



CONSENT ON PERSONAL DATA PROCESSING AND ELECTRONIC COMMUNICATION
to be filled by each individual person who is about to enter the insurance policy

The Undersigned..... Policy number.....

Mobile telephone number.....E-mail address.....

Residence/ mailing address

Based on the legislation on personal data protection (UE Regulation 2016/679, "GDPR") :

1. I expressly give my consent for the Insurer and MediHelp to process **MY PERSONAL DATA REGARDING MY HEALTH**, data which is absolutely necessary for the provision of the insurance service corresponding to the insurance policy I concluded or, as applicable, whose effects apply to me.

I agree to empower the Insurer to perform any investigations, to request documents to treating physicians, which can help with the complete assessment of my health. I authorize any physician, hospital, policlinic or any other health facility that holds data or information and/or documents regarding my health to provide, upon the Insurer’s written request, complete information regarding any disease, accident, treatment, examination, consultation or hospitalization I have undertaken.

In the event an insured Event/Risk occurs, **I empower** the Insurer to undertake all actions for obtaining the documents necessary for establishing the extension of the obligation to pay the Insurance Benefit, exempting from the professional secrecy obligation both the physicians who have examined / treated me, as well as any public or private institution holding information regarding my health and my health history, both during my lifetime and subsequently, in case of death, regardless of the causes.

I have understood that, should I refuse to expressly give my consent on health data processing, the Insurer will not be able to execute the insurance contract to which I am a part of or whose effects apply to me, including, but not limited to, the payment of compensation.

YES NO Name and Surname _____ Signature _____

2. I expressly give my consent for the Insurer and/or MediHelp to send me newsletters about their products and services, including for the improvement of these, benefits that I could access, promotional offers or insurance opportunities (**MARKETING PURPOSE**).

YES NO Name and Surname _____ Signature _____

3. I expressly give my consent to receive electronic correspondence using my contact data given in this form, for the closing of the contract and/or by running it, reminders of due invoices, this type of correspondence producing the same effects as the correspondence on paper.

YES NO Name and Surname _____ Signature _____

I am aware of the NOTICE, I have received a copy and I have freely made my Consent * choice (*in case the personal data belongs to a minor, the parent or legal tutor signs the Notice and the Agreement, completes the fields with its data*)

Name and Surname

Signature

Date

**In case the personal data belongs to a minor, the parent or legal tutor signs the Notice and the Consent, completes the fields with its data, except for the "Undersigned" and "PIN", where the data of the minor will be filled in.*

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MEDISKY International Spółka z ograniczoną odpowiedzialnością za company registered into a registry of entrepreneurs of the National Court Register kept by the District Court for the capital city of Warsaw in Warsaw, XII Commercial Division of the National Court Register, Poland with number KRS 0000628122 and whose registered office is at Warsaw, at Trębacka 4 street.

MGEN, SIREN number 775 685 399, regulated by the provisions of Tome II of the French mutual insurance companies code - 3-7 Square Max Hymans, 75748 PARIS Cedex 15. MGEN-IB, with ORIAS under number 16002500, RCS Paris under number 813 36 1441, 3-7 Square Max Hymans, 75648 Paris Cedex 15, under the supervision of the Authority of Prudential Supervision and Resolution (ACPR) 61 rue Taitbout - 75436 Paris Cedex 09, France.

