

## APPLICATION FOR THE PAYMENT OF A BENEFIT

**SELECT THE BENEFIT PAYMENT OPTION YOU WISH TO USE**

**Available reimbursement options within our insurance offerings:**

- ☐ Freedom of Treatment    ☐ Availability Standards    ☐ Friendly Transition    ☐ Dental Emergency

## 1. DETAILS OF THE INSURED PARTY WHO USED A PAID HEALTHCARE SERVICE

First name: ..... Surname: .....

Personal

ID No: \_\_\_\_\_ Date of birth: 

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

[illegible]

Date of birth: | D | | D | | M | | M | | Y | | Y | | Y | | Y |

The Personal ID No (PESEL) is required first. If it is missing, please provide the date of birth and information regarding the identity document:

Identity document type: ..... Series: ..... Number: .....

## 2. DETAILS OF THE PARENT OR STATUTORY REPRESENTATIVE

First name: ..... Surname: .....

Personal

ID No: \_\_\_\_\_ Date of birth: 

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

[illegible]

Date of birth: | D | | D | | M | | M | | Y | | Y | | Y | | Y |

The Personal ID No (PESEL) is required first. If it is missing, please provide the date of birth and information regarding the identity document:

Identity document type: ..... Series: ..... Number: .....

- ☐ I represent that I am the parent/statutory representative of the person indicated in item 1 of the application (the Insured Party).

### 3. CONTACT DETAILS OF THE INSURED PARTY OR STATUTORY REPRESENTATIVE

**3. CONTACT DETAILS OF THE INSURED PARTY / OR STATUTOR / REPRESENTATIVE**  
(Correspondence address regarding the submitted application)

Street: ..... Building No: ..... Unit No: .....

City/town: ..... Postal code: | | - | | |

Email address: ..... Phone No: +48 | | | | | | | | | |

- ☐ Yes ☐ No I consent to receiving correspondence related to the execution of the application via electronic means, particularly to the provided e-mail address and phone number.

**By consenting to e-mail communication, you will receive a faster decision in your case. If you do not consent, correspondence will be sent by regular mail.**

**LMG FÖRSÄKRINGS AB S.A.**  
**ODDZIAŁ W POLSCE**

**GRUPA LUXMED**

luxmed.pl

**LMG FÖRSÄKRINGS AB S.A.**

Oddział w Polsce  
 GRUPA LUXMED 

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

**luxmed.pl** Tax ID No (NIP): 108 001 14 94, Statistical ID No (REGON): 145156729

#### 4. INFORMATION ABOUT COMPLETED HEALTHCARE SERVICES

Item	Invoice/personal receipt number	Date of provision of the healthcare service	Name of healthcare service, e.g. neurologist, ophthalmologist	Cost of healthcare service (according to invoice/receipt)	Reason for using insurance – select: illness, injury, pregnancy
		DD-MM-YYYY			
		DD-MM-YYYY			
		DD-MM-YYYY			
		DD-MM-YYYY			
		DD-MM-YYYY			

\* Complete the table data based on the invoice or personal receipt for the healthcare services provided.

In case of injury, describe the circumstances of the accident:

.....

.....

.....

#### Remember to attach documents



- copies of the invoice/personal receipt
- copies of the referral, if the healthcare service requires it. Alternatively, you can attach a copy of medical documentation that confirms the issuance of the referral.

#### The invoice/personal receipt must contain:

- details of the Insured Party, i.e. at least: first and last name, address; in the case of a child under the age of 18, a document should be issued to the statutory representative, and it should contain the child's details;
- a list of healthcare services provided to the Insured Party together with the name of the service or a copy of the documentation of the completed healthcare service;
- the number of healthcare services of a given type;
- the date of provision of the healthcare service;
- the unit price of each healthcare service provided.

#### 5. PAYMENT DETAILS

Account No:

Account holder: .....

#### 6. SEND THE COMPLETED APPLICATION TOGETHER WITH DOCUMENTS TO THE FOLLOWING ADDRESS



[roszczenia.ubezpieczenia@luxmed.pl](mailto:roszczenia.ubezpieczenia@luxmed.pl)

or



**LMG Försäkrings AB S.A. Branch in Poland,**

ul. Szturmowa 2, 02-678 Warsaw,

Write "Dział Likwidacji Roszczeń" on the envelope with the documents.

Attach a scan or photo of the personally signed application and documentation to the message.

**LMG FÖRSÄKRINGS AB S.A.**  
ODDZIAŁ W POLSCE

GRUPA LUXMED 

[luxmed.pl](http://luxmed.pl)

LMG Försäkrings AB S.A. Branch in Poland  
Szturmowa 2 Street, 02-678 Warsaw  
t: 22 450 45 00, 22 450 50 10

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

Tax ID No (NIP): 108 001 14 94, Statistical ID No (REGON): 145156729  
Share capital: EURO 5 800 000,00

## 7. REPRESENTATIONS

Providing representations is voluntary but necessary for processing the application.

☐ Yes ☐ No

I authorise healthcare institutions to provide LMG with information about services provided to me, including those indirectly indicating my health.

☐ Yes ☐ No

I consent to my personal data, including data on my health status, to be disclosed to reinsurance institutions which will perform the reinsurance activity within the scope of the risk reinsurance adopted by the Insurer under the Insurance Agreement.

Date

City/town

Signature

**LMG FÖRSÄKRINGS AB S.A.**  
**ODDZIAŁ W POLSCE**

**GRUPA LUXMED** 

**luxmed.pl**

LMG Försäkrings AB S.A. Branch in Poland  
Szturmowa 2 Street, 02-678 Warsaw  
t: 22 450 45 00, 22 450 50 10

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

Tax ID No (NIP): 108 001 14 94, Statistical ID No (REGON): 145156729  
Share capital: EURO 5 800 000,00

## 8. DATA PROCESSING INFORMATION

Below you will find all necessary information regarding the processing of your personal data in connection with providing insurance coverage to you, as well as submitting an application for the payment of a benefit.

<b>Who is the controller of your data?</b>	<p>The controller of your personal data is LMG Försäkrings AB S.A. with its registered office in Stockholm (102-51), Sweden, Box 27093, operating through its Branch in Poland with its registered office in Warsaw (02-678) at ul. Szturmowa 2 (hereinafter referred to as "LMG" or "Insurer").</p> <p>If you have given us an additional consent to the processing of your personal data for marketing purposes or as part of receiving marketing communications from us using an e-mail address and/or telephone number, the controller of your personal data is the LUX MED Group entities whose list is available at <a href="http://www.luxmed.pl">www.luxmed.pl</a> in the Personal Data section.</p>
<b>Who can you contact regarding the processing of personal data?</b>	<p>In all matters relating to our processing of your personal data, you can contact the Data Protection Officer, Ms Katarzyna Piszczewska, by writing to the following e-mail address: <a href="mailto:daneosobowe@luxmed.pl">daneosobowe@luxmed.pl</a>.</p>
<b>What is the source of data – where is it obtained from?</b>	<p>The insurance coverage is provided on the basis of an agreement concluded between us and the Policyholder who submits you for insurance coverage. If you make a declaration through an electronic platform, the following types of your personal data:</p> <ul style="list-style-type: none"><li>• first name</li><li>• surnames</li><li>• Personal ID No (PESEL) (if date of birth was not provided)</li><li>• e-mail address</li></ul> <p>are provided to us by the Policyholder. If you are a co-insured person, the above data are provided to us by the Main Insured Party reporting you for insurance coverage.</p> <p>If you join the insurance by filling in a paper declaration, the declaration together with your full personal details, which you complete to the extent indicated in the following section, is provided to us through the entity submitting you for the insurance coverage. (This does not apply to a medical questionnaire which, if required, you provide to us directly.) You provide us with other data necessary to enable the provision of the services covered by Insurance through the use of Insurance coverage.</p>
<b>What is the scope of the personal data we process?</b>	<p>We process personal data to the extent necessary to verify your identity, conduct an insurance risk assessment and provide the services covered by Insurance. The scope of the data we process includes:</p> <ul style="list-style-type: none"><li>• full name</li><li>• Personal ID No (PESEL)</li><li>• gender</li><li>• date of birth</li><li>• residence address</li><li>• main place of care</li></ul> <p>If you are a foreigner, we will ask you to additionally provide the following:</p> <ul style="list-style-type: none"><li>• citizenship</li><li>• passport number</li></ul> <p>In order to enable you to submit a declaration of joining insurance coverage via the electronic platform and to facilitate the subsequent process of providing services, we may also ask you for the following:</p> <ul style="list-style-type: none"><li>• phone number</li><li>• e-mail address</li></ul> <p>Depending on the content of the Insurance Agreement concluded with us, the Policyholder may ask you to complete a medical questionnaire, which is an element of the insurance risk assessment. It will include questions about your age, weight, height, health condition, information about your profession or job position, its characteristics and your employer. We will be able to approach you or, if you grant us an appropriate authorisation, we will be able to approach the healthcare entities you have used or are using to obtain your medical records, information about your health or other information necessary to make a decision on the provision of a service, correct coordination or winding-up of a claim. If, for the purposes referred to in the preceding sentence, it is necessary to obtain your medical records, we will ask you to provide us with a copy of it to the extent necessary, or on the basis of your consent, we will request the relevant medical authorities to make the said records available.</p> <p>Your consent to the processing of data for marketing purposes includes any information you have provided to us in the course of your relationship with us, including identifying information such as: first and last name, gender, date of birth, age, place, scope of Insurance. However, we assure you that, as part of our marketing activities, we will never use your medical records that you have provided to us or that we obtain from a healthcare professional under your appropriate authorisation – this information may only be accessed by authorised persons. When sending marketing communications, we may use your e-mail and/or phone number based on separate consent.</p>

**LMG FÖRSÄKRINGS AB S.A.**  
**ODDZIAŁ W POLSCE**

**GRUPA LUXMED** 

[luxmed.pl](http://luxmed.pl)

LMG Försäkrings AB S.A. Branch in Poland  
Szturmowa 2 Street, 02-678 Warsaw  
t: 22 450 45 00, 22 450 50 10

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

Tax ID No (NIP): 108 001 14 94, Statistical ID No (REGON): 145156729  
Share capital: EURO 5 800 000,00

**We process personal data as an insurance entity and the purpose of this processing is to assess the insurance risk and to perform the Insurance Agreement, which we understand as follows:**

	Purpose of processing	Legal basis (full names of legal instruments can be found at the end of the form)
What is the purpose of the processing of your personal data?	<ul style="list-style-type: none"> <li>Establishing your identity before providing you with a service and enabling us to perform the agreement and contact you.</li> <li>Performance of an insurance risk assessment prior to the conclusion of the agreement and the processing of personal data in the course of its performance.</li> <li>On the basis of consents granted separately by you to acquire from the healthcare entities you have used or are using your medical records and making them available to healthcare entities which, as part of insurance coverage, are supposed to provide medical services. LMG also processes the information on your health contained in the documentation in question.</li> </ul>	Article 6(1)(b) of the GDPR in conjunction with Article 4(1) of the Insurance Act.
	<ul style="list-style-type: none"> <li>If you have shared your opinion on the services or made a complaint, we may process your personal data in order to examine the notification and respond to it.</li> </ul>	Article 6(1)(f) of the Regulation, as the so-called legitimate interest of the controller, which is the processing of claims and the protection of the Insurer's interests.
	<ul style="list-style-type: none"> <li>As a data controller being an entrepreneur, we have the right to pursue claims for our business activity and process your data for this purpose.</li> </ul>	Article 6(1)(b) and (f) of the GDPR, as the so-called legitimate interest of the controller, which is the pursuit of our claims and protection of our rights.
	<ul style="list-style-type: none"> <li>As an entrepreneur, we keep accounting books and have tax obligations – we issue invoices for the services we render, which may involve the need to process personal data.</li> </ul>	Article 6(1)(c) of the GDPR in conjunction with Article 74(2) of the Accounting Act of 29 September 1994.
	<ul style="list-style-type: none"> <li>If you have consented to the processing of your personal data for marketing purposes, we may process your personal data for marketing communications to you concerning the LUX MED Group's activities, such as in particular offers, information on services, promotions, events organised by LUX MED Group members and pro-health articles. Based on your consent, we may also process your personal data obtained in the course of our cooperation for marketing purposes. As part of this consent, we can also engage in the so-called profiling, which involves the automatic assessment of certain personal factors that concern you. The purpose of profiling carried out by LMG is to select the appropriate content of (marketing and promotional) materials we provide to you.</li> </ul>	Article 6(1)(a) of the Regulation (voluntary consent).
Is your data processed by automated means?	As part of our insurance risk assessment, we may process your personal data (including special categories of health data) contained in your completed declaration as well as medical questionnaire and this will be done by automated means, including profiling. This means that your personal data will be processed by an IT system without human intervention, and this process will result in a decision to accept your declaration or to assign you to a specific insurance plan. The legal basis for such action on the part of LMG is the regulations governing our business activity as an insurance entity. However, please be informed that you have the right not to be subject to a decision based on automated processing of personal data.	
To whom do we transfer your personal data?	<p>The personal data may be transferred to the following categories of recipients in connection with our business activity:</p> <ul style="list-style-type: none"> <li>entities providing us with technical and organisational solutions that enable us to render services and manage our organisation (in particular ICT service providers, courier and postal companies);</li> <li>providers of legal and advisory services and services supporting us in pursuing due claims (in particular law firms, debt collection companies);</li> <li>reinsurance undertakings which will be engaged in the reinsurance of the risk assumed by us under the agreement;</li> <li>healthcare providers who provide healthcare services under the Insurance Agreement as well as other medical entities whose services you use;</li> <li>coordinating entities on our behalf – for the provision of healthcare services and services covered by the Insurance Agreement;</li> <li>as part of service provision coordination, your medical records that you have provided to us or that we obtained on the basis of your consent may be made available by LMG to the healthcare providers you use through the coordinator assigned to you to support your hospitalisation and treatment.</li> </ul>	
Is your data transferred to third countries?	On account of the fact that we use services of other providers, such as ICT structure services, your personal data may be transferred outside the European Economic Area (which is composed of the EU Member States, Iceland, Norway and Liechtenstein). We assure you that in such an event, the data will be transferred on the basis of relevant legal grounds, e.g. an agreement concluded between LMG and that entity, containing standard data protection clauses adopted by the European Commission, or on the basis of the European Commission's adequacy decision pertaining to data protection. In each such case, LMG guarantees that it carries out appropriate verification in order to ensure that the service provider to whom the personal data are transferred processes the same in a compliant and secure manner.	
How can LMG profile your data?	Profiling consists in our creating preference profiles based on your information and therefore, based on it, customising our services and the content you receive from us – the processing of personal data as part of this process is based on your marketing consent. We assure you that we do not process personal data fully automatically and without human intervention.	
How long is your personal data processed?	We store personal data for the duration of the agreement and then for the statute of limitations for claims arising from the provisions of civil law. We process all data required for accounting and tax purposes for 5 years from the end of the calendar year in which the tax obligation arose. If you have consented to the processing of data for marketing purposes, we process your data from the time of your consent until it is revoked. At the end of the aforementioned periods, personal data shall be erased or anonymised.	
Is the provision of data mandatory?	Joining the Insurance is fully voluntary. However, as an insurer, we are obliged to identify you and perform an insurance risk assessment using personal data. In such a case, failure to provide data may result in refusal to conclude an agreement or to provide services. Also for accounting and tax reasons, we have a legal obligation to process data, and the failure to provide them may result, for example, in non-issuing an invoice or a personal bill. The telephone number is provided on a voluntary basis – the lack of this information does not affect the use of our services, but it will make it significantly more difficult for us to contact the person authorised in the performance of the agreement. Any marketing consent shall also be given on a voluntary basis. This means that the refusal to provide them does not affect the use of our services and, at the same time, the person who gave consent has the right to withdraw it at any time.	
What rights do you have?	As a data controller, we provide you with the right of access to your data, as well as the right of rectification, erasure or restriction of processing of your data. You can also exercise your right to object to our processing of your data and the right to transfer your data to another controller. To exercise any of these rights, contact us via the hotline using the form available on the website or writing directly to our Data Protection Officer. Also, please be advised that you may file a complaint with the authority supervising compliance with personal data protection regulations.	
Definitions and abbreviations	<p><b>GDPR</b> – 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;</p> <p><b>Insurance Act</b> – the Act of 11 September 2015 on insurance and reinsurance activity.</p>	

**LMG FÖRSÄKRINGS AB S.A.**  
ODDZIAŁ W POLSCE

GRUPA LUXMED 

luxmed.pl

LMG Försäkrings AB S.A. Branch in Poland  
Szturmowa 2 Street, 02-678 Warsaw  
t: 22 450 45 00, 22 450 50 10

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

Tax ID No (NIP): 108 001 14 94, Statistical ID No (REGON): 145156729  
Share capital: EURO 5 800 000,00