

# APPLICATION FORM

For LIFE INSURANCE – Allianz Onco Care

Representation, city of ..... Code ..... Application No. LC .....  
Agent: Name ..... Code ..... Date of receipt.....  
Checked: Name ..... Signature..... Policy No.....  
 New insurance                       Reimbursement of policy No. ....                       Change of policy No.....

## I. Policy holder:

Name: .....  
 Legal entity/sole trader                       Male                       Female                      Citizenship: .....  
Taxable person in (country/s): ..... Identification number/s/ for tax purposes: .....  
Personal data: ID card/passport No..... issued on..... issued by..... Personal No. /EGN/.....  
Date and place of birth: ..... Marital status: .....  
Profession, occupation, position: .....  
Place of work: .....  
Permanent address / Management address: .....  
Correspondence address: .....  
Tel.: ..... Mobile ..... e-mail.....  
UIC, representative (three names) .....  
Representative Personal No. /EGN/.....

## II. Insured (Main insured):

The Policy holder and the insurance applicant are the same person (In this case the data for the Main Insured may not be filled in below)

1. Name:.....  
 Male                       Female                      Citizenship: .....  
Taxable person in (country/s): ..... Identification number/s/ for tax purposes: .....  
Personal data: ID card/passport No..... issued on..... issued by..... Personal No. /EGN/.....  
Date and place of birth: ..... Marital status: .....  
Profession, occupation, position: .....  
Place of work: .....  
Permanent address / Management address: .....  
Correspondence address: .....  
Tel.: ..... Mobile ..... e-mail.....

## III. Additional insured person(s):

Only children of the Insured (Main Insured) under the age of 18 may be added as additional insured persons. The validity of the insurance for an additional insured person is terminated as of 00.00 on the day he/she turns 18 years old.

1. Name:..... Personal No. /EGN/.....  
2. Name:..... Personal No. /EGN/.....  
3. Name:..... Personal No. /EGN/.....  
4. Name:..... Personal No. /EGN/.....  
5. Name:..... Personal No. /EGN/.....

**IV. Insurance data:**

**Life Insurance - Allianz Onco Care**

Insurance currency: BGN Age: ..... Term of insurance: 5 years Start (dd/mm/yy) ..... End (dd/mm/yy) .....

**Covered risks:**

- 1. Death of the Insured (Main Insured) (This risk is not covered for the Additional Insured Person (s))
- 2. Diagnosis of a malignant tumor
- 3. Medical Second Opinion

Sum insured for the risk Death of the Insured (Main Insured): **BGN 1,000**

Sum insured for the Insured (Main Insured) for the risk Diagnosis of a malignant tumor:

BGN 10,000       BGN 20,000       BGN 50,000       BGN 75,000       BGN 100,000

Sum insured for Additional insured person(s) for the risk Diagnosis of a malignant tumor:

**30% of the sum insured for the Insured (Main Insured) for the risk Diagnosis of a malignant tumor, but not more than BGN 20,000**

Total insurance premium:     monthly                                       quarterly                                       annual

..... (in words ..... ) BGN

**Beneficiary(ies) in case of death of the Insured (Main Insured):**

**Personal No./EGN/    % of the amount**

- 1. ....
- 2. ....
- 3. ....

**Personal health declaration of the applicant(s) for insurance**

Provide the name, address and telephone number of your GP: .....

- 1. I/We declare and confirm that neither I nor my children are currently conducting diagnostic examinations and/or tests, as well as treatment or have ever been diagnosed and treated for any form of malignancy, leukemia, lymphoma, skin lesions, including bleeding or painful moles or those of varying color and increasing size.
- 2. I/We declare and confirm that neither I nor my children are currently conducting diagnostic examinations and/or tests, as well as treatment or have ever been diagnosed and treated for colon polyposis, inflammatory bowel disease (Crohn's disease or ulcerative colitis), polycystic kidney disease, benign breast tumors, asbestosis, some form of hepatitis or liver cirrhosis.
- 3. I/We declare that the circumstances announced and confirmed by me/us above are true and I/we agree that this information should be used for risk assessment in connection with the insurance.
- 4. I have been informed that Allianz Bulgaria Life Insurance JSC may refuse to pay in whole or in part an insurance indemnity or an amount in case of incorrectly declared or concealed essential information concerning my health condition and/or that of my children and/or another circumstance significant for the risk before concluding the insurance, which had an impact on the occurrence of the event.
- 5. I agree that any doctor, nurse, hospital employee or employer, NHIF or RHIF should provide Allianz Bulgaria Life Insurance JSC with any information about my health condition and/or that of my children.
- 6. I/we declare that I/we have received a copy of this application and accept the explanations on the reverse side, representing the information under Art. 324 and Art. 327 of the Insurance Code. I declare that I/we am/are familiar with and accept the General Terms and Conditions of the Risk Life Insurance of Allianz Bulgaria Life Insurance JSC, current as of the date of concluding the insurance.

City, date .....

Name(s) and signature(s) of the insurance applicant(s):

1. Insured (Main insured):

Name and signature:

.....

2. Additional insured person(s) aged 14 to 18 years:

2.1. Name and signature:

.....

2.2. Name and signature

.....

2.3. Name and signature

.....

Signature of the Insurer: .....

Agent's signature: .....

## I. CONCLUSION OF THE INSURANCE CONTRACT

1. In order to conclude the insurance contract, it is necessary for the Policy holder to fill in this application. Along with the application, the Policy holder and the insurance applicant(s) shall submit the following documents: a copy of the identity document (ID card) of the insurance applicant(s) aged 14 and over and of the Policy holder when the Policy holder is a natural person, and a certificate of birth of the additional insured person(s). When the Policy holder is a legal entity or sole trader, a copy of a certificate of current status from the relevant register shall be submitted, and if the person is not subject to registration - a certified copy of the memorandum of association and registration of the name, registered office, address and representative. In this case a copy of the BULSTAT registration is also submitted. When the policy holder and/or the Insured person wishes to receive information about the insurance at another address, they may indicate in the application a correspondence address.
2. The applicant(s) for insurance (the Main Insured and the Additional Insured Persons aged 14 to 18) is/are obliged to personally sign the personal health declaration, but only on condition that the circumstances indicated in it are correct.
3. The Policy holder and the insurance applicant(s) shall sign this application in their own handwriting, certifying their consent to conclude the insurance under the specified conditions and the accuracy of the data declared by them.
4. Allianz Bulgaria Life Insurance Joint Stock Company has the right to request additional information from the policy holder and/or the applicant(s) for insurance before concluding the insurance contract. If in the period between the signing of this application and the conclusion of the insurance contract, as well as during the entire period of the contract, changes occur in the declared circumstances, the Policy holder and/or the Insured(s) are obliged to immediately notify the Insurer in writing.
5. In cases where insurance is concluded on the life of another person, the insurance contract is valid only if it is concluded with his explicit written consent or with the consent of his legal representatives, when he is aged 14 to 18 years. The insurance with coverage in case of death of a minor or a person placed under full incapacity is invalid, as well as the insurance with coverage of the risks of abortion or stillbirth. The written consent of the other person shall be certified by a handwritten signature in the application and in the insurance policy. The Insured Person may always object in writing to the Insurer, who is obliged to terminate the insurance contract.
6. Upon submission of this application, the Policy holder shall be obliged to pay the first insurance premium due under the insurance. If the insurance contract is not concluded for one reason or another, Allianz Bulgaria Life Insurance JSC returns the paid premium, deducting all incurred expenses.
7. The insurance contract is concluded with the issuance of an insurance policy by Allianz Bulgaria Life Insurance JSC. With regard to the covered risks, the insurance shall enter into force at 00.00 on the day following the day on which the insurance policy is issued and signed, but not earlier than 00.00 on the day following the day on which the first insurance premium is paid, and the period of insurance coverage determined by the insurance contract has begun.

## II. PAYMENT OF INSURANCE PREMIUMS

1. The Policy holder is obliged to take care of the regular payment of the due insurance premiums under the insurance contract, without the need for the Insurer to remind him about this.
2. The insurance premiums are considered to be paid regularly if they are paid in accordance with the procedure established by Allianz Bulgaria Life Insurance JSC in the amount and terms agreed with the insurance policy and specified in the general terms and conditions.
3. The premiums are paid by bank transfer to the account of Allianz Bulgaria Life Insurance JSC or in another way determined by the Insurer. Any costs incurred in connection with the payment of the insurance premium are at the expense of the Policy holder. Allianz Bulgaria Life Insurance JSC is not liable in case the payment of the insurance premiums cannot be certified by the Policy holder by presenting a proper document for the amount paid.
4. The insurance is valid for the full amount of the sum insured and for the covered risks, if the monthly, quarterly or annual premium is paid regularly or no later than 24.00 on the 60th day from the date on which it was due, i.e. within the two-month risk period. If the due insurance premium is not paid within the two-month risk period, the Insurer does not owe amounts for events that occurred after its expiration.
5. Where irregular insurance is not reimbursed within six months from the date on which the insurance premiums due are paid, it shall be terminated without any sums being paid. Terminated insurance cannot be reimbursed.

## III. RIGHT TO UNILATERAL TERMINATION

1. The insurance contract for life insurance with a term of more than 6 months may be unilaterally terminated by the Policy holder under the conditions of Art. 447 of the Insurance Code within 30 days from the date of its conclusion. In this case, the Insurance company shall reimburse the insurance premium, except for the part corresponding to the time during which he has borne risk, if no insurance event has occurred.
2. The Policy holder has the right to request termination of the insurance even after the expiration of the 30-day term from the date of its conclusion, in which case the provisions of the General Terms and Conditions shall apply. Terminated insurance cannot be reimbursed.

## IV. PAYMENT OF AMOUNTS

1. Allianz Bulgaria Life Insurance JSC owes amounts under current insurance contracts only for the risks and in the amounts specified in the insurance contract, provided that the due insurance premiums are regularly paid.
2. The Insurance company pays the amounts due within the terms established in the general conditions or in the specific insurance contract, after submission by the Insured and/or the Beneficiary of the documents specified in the contract and the general conditions to it.

## V. OTHER TERMS

1. The content of the issued contract may deviate from that contained in this application. The application is an integral part of the insurance contract. Signing and submitting the application does not mean that the insurance contract has been concluded.
2. Any verbal arrangements made in connection with the insurance contract do not bind Allianz Bulgaria Life Insurance JSC.
3. All rights arising from the concluded insurance contracts shall be repaid by a limitation period after the expiration of five years from the occurrence of the insurance event.

### 4. Short message for personal data protection

From 25 May 2018, the new regulation for the protection of personal data of consumers in the European Union will apply. Below you will find brief information about the way in which we in Allianz Bulgaria comply with the requirements of the regulation and protect your personal data.

**What is your personal data?** Any information relating to you that may, directly or indirectly in conjunction with other data, lead to your identification is Personal Data. That is why at Allianz we strive to protect the information related to you as much as possible.

**What we use your personal data for?** We collect and use your personal data based on your explicit consent (only if consent is required) for the purposes listed below:

- In order to prepare, conclude and administer your contracts for the use of financial services;
- To provide you with services and products that more accurately meet your needs;
- To meet the legal requirements for us as a financial services company;
- In order to send you information related to your contracts, as well as information about products and services that meet your needs.

### Possible sources of your personal data:

- Directly from you when you provide them to us;
- Public sources (commercial register, etc.) and third parties (insurance intermediaries, business partners, insurers, etc.).

**Can your data be disclosed?** Yes, to the following persons:

- Government and other public bodies, Allianz Group companies, other insurers and/or reinsurers, insurance intermediaries/brokers, banks and others;
- Technical consultants, lawyers, damage assessors, repair shops, doctors, as well as other persons to whom we assign the performance of specific activities related to the servicing or offering of financial services contracts;
- Other persons to fulfill our legal obligations.

### How long we store your personal data?

Allianz Bulgaria Life Insurance JSC stores your personal data for as long as necessary for the above purposes and for the fulfillment of our legal obligations.

**Can your data leave the territory of Bulgaria or the European Economic Area /EEA/?** Yes, your Personal Data may be processed by the above-mentioned persons both inside and outside the EEA. When we transfer personal data for processing by another company from the Allianz Group outside the European Economic Area, this is done on the basis of the approved Mandatory Corporate Rules (MCR) of Allianz and the Allianz Standard for Personal Data Protection, and when Allianz MCRs do not apply, we provide the necessary level of protection of your personal data.

### This is your personal data and you have the right:

- to access information to learn more about how the data is processed and disclosed;
- to restrict the processing of data that affects you or to withdraw your consent to the processing of this data;
- to stop the processing of your personal data, including for direct marketing purposes;
- to request correction or deletion of your data;
- to want us to provide your data to another financial services company;
- to file a complaint.

If you have any additional questions related to your personal data, do not hesitate to contact us and view our detailed Privacy Notice on our website [www.allianz.bg/GDPR](http://www.allianz.bg/GDPR).

5. The taxes due by the parties in connection with the payment of insurance premiums and insurance sums under the insurance contract shall be determined in accordance with the current legislation.
6. Disputes arising between the parties in connection with the insurance contract shall be settled through negotiations and in accordance with the internal rules of the Insurance company, and in case of disagreement all disputes arising from the insurance contract or relating to its interpretation, performance, termination or invalidity, as well as disputes to fill in the gaps will be decided in court according to the norms of the Bulgarian legislation.
7. Users of insurance services may file complaints to Allianz Bulgaria Life Insurance JSC in accordance with the procedure established in the rules for settling claims under Article 104, paragraph 1 of the Insurance Code, which rules are announced on the website of the Insurance company.
8. Users of insurance services may also file complaints (except in accordance with the previous item) before the Financial Supervision Commission.
9. An insurance service user who has the status of a consumer within the meaning of § 13, item 1 of the Additional Provisions of the Consumer Protection Act may also refer the dispute for out-of-court settlement to the Sectoral Conciliation Commission for Dispute Resolution in the Field of Insurance and insurance intermediation, including the provision of distance financial services in these sectors to the Consumer Protection Commission. The forms of out-of-court settlement of disputes that are available to the user of insurance services are: negotiations between the parties and mediation.
10. The report on the solvency and financial condition of Allianz Bulgaria Life Insurance JSC is published on the insurer's website: [www.allianz.bg](http://www.allianz.bg).
11. The legislation of the Republic of Bulgaria is applicable.
12. An integral part of the insurance contract are the General Terms and Conditions of the Risk Life Insurance of Allianz Bulgaria Life Insurance JSC.