**DECLARATION OF JOINING GROUP HEALTH INSURANCE CONTRACT**

ACCORDING TO THE GENERAL TERMS AND CONDITIONS OF FOREIGN TRAVEL INSURANCE FOR KEY CLIENTS OF THE LUX MED GROUP

|  |  |
| --- | --- |
| First name |  |
| Surname |  |
| Nationality |  |
| PESEL (personal ID No) |  |
| Passport No (if no PESEL no available) |  |
| Date of birth |  |
| Patient card No |  |
| E-mail address |  |
| Correspondence address (if no e-mail) |  |
| Name of company in which the patient holds insurance entitlement |  |

*Note:*

*The notification sent shall be subject to verification in order to confirm the entitlement to insurance.*

*In the event of failure to provide full personal data which results in the impossibility to verify entitlement, the document shall be returned to the sender for completion.*

⬜ I conform that “General Terms and Conditions of Foreign Travel Insurance for Key Clients of the LUX MED Group” were shared with me;

⬜ I am willing to accede to group insurance, according to “General Terms and Conditions of Insurance of Foreign Travel for Key Clients of the LUX MED Group”, and I am informed that the variant of insurance will be chosen by Insurer;

⬜ I declare that the information about personal data processing by AWP P&C was shared with me for purpose including proper performance of the insurance contract. I declare that privacy policy of AWP P&C was shared with me and it is always avaliable on <http://www.mondial-assistance.pl/biznes/dane.aspx>.;

⬜ I hereby give consent for my health-related data to be processed what is necessary for risk assessment, conclusion and performance of the insurance contract and also claim insurance process. Agreement is voluntary but it is a prerequisite of the conclusion and performance of the insurance contract;

……………………………………………….

Date, Place, Signature

The declaration must be sent by letter to the following address:

**AWP P&C S.A. Branch in Poland**

Tourist Insurance Sales Department

Ul. Konstruktorska 12 , 02 – 673 Warszawa

Addition: LUX MED — Activation of insurance

**Flowchart on how to join the insurance**

Registration for insurance by completion of the form

 [and](http://www.turystyka.allianz.pl/luxmed)  sending it by letter to the address of AWP P&C S.A. Branch in Poland

Ul. Konstruktorska 12, 02-673 Warszawa

Verification of insurance entitlements

Person joining the insurance

is not entitled to insurance

Person joining the insurance holds insurance rights

AWP

informs about the absence of protection with reasons

by the end of the month preceding the commencement of the insurance coverage

The insurance coverage begins

from **the 1st day of the following month**

The insurance coverage begins

from **the 1st day of the second month** following the date of receipt of the notification

Notification sent

**after the 24th day of the month**

Notification sent

**by the 24th day of the month**