Your International Healthcare Partner

International Private Health Insurance

APPLICATION FORM

*PLEASE COMPLETE IN **BLOCK CAPITALS** ENSURING ALL RELEVANT FIELDS ARE COMPLETED. AN INCOMPLETE FORM WILL DELAY THE PROCESSING OF YOUR APPLICATION.*

1	**COMMENCEMENT OF COVER**
Cover is conditional upon acceptance of your application, which is confirmed by an insurance certificate issued to you. Please indicate the date you require cover from: DD/MM/YYYY	

2	**APPLICANT DETAILS** **(You must notify us of any change of contact details so we can ensure that all correspondence reaches you promptly).**

We will consider applicants for cover under the age of 66.

Mr. O Mrs. O	First name:	Surname:
Date of birth: DD/MM/YYYY	Gender: M O F O	Home country:
Nationality:	Full address in principal country of residence:	
Phone number:	Email address:	ID no.:
Occupation:	Details of any current international health or domestic insurance held: (name, start date, contract number)	

3	**PLAN DETAILS**

LIGHT 1	LIGHT 2	LIGHT 3
30 000 Euros O	**75 000 Euros O**	**150 000 Euros O**

Area of coverage: Europe / Turkey

4	**INSURED PERSONS**

	Dependent 1	**Dependent 2**	**Dependent 3**	**Dependent 4**
Relationship to applicant (child > 18)	Spouse/partner O Child O	Child O	Child O	Child O
First name				
Surname				
Date of birth	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY
Gender	M O F O	M O F O	M O F O	M O F O
Occupation				
Country of residence				
Nationality				
Details of any current domestic or international health insurance	Name of the Insurer: Policy number:			

5	**PAYMENT DETAILS (DETAILS OF HOW TO MAKE PAYMENTS WILL BE INCLUDED ON YOUR INVOICE)**

Currency: Euros By bank transfer	In advance by the Insured person Frequency of payment: Quarterly O Semi-annually O Annually O

6	**INTERMEDIARY DETAILS**
Name:	
Postal Address:	

MediSky International sp. z o.o., ul. Trębacka 4, 00-074 Warsaw, Poland
T.+ 48 22 826 11 46, F.+ 48 22 826 11 46, E. office@medisky.pl

Telephone Number:	Mobile Number:
Fax Number:	Email Address:

7 DECLARATION

Please read the following declarations carefully and only sign below if you understand and accept them.

(a) I, the undersigned, hereby declare that the information provided as well as my replies to the questions above, for me and for any member of my family named on this Application Form, are true and accurate to the best of my knowledge, and that I have neither declared nor omitted to declare anything that may mislead the Insurer, and understand that I may be penalized per the L.221-14 and 15 articles of the French Mutual Insurance Companies Code in case of false declaration, omissions or inexact replies.

(b) **I confirm that I have received, read and understood the full definitions, benefits, exclusions and conditions of this policy. I acknowledge that no benefit shall be payable in respect of Cancer which is diagnosed within 60 days of the enrollment date or if I have at any time previously suffered from the condition to which the claim relates.**

(c) I accept that this policy will be subject to the standard policy terms and conditions effective at the time of policy commencement.

(d) I acknowledge that MediHelp/ MediSky reserves the right to cancel the membership of this Plan if any amount due is not paid by or on the due date.

(e) **I hereby authorise MediHelp/ MediSky to act for and behalf of all persons named in the form in relation to the administration of this policy, which may include the disclosure of sensitive medical information provided by myself, my attending physician, or any medical provider.** This authorisation will remain in place until I provide a written request to VYV International Benefits to revoke it.

(f) **I declare that I give full access to MediHelp/ MediSky to all my medical data, hospitalisation notes, other documents related to underwriting objectives and claims' assessment.**

As the applicant, I sign this Declaration and Application Form for and on behalf of all persons included in this Application Form.

Applicant's Signature:	Date: DD/MM/YYYY
Signature preceded by the handwritten words "read and approved"	For office use only - Agent details and stamp

S.C. MEDIHELP INTERNATIONAL BROKER DE ASIGURARE S.R.L. - International Headquarters 24, Dr. Constantin Caracas Street, Bucharest, Romania, T: 4021.222.0593, F: 4021.222.0691, E: office@medihelp.ro www.medihelp-assistance.com.
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 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. VYV-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.

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