

# DECLARATION OF ACCESSION TO INSURANCE:

DECLARATION OF ACCESSION

## Policyholder

### Main Insured Person details

First name and surname: .....

Personal ID No (PESEL): ..... Date of birth: .....

Gender:  F  M

When the person joining the insurance is a foreign national:

Nationality: .....

Passport No: .....

Address for correspondence: .....

City: ..... Postal code: .....

Street: ..... Street No/Flat No .....

Contact details:

Home telephone number: ..... Mobile telephone: .....

Email: .....

### 1. Co-insured

Family relationship towards the Main Insured Person:

Spouse  Partner  Child  Parent

First name and surname: .....

Personal ID No (PESEL): ..... Date of birth: .....

Gender:  F  M

When the person joining the insurance is a foreign national:

Nationality: .....

Passport No: .....

Mailing address (insert if the mailing address is different from the address of the Main Insured Person):

City: ..... Postal code: .....

Street: ..... Street No/Flat No .....

Contact details:

Home telephone number: ..... Mobile telephone: .....

Email: .....

### 2. Co-insured

Family relationship towards the Main Insured Person:

Spouse  Partner  Child  Parent

First name and surname: .....

Personal ID No (PESEL): ..... Date of birth: .....

Gender:  F  M

When the person joining the insurance is a foreign national:

Nationality: .....

Passport No: .....

Mailing address (insert if the mailing address is different from the address of the Main Insured Person):

City: ..... Postal code: .....

Street: ..... Street No/Flat No .....

Contact details:

Home telephone number: ..... Mobile telephone: .....

Email: .....

DECLARATION OF CHANGES

## Insurance type

Individual  Family

Partner  Parent

### 3. Co-insured

Family relationship towards the Main Insured Person:

Spouse  Partner  Child  Parent

First name and surname: .....

Personal ID No (PESEL): ..... Date of birth: .....

Gender:  F  M

When the person joining the insurance is a foreign national:

Nationality: .....

Passport No: .....

Mailing address (insert if the mailing address is different from the address of the Main Insured Person):

City: ..... Postal code: .....

Street: ..... Street No/Flat No .....

Contact details:

Home telephone number: ..... Mobile telephone: .....

Email: .....

### 4. Co-insured

Family relationship towards the Main Insured Person:

Spouse  Partner  Child  Parent

First name and surname: .....

Personal ID No (PESEL): ..... Date of birth: .....

Gender:  F  M

When the person joining the insurance is a foreign national:

Nationality: .....

Passport No: .....

Mailing address (insert if the mailing address is different from the address of the Main Insured Person):

City: ..... Postal code: .....

Street: ..... Street No/Flat No .....

Contact details:

Home telephone number: ..... Mobile telephone: .....

Email: .....

### 5. Co-insured

Family relationship towards the Main Insured Person:

Spouse  Partner  Child  Parent

First name and surname: .....

Personal ID No (PESEL): ..... Date of birth: .....

Gender:  F  M

When the person joining the insurance is a foreign national:

Nationality: .....

Passport No: .....

Mailing address (insert if the mailing address is different from the address of the Main Insured Person):

City: ..... Postal code: .....

Street: ..... Street No/Flat No .....

Contact details:

Home telephone number: ..... Mobile telephone: .....

Email: .....

Declarations of the Main Insured Person:

- I hereby declare that all of the information provided in the Declaration of Accession and the data provided for the purpose of insurance risk assessment are complete and true to the best of my knowledge.
- I declare that prior to entering into the Insurance Contract, I received the General Terms and Conditions of Health Care Services (GTC) and Special Conditions of Insurance (SCI) in a manner which enabled me to read them.
- I undertake to inform the persons covered by the insurance (Co-insured), on the basis of the Declaration of Accession about the scope of insurance and the rights and obligations arising from the GTC/SCI, and I undertake to make the GTC/SCI available to the Co-insured so that they can become familiar with them.
- I declare that the persons registered by me for insurance coverage have expressed their wish to be covered by the insurance and the personal data of the Co-insured provided by me are true and up-to-date, to the best of my knowledge. I understand that the Co-insured should individually confirm their accession to the insurance, about which I will inform them.
- I authorise healthcare entities to provide information to LMG Forsakrings AB Spółka Akcyjna Branch in Poland about the services provided to me, including those indicating, even indirectly, my health condition.
- I hereby grant my consent to make available to LMG Forsakrings AB S.A., with its registered office in Stockholm (102 51), Sweden, Box 27093, acting through the Branch in Poland with its registered office in Warsaw (02-676) at ul. Postępu 21C (hereinafter referred to as 'LMG') and to LUX MED sp. z o.o. with its registered office in Warsaw, ul. Postępu 21C, 02-676 Warsaw, acting upon request of LMG (hereinafter referred to as: 'LUX MED') by the healthcare entities whose services I have used or am using, my medical records and information on my health condition within the scope covered by the application submitted by LMG or LUX MED in order to enable LMG to provide health services under the Insurance Contract to which I am subject, including as a part of ensuring coordination of the hospitalisation and treatment process, and to settle them, and I agree for LMG and LUX MED to authorise the personnel acting on their behalf to have access to information on my health condition and to obtain medical records from the health services provided to me.
- I hereby grant my consent to make available by LMG Forsakrings AB S.A., with its registered office in Stockholm (102 51), Sweden, Box 27093, acting through the Branch in Poland with its registered office in Warsaw (02-676) at ul. Postępu 21C (hereinafter referred to as 'LMG') and LUX MED sp. z o.o., with its registered office in Warsaw, ul. Postępu 21C, 02-676 Warsaw, acting upon request of LMG (hereinafter referred to as: 'LUX MED') my medical records and information on my health condition which I have provided to LMG (and the entities acting on its behalf) by myself or which have been obtained on the basis of my consent given to other healthcare entities that will provide healthcare service to me, as regards which LMG provides services of treatment coordination within the scope resulting from the insurance coverage to which I am subject, in order to enable me to use the services covered by the insurance contract and to settle them.
- I consent to the disclosure of my personal data, including data about my health condition, to reinsurance entities that will take reinsurance actions relating to reinsurance of the risks assumed by the Insurer under the Insurance Contract.

Co-insured Representations:

- I hereby declare that all of the information provided in the Declaration of Accession and the data provided for the purpose of insurance risk assessment are complete and true to the best of my knowledge.
- I declare that prior to entering into the Insurance Contract, I received the General Terms and Conditions of Health Care Services (GTC) and Special Conditions of Insurance (SCI) in a manner which enabled me to read them.
- I hereby authorise healthcare entities to provide LMG Forsakrings AB S.A., with its registered office in Stockholm (102 51), Sweden, Box 27093, operating through the Branch in Poland with its registered office in Warsaw (02-676) at ul. Postępu 21C, with information on services provided to me, including information indicating, even indirectly, my health condition.
- I hereby grant my consent to make available to LMG Forsakrings AB S.A., with its registered office in Stockholm (102 51), Sweden, Box 27093, acting through the Branch in Poland with its registered office in Warsaw (02-676) at ul. Postępu 21C (hereinafter referred to as 'LMG') and to LUX MED sp. z o.o. with its registered office in Warsaw, ul. Postępu 21C, 02-676 Warsaw, acting upon request of LMG (hereinafter referred to as: 'LUX MED') by the healthcare entities whose services I have used or am using, my medical records and information on my health condition within the scope covered by the application submitted by LMG or LUX MED in order to enable LMG to provide health services under the Insurance Contract to which I am subject, including as a part of ensuring coordination of the hospitalisation and treatment process, and to settle them, and I agree for LMG and LUX MED to authorise their personnel acting on their behalf to have access to information on my health condition and to obtain medical records from the health services provided to me.
- I hereby grant my consent to make available to LMG Forsakrings AB S.A., with its registered office in Stockholm (102 51), Sweden, Box 27093, acting through the Branch in Poland with its registered office in Warsaw (02-676) at ul. Postępu 21C (hereinafter referred to as 'LMG') and to LUX MED sp. z o.o. with its registered office in Warsaw, ul. Postępu 21C, 02-676 Warsaw, acting upon request of LMG (hereinafter referred to as: 'LUX MED') my medical records and information on my health condition which I have provided to LMG (and the entities acting on its behalf) by myself or which have been obtained on the basis of my consent given to other healthcare entities that will provide healthcare service to me, as regards which LMG provides services of treatment coordination within the scope resulting from the insurance coverage to which I am subject, in order to enable me to use the services covered by the insurance contract and to settle them.
- I consent to the disclosure of my personal data, including data about my health condition, to reinsurance entities that will take reinsurance actions relating to reinsurance of the risks assumed by the Insurer under the Insurance Contract.

Klauzule marketingowe:

- I hereby agree to receive marketing communication from LMG Forsakrings AB SA Branch in Poland and other companies from the LUX MED Group intended to promote the services and goods offered by these companies, to inform about events related to their activities and to promote a healthy lifestyle. I hereby agree to the use of my data for communication purposes:
  - email address (to receive email messages)
  - telephone number (to receive text messages, MMS, and incoming phone calls)
- I hereby give my consent to LMG Forsakrings AB SA Branch in Poland and other LUX MED Group companies to process my personal data for marketing purposes, including through profiling, obtained when ordering or using the services of these companies, or which I myself disclosed on their contact forms. This consent applies in particular to all my personal data, which include information on the way I use the services of the above-mentioned companies.

Signature of the Insured

Mark with a cross (X) the statements you accept.

**\* Submitting declarations 1-8 for the Main Insured Person and 1-6 for the Co-insured are voluntary, but refusal to submit them may result in an inability to be covered by insurance. Granting the marketing consents is voluntary and does not affect your insurance coverage.**

	Main Insured Person	1. Co-insured	2. Co-insured	3. Co-insured	4. Co-insured	5. Co-insured	
Declarations*	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>
Marketing clauses*	1a <input type="checkbox"/> 1b <input type="checkbox"/> 2 <input type="checkbox"/>	1a <input type="checkbox"/> 1b <input type="checkbox"/> 2 <input type="checkbox"/>	1a <input type="checkbox"/> 1b <input type="checkbox"/> 2 <input type="checkbox"/>	1a <input type="checkbox"/> 1b <input type="checkbox"/> 2 <input type="checkbox"/>	1a <input type="checkbox"/> 1b <input type="checkbox"/> 2 <input type="checkbox"/>	1a <input type="checkbox"/> 1b <input type="checkbox"/> 2 <input type="checkbox"/>	
Date							
Signature							

Information about the data controller, legal bases, purposes of processing your data and other issues related to the processing of data provided to us are given at the end of the declaration form.

**Information obligation**

Below, you will find all relevant information on the processing of your personal data in relation to the insurance coverage provided by LMG Försäkrings AB SA Branch in Poland

Who is the controller of my personal data?	The controller of your personal data processed for the purpose of providing insurance coverage is LMG Försäkrings AB S.A. with its registered office in Stockholm (102 51), Sweden, Box 27093, operating through the Branch in Poland with its registered office in Warsaw (02-676) at ul. Postępu 21C (hereinafter referred to as 'LMG' or 'us'). If you have consented to the processing of your personal data for marketing purposes or to receive marketing communications from us, the controllers of your personal data are entities within the LUX MED Group, a list of which can be found at <a href="http://www.luxmed.pl">www.luxmed.pl</a> .	
Who can I contact regarding the processing of my personal data?	In any matters related to the processing of your personal data by LMG, you can contact our Data Protection Officer: Katarzyna Piszczewska email: <a href="mailto:daneosobowe@luxmed.pl">daneosobowe@luxmed.pl</a> .	
What is the source of my data – from where are they obtained?	The insurance coverage is provided under a contract concluded between LMG and the insuring party who registers you for LMG's insurance coverage. If you join the insurance coverage scheme by completing an online declaration via the platform, your personal data to the extent that makes it possible to identify you and verify your eligibility for insurance coverage, i.e. name, PESEL number (or date of birth in the case of persons without a PESEL number) and email address are provided to us by the policyholder. If you are a co-insured person, your personal data with respect to your first name, surname, Personal ID No (PESEL) (date of birth for persons without a Personal ID No), email address and postal code of the place of residence are provided to us by the Main Insured Person registering you for insurance cover. Other personal data you provide to us by completing your declaration and using the healthcare, if, in order to take out insurance, you fill in a paper declaration that we receive through the Policyholder, you complete the data necessary to provide you with insurance coverage (i.e. first name, surname, Personal ID No (PESEL), date of birth, gender, residence address, email address, telephone number, primary place of care, and in the case of foreign nationals, also passport number and information about citizenship, as well as information about the relationship of the Co-insured with respect to the Main Insured Person) are provided to us by the entity submitting your data for the purposes of LMG insurance coverage. Other data necessary to make it possible to provide you with the benefits covered by insurance shall be provided to us by you at the stage of using the insurance coverage. A medical questionnaire which includes your personal data of a particular category as far as health is concerned, is provided to us directly by you.	
To what extent are my personal data processed by LMG?	We process your personal data to the extent necessary to verify your identity, to conduct an insurance risk assessment and to provide the services covered by insurance. It includes: first name and surname, Personal ID No (PESEL), gender, date of birth, main place of care, address of residence and, if you are a foreign national, information about citizenship and passport number. Additionally, it also includes information about the relationship of the Co-insured towards the Main Insured Person. In order to improve the process of providing you with insurance coverage and facilitate contact with you on an ongoing basis, we will also process your telephone number. Your email address will also be processed by LMG if you submit an insurance declaration via the electronic platform. When using the insurance coverage (claim adjustment), we may ask you to provide information about your health, if necessary for the purpose of claim adjustment proceedings. If the package of insurance coverage you own also covers the module of hospital care coordination, then in the course of providing the insurance coverage, we may ask you to provide information about your health condition or, on the basis of the authorisation you have granted, ask the healthcare entities you have used to obtain the information necessary to ensure the correct coordination process within the scope covered by the insurance. 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 your medical records to the extent necessary, or on the basis of your consent, we will request the relevant healthcare entities to provide us with such records. Depending on the contents of the insurance contract concluded by LMG with our Client under which you have been entitled to insurance coverage, we may also ask you to complete a medical questionnaire for us. This is part of LMG's insurance risk assessment. In the medical questionnaire, you provide us with your data including: age, weight, height, information about your profession or job position along with its characteristics, information about your employer and information about your health condition to the extent indicated in the questionnaire. The consent to the processing of personal data for marketing purposes includes all the information about you that you gave us during your cooperation with LMG. These may include, for example, identification data (first name, surname, gender, date of birth, age, location). However, we assure you that under no circumstances shall we use your medical records that you have provided us with or that we obtain from healthcare entities under your appropriate authorisation – this information may only be accessed by authorised persons.	
What is the purpose of processing my personal data?	We process personal data as an insurance entity and the purpose of this processing is the insurance risk assessment and the performance of an insurance contract (adjustment of claims), which we understand as follows:	
	The purpose of processing	Legal basis (full titles of legal acts are provided at the end of the form)
	First, we need to receive your application for the insurance coverage we provide. This will then enable us to identify you before providing you with the service, as well as to perform the contract and contact you. As the Insurer, we are required by law to perform an insurance risk assessment prior to the conclusion of the contract and we process personal data as part of its performance. If you use insurance coverage in the scope of coordination of care and treatment, on the basis of authorisations you have granted to entities the services of which you have used, for obtaining information about your health conditions and your medical records, as well as its provision to medical entities that are to provide medical services to you, LMG will also process information about your health condition contained in the above documentation.	Article 6(1)(b) of the GDPR in conjunction with Article 4(1) of the Act on Insurance Activity.
	If you shared your opinion about our services or made a complaint, we might process your personal data in order to process the notification and respond to it.	Article 6(1)(f) of the Regulation, as the 'legitimate interest' of the controller, which is the processing of claims and the defence of the Insurer's interests.
	As a data controller which is a business, we have the right to pursue claims for our business activity and therefore process data for this purpose.	Article 6(1)(b) and (f) of the GDPR as the legitimate interest of the controller, which is pursuing our claims and protecting our rights.
	As a business, we also keep accounting books and we have tax obligations – we issue invoices for the services we render, which may involve the need to process personal data.	Article 6(1)(c) of the GDPR in conjunction with Article 74(2) of the Accounting Act of 29 September 1994.
	If you have consented to the processing of your personal data for marketing purposes, we may process your personal data for the purpose of 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 health-oriented articles. On the basis of your consent, we may process personal data obtained in the course of our cooperation for marketing purposes, for example by analysing them and associating them with other information about the person who has agreed to adapt the communications addressed to them to their needs.	Article 6(1)(a) of the Regulation (voluntary consent)
Is my data processed automatically?	As part of the insurance risk assessment, we shall process your personal data (including data of a special category in terms of health condition) included in the declaration completed by you, as well as in the medical questionnaire and this shall be done by automated means, including through 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 includes the regulations governing our business activity as an insurance entity. However, be advised that you always have the right not to accept a decision based on automated processing of personal data, and to request human intervention, which we ensure.	
Who will receive my personal data?	<p>Personal data may be transferred to the following categories of recipients in connection with our business activities:</p> <ul style="list-style-type: none"> <li>- service providers supplying 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 shall be engaged in the reinsurance of the risk assumed by us under the Contract;</li> <li>- healthcare providers who provide healthcare under the insurance contract;</li> <li>- entities coordinating the provision of healthcare services and services covered by the insurance contract on our behalf;</li> <li>- as part of medical care coordination services;</li> <li>- healthcare entities which provide you with healthcare services;</li> <li>- if your healthcare package entitles you to use the 'Treatment of Critical Illnesses Abroad' module, your personal data will be transferred to the relevant consultants in this regard.</li> </ul> <p>As part of the process of coordinating the provision of services, your medical records that you provided to us or that we obtained, on the basis of your consent, from the relevant healthcare entities might be made available by LMG to healthcare entities that provide healthcare under the insurance contract through the coordinator assigned to you to support the process of hospitalisation and treatment.</p>	

Are my 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 might be transferred outside the European Economic Area (comprising the member states of the European Union, Iceland, Norway and Liechtenstein). Depending on the scope of your insurance coverage, your data may also be transferred to third countries (including the United States of America, which do not provide the same level of personal data protection as the EEA) in the exercise of your rights under the 'Treatment of Critical Illnesses Abroad' insurance package. We assure you that in such an event, the data will be transferred on the basis of a relevant legal basis, 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 a decision of the European Commission stating the appropriate degree of data protection. In each such case, LMG guarantees that it carries out appropriate verification to ensure that the service provider to whom the personal data are transferred processes the personal data in a compliant and secure manner.
Are the data processed in any other way?	One of the ways of processing personal data is through 'profiling'. It enables us to create preference profiles based on information about you, and so we can adjust our services and content that you receive from us. We assure you that we do not process personal data fully automatically and without human intervention.
How long are my personal data processed?	We store personal data for the duration of the contract and thereafter for the period of limitation of claims under the Civil Code. All data processed for accounting and tax purposes are processed for five years from the end of the calendar year in which the tax obligation arose. If you have consented to the processing of your data for marketing purposes, we process your data from the moment you gave your consent to the moment you withdraw it. After the expiry of these periods, the personal data are deleted or anonymised.
Am I obliged to provide my data?	Accession to the insurance is fully voluntary; however, as an insurer, we are obliged to identify you and perform an insurance risk assessment using your personal data. In such a case, failure to provide data may result in refusal to conclude a contract or to provide services. We also have a legal obligation to process your data for accounting or tax purposes. Failure to provide data may result in, for example, the failure to issue an invoice or a name receipt for you. If we receive your telephone number, this is done on a voluntary basis – failure to provide this information does not affect your ability to use our services, but it will make it much more difficult for us to contact the authorised person in the process of performing the contract. Any consent given for marketing purposes shall be given on a voluntary basis. This means that the refusal to give it 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 I 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. In addition, you may use the right to object to the processing of your personal data by LMG, and the right to have your data transferred to another data controller. In order to exercise any of these rights, please contact us via the Phone Line or website, or contact our Data Protection Officer. Please also be advised that you may lodge a complaint with the authority supervising the observance of personal data protection regulations.
Definitions and abbreviations	GDPR – 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; Insurance Activity Act – the Act of 11 September 2015 on Insurance and reinsurance activity.