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: ..... Weight: ..... Height: .....

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: .....
.....

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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):

☐ YES
☐ NO

If YES,:

which?.....
.....
.....
.....

Since when? .....
.....
.....

deviating examination results:

☐ YES
☐ NO

If yes, for which examinations? .....
.....
.....

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

☐ YES
☐ NO

If YES,

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/obsluga-firm/niezbednikdla-firm/dokumenty-i-formularze/dokumenty-i-zalaczniki-zwiazane-zubezpieczeniem.html.