EuroLife

APPLICATION FORM FOR GROUP LIFE INSURANCE

NAME OF POLICYHOLDER: ***"The Grammar School" Parents Association*** GROUP POLICY no.: ***5000086***

NAME OF PROPOSED INSURED: _____

DATE OF BIRTH: _____ IDENTITY CARD no.: _____ GENDER: _____

PRESENT OCCUPATION: _____ SMOKING STATUS: YES ☐ NO ☐

HEIGHT:_____ WEIGHT:_____ GAIN OR LOSS FOR PAST YEAR: _____

PERSONAL PHYSICIAN (NAME AND ADDRESS) : _____

CHILD'S/CHILDREN'S DETAILS

s/n	Name and Surname	Date of Birth	Identity Number No.	Remaining School Years
1.				
2.				
3.				
4.				

PROPOSED INSURED HEALTH QUESTIONNAIRE

		YES	NO
1.	Are you now in good health and entirely free from any mental or physical impairments or deformities?		
2.	Have you ever suffered or do you now suffer from:		
a)	diseases of the circulatory system (e.g. heart trouble, rheumatic fever, high blood pressure, diseases of the arteries and veins)?		
b)	diseases of the respiratory system (e.g. tuberculosis, asthma, persistent cough, pneumonia)?		
c)	diseases of the genito-urinary system (e.g. infections of the kidneys, urinary or genital organs, renal stones, venereal disease)?		
d)	diseases of the gastro-intestinal system (e.g. digestive disorders, gastric or duodenal ulcer, hepatitis B or other disorders of the liver, disorders of the gall bladder)?		
e)	diseases of the nervous system or mental disorders (e.g. epilepsy, fits or fainting attacks, frequent headaches, nervous breakdown)?		
f)	diabetes, cancer, or any diseases of the blood, glands, spleen, ears, eyes or skin?		
g)	unexplained night-sweats and/or loss of weight, persistent fever, chronic or recurrent diarrhea, unexplained infections or swollen glands?		
h)	any other diseases or ailments not mentioned above?		
3. a)	Have you ever had or been advised to undergo hospital treatment ?		
b)	Have you ever had or been advised to undergo surgery?		
4.	Have you ever had or been advised to have a blood test for Aids or an Aids-related condition or have you ever been refused as a blood donor?		
5.	Have you consulted a physician for any reason, including routine examinations and blood tests?		
6.	Have you received any blood transfusions within the past 5 years?		
7.	Have you ever received or do you now receive any disability benefit?		
8.	Has any proposal for life assurance or disability ever been declined or postponed or been accepted with an extra premium?		

If you answered "NO" in question 1 or/and "YES" to any of the questions 2 - 8, please give more information (including dates, duration and treatment, names and addresses of physicians), on "DETAILS" on page 2.

DETAILS

IMPORTANT NOTE

All the information that is material for the evaluation of this Application should be disclosed to the Company. Any non-disclosure may give cause to the rejection of a claim. Material fact is any fact that, in the Company's opinion, may affect the evaluation of the risk and the acceptance of the Application. If you are in doubt about the materiality of a circumstance you should disclose it. You can keep a photocopy of this Application.

PERSONAL DATA PROTECTION LAW (138(I)/2001)

In accordance with the provisions of the above Law, the Bank of Cyprus Ltd, being the "Controller", informs the Data Subject that in order to conclude and execute the Insurance Contract it is necessary to process Personal Data, some of which are considered Sensitive Data.
The data will be entered, either in a manual or electronic form, into one or more interconnected archives, which will be kept by EuroLife Ltd or other company of the Bank of Cyprus Group or other affiliated / co-operating company.

In addition to the basic purpose of the processing of the Data, which is the execution of the Insurance Contract, the data will also be subject to processing with the purpose of Promoting Products and Services and / or Research and Statistical Analysis.
Recipients of the data will be the pertinent personnel of Eurolife Ltd or the Bank of Cyprus Group or the affiliated / co-operating company or person, who / which are under the control of the Processor and comply with the principles of secrecy. Any Medical Doctors who have examined or will be examining the Data Subject may also become Recipients of the Data and their pertinent personnel.
The Data Subject has the rights for Information, Access, Rectification and Objection to the processing of his personal data. Specifically for the processing of Sensitive Data, explicit Consent of the Data Subject is required.

In case the Data Subject refuses to give his Consent or objects to the processing of his Personal Data, EuroLife Ltd is entitled to discontinue the Insurance Mediation process or to terminate the Insurance Policy or to reject any submitted Claims.

DATA SUBJECT'S DECLARATION

I hereby declare that I have been informed of the provisions of the Law and that by signing this Application I give my explicit Consent for the collection and the processing of my Personal Data, whether being sensitive or not.
I also give my Consent for the processing of my Personal Data by the Companies of the Bank of Cyprus Group, for the purpose of Distance-Marketing of Products or Distance-Provision of Services. YES ☐ NO ☐

Signature of Subject's Declaration: _____

Name of Subject's Declaration: _____

DECLARATION AND AUTHORISATION

I hereby declare that to the best of my knowledge and belief, all statements and answers on the application are true and complete. I authorise **"EUROLIFE LTD"** to request and obtain medical information about my physical and mental state of health from any doctor that has examined me or has medical records concerning my health. I also authorise EuroLife Ltd to request and obtain information from any Insurance Company to which I have applied for insurance cover. A photocopy of this Authorisation will be valid as the original.

Signature of Proposed Insured: _____

Name of Proposed Insured: _____

Signature and Seal of Policyholder: _____

Place & Date: _____