provided by me in their contact forms for marketing purposes, including by profiling, by LMG Försäkrings AB S.A. Branch in Poland and other LUX MED Group entities. This consent applies to any data regarding my person, including information on the manner in which I use services offered by the above-mentioned entities.	☐

date _____ signature of the Co-Insured**/Parent _____

At the end of the acceptance form you will find information on the personal data controller, the legal basis, purposes for processing your personal data and other matters related to the processing of the data provided to us.

** Acceptance of statements 1-3 is voluntary, however failure to accept them may result in the lack of possibility to take out insurance. Marketing consents are voluntary and do not affect on insurance performance.*

*** In case of minors his/her parent or other statutory representative should sign the acceptance form with his/her name and surname.*

This document in its English version is only of informative character. In case of any interpretation doubts or discrepancies between Polish and English version, the Polish one is applicable.

LUXMED UBEZPIECZENIA

Information obligation

Below you will find all necessary information on the processing of your personal data regarding being covered by insurance by LMG Försäkrings AB S.A. Branch in Poland

<table>
<tr><td>Who is my personal data controller?</td><td colspan="2">The Administrator of your data for the purpose of insurance coverage is LMG Försäkrings AB S.A. with its registered seat in Stockholm (102 51), Sweden, Box 27093, acting via its Branch in Poland with its registered seat in Warsaw (02-676) at ul. Postępu 21C (hereinafter referred to as “LMG”).
If you have consented to the processing of your data for marketing purposes or in order to receive marketing communication from us, the administrators of your data are entities which are part of the LUX MED Group, the list of which you will find in each LUX MED facility and at www.luxmed.pl.</td></tr>
<tr><td>Who can I contact with regard to the processing my personal data?</td><td colspan="2">On any matter relating to the processing your personal data by LMG you may contact our Data Protection Officer at:
Katarzyna Pisarzewska
e-mail: daneosobowe@luxmed.pl.</td></tr>
<tr><td>What is the source of my data – how are they obtained?</td><td colspan="2">Insurance coverage becomes effective on the basis of an agreement concluded between LMG and the entity which is your employer. Your data is shared by your employer, as stated in the above declaration. If you are the employee’s next of kin – he or she passes your declaration to your employer so that he/she can register you for insurance coverage or ask you to deliver declaration on your own.</td></tr>
<tr><td>What is the scope of the processing of my personal data?</td><td colspan="2">First of all, we need to receive information on you being covered by insurance. In order to do that, we need your following data: first name, surname, PESEL number, sex and date of birth, the main city where care is provided, place of residence, and if you are a foreigner: citizenship and passport number. Furthermore, you may provide us with your e-mail address and telephone number, however these data are not necessary to provide you with insurance coverage.
When using insurance we can ask you to provide us with your health data as necessary for the process of loss adjustment.</td></tr>
<tr><td rowspan="5">What is the purpose of the processing of my personal data?</td><td colspan="2">We process your personal data as an insurance company and the purpose of this processing is to assess the insurance risk and to implement the insurance contract (loss adjustment), which means that:</td></tr>
<tr><td>The purpose of processing</td><td>Legal basis
(full names of legal acts are provided at the end of the form)</td></tr>
<tr><td>First of all, we need to accept your declaration of insurance coverage. This will allow us to determine your identity before providing a health service, as well as will enable us to perform the contract and contact you. As an insurance company, we are required by law to perform an insurance risk assessment before concluding an insurance contract.</td><td>Article 6 (1)(b) of the GPDR in relation to Article 41 (1) of the Act on insurance activity.</td></tr>
<tr><td>As the personal data controller which is an entrepreneur, we are entitled to enforce claims with regard to the business activity we conduct and by this to process your personal data for this purpose.</td><td>Article 6 (1)(b) and (f) of the GPDR, as the so-called legitimate interest of the controller, namely enforcing our claims and defending our rights.</td></tr>
<tr><td>As an entrepreneur we also maintain accounting books and we have tax obligations – we issue e.g. receipts for the performed services, what may involve the necessity of processing your personal data.</td><td>Article 6 (1)(c) of the GPDR in relation to Article 74 (2) of the Accounting Act of 29 September 1994.</td></tr>
<tr><td>Are my data processed in any other way?</td><td colspan="2">One of the ways we process data is the so-called profiling. Profiling consists in creating our clients’ preference profiles on the basis of the information about you and adapting our services and content we send you in accordance with these profiles. We wish to ensure you that we do not process your data in a fully automated way, without human intervention.</td></tr>
<tr><td>To whom are my personal data transferred?</td><td colspan="2">Due to the necessity of ensuring proper organisation, e.g. the IT infrastructure or current matter regarding our activity as entrepreneurs, your personal data may be transferred only to the following categories of recipients:
• service providers which supply LMG with technical and organisational solutions enabling provision of services and managing our organisation (in particular providers of IT telecommunication services and postal and courier companies),
• providers of legal and advisory services and those supporting LMG in asserting claims to which we are entitled (in particular law firms, debt collection agencies),
• reinsurance companies which will perform reinsurance activity in the scope of reinsurance of risk assumed by LMG under the insurance contract,
• healthcare entities providing healthcare services under the insurance contract.</td></tr>
<tr><td>Are my data transferred outside the European Union?</td><td colspan="2">Due to the fact that we use other providers’ services, e.g. in the scope of the ICT structure, your data may be transferred outside the territory of the European Union. We assure you that in such a case, the transfer of data takes place on the basis of an appropriate agreement between LMG and this entity which includes standard data protection clauses approved by the European Commission.</td></tr>
<tr><td>How long are my personal data processed?</td><td colspan="2">We store your personal data for a period of 3 years after the expiration/termination of the insurance contract. Without prejudice to this time limit, if data were processed by us in order to enforce claims (e.g. in collection proceedings), we process data for this purpose within the statue of limitation, resulting from the provisions of the Civil Code. Any data processed for the accounting and tax purposes are kept for 5 years counted from the end of the calendar year in which the tax obligation arose. After the above-mentioned time spans lapse, your data are deleted or made anonymous.</td></tr>
<tr><td>Am I obliged to provide my data?</td><td colspan="2">Conclusion of an insurance contract with us is fully voluntary, however, as an insurance company we are obliged to record your identity and to carry out an insurance risk assessment using your personal data. In this case, failure to provide data may result in the inability to conclude an insurance contract or to pay benefit. Also, for accounting or tax reasons we are under legal obligation to process your data. Not providing the data may e.g. make it impossible to issue an invoice or a personalised bill for you.
It is voluntary to provide us with your telephone number or e-mail address – not providing such data will not result in refusing to provide insurance coverage, however it will make it significantly more difficult for us to contact you as we perform the contract, e.g.in the course of settlement of claims.</td></tr>
<tr><td>What rights do I have?</td><td colspan="2">As your personal data controller, we ensure you access to your data, you may also correct them, demand deleting them or limiting their processing. You may also exercise your right to present objection against LMG in regard to processing your personal data as well as the right to transfer your data to other data controller. If you want to exercise any of these rights, contact us via helpline, website or our Data Protection Officer.
Also, we wish to inform you that you are entitled to lodge a complaint to the authority which supervises the observation of personal data protection.</td></tr>
<tr><td>Definitions and abbreviations</td><td colspan="2">GPDR – Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data, and repealing Directive 95/46/EC;
Act on insurance activity – Act of 11 September 2015 on insurance and reinsurance activity.</td></tr>
</table>