

Questionnaire for conclusion of insurance "Allianz Health"

Information about the Insurer:

Company/Name:	
UIC/BULSTAT:	
Legal representative:	
Registered office and address of management:	
Address for correspondence, if different:	
Contact person (full name, phone number, email address):	
Main activity (according to the classification of the NSI):	

The questionnaire shall be filled in on the occasion of:

- taking out insurance for the first time;
 - renewal of existing insurance;
 - Other:
-
-

1. What is the total number of all your employees on the list? _____

2. How many employees, by age groups, do you want to insure?

Age range	Number of persons
18 – 24	
25 – 50	
51 – 64	
65 +	
TOTAL	

7. What insurance coverage do you want to provide?

By predefined coverages (see Allianz Health Health Modules):

Insurance Package / Level	COMFORT It includes the following health modules: <ul style="list-style-type: none"> • Outpatient medical care • Hospital medical care • Critical conditions and second medical opinion 	EXTRA It includes the following health modules: <ul style="list-style-type: none"> • Outpatient medical care • Hospital medical care • Critical conditions and second medical opinion • Health goods 	MAX It includes the following health modules: <ul style="list-style-type: none"> • Outpatient medical care • Hospital medical care • Critical conditions and second medical opinion • Health goods • Dental care
	<input type="checkbox"/> Level 1 <input type="checkbox"/> Level 2 <input type="checkbox"/> Level 3	<input type="checkbox"/> Level 1 <input type="checkbox"/> Level 2 <input type="checkbox"/> Level 3	<input type="checkbox"/> Level 1 <input type="checkbox"/> Level 2 <input type="checkbox"/> Level 3
Health module PREVENTION	<input type="checkbox"/> Option 1 <input type="checkbox"/> Option 2 <input type="checkbox"/> Option 3 <input type="checkbox"/> Option 4 <input type="checkbox"/> Option 5 <input type="checkbox"/> Option 6 <input type="checkbox"/> Option 7 <input type="checkbox"/> Option 8 <input type="checkbox"/> Option 9	<input type="checkbox"/> Option 1 <input type="checkbox"/> Option 2 <input type="checkbox"/> Option 3 <input type="checkbox"/> Option 4 <input type="checkbox"/> Option 5 <input type="checkbox"/> Option 6 <input type="checkbox"/> Option 7 <input type="checkbox"/> Option 8 <input type="checkbox"/> Option 9	<input type="checkbox"/> Option 1 <input type="checkbox"/> Option 2 <input type="checkbox"/> Option 3 <input type="checkbox"/> Option 4 <input type="checkbox"/> Option 5 <input type="checkbox"/> Option 6 <input type="checkbox"/> Option 7 <input type="checkbox"/> Option 8 <input type="checkbox"/> Option 9
Number of employees*			
Number of family members per employee*			

* Indicate on line 3 the total number of employees (respectively on line 4 – the total number of Family Members of employees) to be insured under the respective Insurance Package/level. You can choose different Insurance Packages for different groups of insured persons.

For each individual Insurance Package, the Health Module PREVENTION can be selected as an additional option among the possible options.

For groups with more than 100 employees – according to the Assignment*

* Attach a detailed description of the requested coverages and/or special arrangements.

8. How do you want the lists of insured persons to be changed, respectively to calculate the premium due?

Once a month – a premium is charged for a whole month in which there is at least one day of coverage

(Proportional tariff - standard)

Daily – a premium is charged for each day with coverage

(Short-term tariff – with a 10% increase)

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9. How do you want the limits for the persons to be included during the term of the contract to be calculated?

- Full limits Accordingly, the remaining period

10. How do you want to pay the insurance premium?

- Once Deferred, in _____ installments*

* The maximum number of installments for the term of the insurance can be 12.

11. When do you want the insurance coverage to start?

12. Do you want an English version of the documents?

- Yes Not

13. Have you taken out medical insurance in previous years and with which insurers?

- Yes* Not

* If the answer is "Yes", please fill in the following table:

Previous Insurer	Another year

14. Do you have valid insurance with another insurer?

- Yes, at _____ Not

For groups with more than 100 employees, if the answer is "Yes", in order to prepare an adequate offer, please provide*:

1. data on the amounts of damages paid by the current insurer on coverages and by groups of insured persons (if they have different coverage), for a certain period, specifying the average number of persons insured during this period and whether commission and administrative costs are included
2. Detailed description of the current coatings

* In the absence of the necessary information, an offer can only be prepared "Under predefined coatings".

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Under the terms of item 1 of Section XIX "Additional Conditions" of the General Terms and Conditions, the Insurer declares that:

agrees disagrees,

1. that the legal force of the electronic signature and the advanced electronic signature is equivalent to that of the handwritten signature of the person making statements in connection with the Insurance; and
2. that he/she wishes to be the addressee of electronic statements within the meaning of Art. 5 of the Insurance Act.

About **Insurer:** _____

Date: _____

(full name and signature, company of the insurer)

city/village _____

It is filled in ex officio upon acceptance of the Questionnaire by the Insurer.

Accepted for **Insurer:** _____

Date: _____

(three names and signature, company of the insurance intermediary)

city/village _____