

FOREIGNERS´ INDIVIDUAL HEALTH INSURANCE ON THE TERRITORY OF THE SLOVAK REPUBLIC

Name		Surname		Nationality	
Temporary address (street, no., postal code, city)					
Date of birth (DDMMYYYY)		Identification Number		Gender <input type="checkbox"/> man <input type="checkbox"/> woman	Height (cm)
Weight changes over the past 12 months		+ kg / - kg	Insurance is required for the period		
			from	to	

Mark appropriate data in the following part with and specify details, please, according to the pattern.

1. Do you smoke? <input type="checkbox"/> no <input type="checkbox"/> yes		If so, how many years do you smoke?		How many cigarettes do you smoke a day on average?	
2. Give the purpose of your stay				What is your profession in Slovakia?	
3. Did you have or do you any of the following or other health disorders? <input type="checkbox"/> no <input type="checkbox"/> yes If yes, specify:					
What health disorder? When first When last					
What health disorder? When first When last					
(heart palpitation, chest pain, cough and sneezing episodes, morning cough, nose and respiratory airway bleeding, heavy breathing, dizziness, vomiting, blood in stool, skin changes, urination pain, headache, psychological fatigue, sleeplessness/sleepiness, edema, joints or backbone pain, spasms, sight disorders, hearing disorders)					
4. Have you been examined, monitored or treated for any illness/disorders over the past 2 years? <input type="checkbox"/> no <input type="checkbox"/> yes					
What health disorder					
When first When last Name of health facility					
What method was used to treat the problem? <input type="checkbox"/> out-patient <input type="checkbox"/> in-patient <input type="checkbox"/> surgery <input type="checkbox"/> drugs <input type="checkbox"/> other method (specify)					
What recommendations have you received?					
Was the examination/monitoring/treatment finished? <input type="checkbox"/> no <input type="checkbox"/> yes If so, when					
What after effects has the disease/disorder led to?					
5. Are you planning within the next 2 years an examination, treatment, medication, surgery, hospitalization, preventive check, control check or has the same been recommended to you? <input type="checkbox"/> no <input type="checkbox"/> yes If so, specify what you are planning or what has been recommended to you:					
.....					
When Where..... Reason					
6. Are you regularly taking any medicine? <input type="checkbox"/> no <input type="checkbox"/> yes If so, specify which					
7. Have you had an accident, injury or poisoning? <input type="checkbox"/> no <input type="checkbox"/> yes If so, specify what					
When Consequences					
8. In case you suffered or suffer from cardiopathia or vasculopathy, give the current blood pressure /					
9. ONLY FOR WOMEN: Are you pregnant? <input type="checkbox"/> no <input type="checkbox"/> yes If so, specify the week of pregnancy <input type="text"/> week					
Is your current pregnancy monitored by a doctor? <input type="checkbox"/> no <input type="checkbox"/> yes Is your current pregnancy a complicated/risk one? <input type="checkbox"/> no <input type="checkbox"/> yes					

Declaration of the client

Use a separate supplement if boxes above are not sufficient, please.

I hereby declare that I understood the questions mentioned in this health questionnaire, all the answers to them are true, complete and I did not withhold any facts. I am aware of possible consequences in case of withholding serious circumstances or providing incorrect information about health condition of the insured (withdrawal from the contract, refusal to pay benefits). I am aware that, under the Law on insurance, the insurer may process my personal data and personal data of the insured, including information about their health condition, in the scope which is necessary for risk assessment for concluding or changing the insurance contract and for settlement of the insurance claim. I authorize the insurer to obtain information on my health condition from doctors and / or healthcare providers who provided or will provide me with healthcare. At the same time, I give my consent to the insurer to provide consultancy services by the phone when filling in the questionnaire, even if some of the above answers are incomplete, sufficient or unambiguous. This statement was not made under pressure, time distress or other unfavorable conditions that could cause incorrect or incomplete information, which I certify with my signature.

In day

Signature of the client

Representative (name, surname, work place, telephone number)

Agreement of the client with administration of personal data

1. I hereby give my consent to the company Union poisťovňa, a.s. with the registered office Karadžičova 10, 813 60 Bratislava for processing of my personal data in the scope of the name, surname, personal identification number, date of birth and information on occupation, health condition, height, weight, purpose of the stay, smoking and provided healthcare services for the purpose of registration of potential clients with the aim to conclude an insurance contract in the future. Personal data will not be made available or provided to other entities or published.
2. The consent for processing of personal data under Item 1 is given for a maximum of 2 years and may be revoked at any time. Revocation of the consent does not affect lawfulness of processing based on consent prior to its revocation. Revocation of consent is possible in writing by sending a letter to the company or by email to the dataprotection@union.sk.
3. The **person concerned** is the applicant for insurance.

4. Recipients of personal data

Personal data can be provided to:

- the company ensuring digitization of documents of the insurer: NUPSESO, a.s., IČO: 36525791,
- the company carrying out the activity of the archive center and registry administration: IRON MOUNTAIN SLOVAKIA, s.r.o., IČO: 36232734,

5. Rights of the person concerned:

The person concerned has the following rights against the insurer in relation to processing of his/her personal data:

- 5.1. The right to obtain confirmation whether personal data related to the person are processed and if so, the right to have access to this personal data together with the information provided in this instruction
- 5.2. The right against the insurer to correct his/her incorrect personal data and to complete his/her incomplete personal data.
- 5.3. The right to delete (forget) his/her personal data if they are no longer needed for the purposes for which they were acquired or processed in other way.
- 5.4. The right of the Insurer to reduce processing of his/her personal data if:
 - the person concerned challenges correctness of the personal data during the period of verification of their accuracy,
 - processing is unlawful and the person concerned objects to deletion of personal data and requires instead restrictions on their use,
 - the insurer does not need personal data for processing but the person concerned needs them for proving, applying or defending claims.
- 5.5. The right to obtain personal data related to him/her which he/she provided to the insurer and also the right to transfer the data to another operator
- 5.6. The right to object to processing of his/her personal data with the insurer
- 5.7. The right to file a complaint to Data Protection Office if he/she deems that processing of personal data related to him/her is in contradiction with the data protection law.
- 5.8. The right to object and to refuse to submit to the decision of the insurer which would have legal effects or significant impact on him/her, if such a decision is made solely on the basis of automatic processing of personal data. The person concerned has the right to ask the insurer to review the decision by using a method different from automatic processing, and the Insurer is required to comply with the request in such a way that employees of the insured will have a decisive role in reviewing the decision. The insurer shall inform the person concerned on the method of the review and the result of the finding within 30 days from receipt of the request.
- 5.9. The right to ask for the identity of the person who is in charge of obtaining personal data
- 5.10. If the personal data were not obtained from the person concerned, the person concerned has the right to get the information from what source were his/her personal data obtained, or to get the information whether the data come from publicly available sources.

If the person concerned is not capable of legal acts, his/her rights may be exercised by a legal representative.

If the person concerned does not live, his/her rights under the data protection legislation may be claimed by a close person.

The person concerned may exercise his/her right

- a) in writing at the address of the insurer's residence or at the electronic address dataprotection@union.sk,
- b) in person in verbal form recorded to the minutes, from which it must be clear who claimed the right, what was claimed and when and who prepared the minutes, his/her signature and the signature of the person concerned; the obligation of the insurer is to hand over a copy of the minutes to the person concerned,
- c) through an intermediary under (a) or (b), who is obliged to pass this request or the minutes to the insurer without undue delay.

6. Personal data will not be made public.