

MEDICAL QUESTIONNAIRE

Applies to:

Main Insured Person

Partner

Child

(if ticked, the medical questionnaire must be completed and signed by the child's legal guardian)

Surname: First name:

PESEL: Sex: Female Male Other

(for foreigners and children under three months of age without a PESEL number)

Date of birth:

Characteristics of work performed – a brief description of professional activities (e.g.: office work, physical work, working in shifts, exposure to chemical, biological agents):

Old-age pension

Annuity

Please indicate the ground for acquiring the right to annuity

Are you having a planned surgery or hospitalisation in the next **12 months**?

YES

NO

Did you receive a hospital referral in this connection?*

YES

NO

For what reason:

*The referral applies to any hospital.

Which medical facility have you used for receiving medical services?

Outpatient clinic

Hospital

I haven't used any

Please give the full name and address of the facility which you most often use:

Questions concerning health status (excluding pregnancy and childbirth):

Are you currently undergoing treatment and/or diagnosis, or have you done so in the last 12 months? (Including due to previously diagnosed diseases/injuries.)

YES **If yes, please indicate:**

NO When did the disease/injury occur?

What was the reason for diagnostics or treatment?

Current medications you are taking:

LMG FÖRSÄKRINGS AB S.A.
ODZIAŁ W POLSCE

GRUPA LUXMED

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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

In the last 12 months, has your blood pressure exceeded the normal value (140/90)?* Please indicate the precise value.

*Except for the situations that require extra physical effort or stress conditions. The question does not apply to children under the age of 16 who have not been diagnosed with heart disease or elevated blood pressure values.

In the past 12 months, have you experienced or are currently experiencing:

recurrent undiagnosed symptoms, including complaints of pain (also being a continuation of symptoms that occurred prior to this period, concerning as well injuries):	<input type="checkbox"/> YES	If YES,:
	<input type="checkbox"/> NO	which?.....
deviating examination results:	<input type="checkbox"/> YES	Since when?.....
	<input type="checkbox"/> NO	If yes, for which examinations?.....

Have you undergone inpatient treatment and/or hospital diagnosis in the last 5 years*?

YES If YES,
 NO when did the hospitalisation/surgery take place (month, year)?
what was the reason?

*Month, year – approximately.

Final statement:

I hereby confirm that I completed this questionnaire voluntarily and all of the information on my health status provided above is complete and true.

I acknowledge that, should I withhold information or provide untrue information, LMG Försäkrings AB SA may be exempt from the obligation to pay damages specified in the agreement (Article 834 of the Civil Code).

date

city/town

signature of the person completing
the questionnaire

The controller of your personal data provided in the medical questionnaire is LMG Försäkrings 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 (02-678) at Szturmowa 2 Street (hereinafter referred to as 'LMG'). Your personal data, including the data on your health status provided in the above form, will be processed by LMG in order to conduct insurance risk assessment before entering into agreement. The processing of your personal data for the aforementioned purpose will be carried out by automated means – the legal basis for such action on the part of LMG is the regulations governing our activities as an insurance entity. However, please be advised that you always have the right not to accept a decision based on automated processing of your personal data, and to request human intervention, which we ensure. For all matters related to the processing of your personal data by LMG, you may contact our Data Protection Officer available at daneosobowe@luxmed.pl. The full information about the processing of your personal data, along with information about your rights, is provided in the LMG information obligation clause attached to the Application and made available on our website at: www.luxmed.pl/ubezpieczenia/obsługa-firm/niezbędnik-dla-firm/dokumenty-i-formularze/dokumenty-i-zalaczniki-związane-z-ubezpieczeniem.html.

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