



For official use only.  
 Date received

Bulgaria Insurance Use Only.  
 Membership Number

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Bulgaria Insurance Use Only. Effective Date

D	D	M	M	Y	Y	Y	Y
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Insurance Intermediary's

Signature \_\_\_\_\_

Print name \_\_\_\_\_

Insurance Intermediary's

Code \_\_\_\_\_

# Application Form

Bulgaria Insurance

## HEALTH WITHOUT BORDERS

International Healthcare Plans

Company stamp:  
 (When applying for corporate membership).

Group number:

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Please complete this form using Block Capitals and by ticking the relevant boxes. It is important that you provide the following information so that we can properly assess your application. If, therefore, you do not answer the questions we shall take that failure to answer to mean that you have nothing to disclose. *This application must be completed by you or your parent/legal guardian in your/their own handwriting. If you need to make a correction, please initial the change.*

### Part A: Application details

#### 1. Your personal details (please keep us informed of any change of your address)

Title \_\_\_\_\_ Surname \_\_\_\_\_

Full forenames \_\_\_\_\_ Date of birth 

D	D	M	M	Y	Y	Y	Y
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Address \_\_\_\_\_

Postal address (if different from official address) \_\_\_\_\_

PIN (Personal Identification Number) \_\_\_\_\_

Telephone No. \_\_\_\_\_ Mobile No. \_\_\_\_\_ E-mail \_\_\_\_\_

Occupation \_\_\_\_\_ Name of company/employer \_\_\_\_\_

Nationality \_\_\_\_\_ Country, in which you live for most of the year (180 days) \_\_\_\_\_

#### 2. Your choice of plan

Plan A Option 1  Plan A Option 2  Plan B  Plan C

Additional Screening Benefit

Cover will commence only when we have received your written acceptance of any underwriting terms and your premium has reached our bank account.

#### 3. Existing or any previous membership number

*If you have ever been a member, or applied for membership of a Bulgaria Insurance or AXA PPP healthcare Limited, health insurance scheme you must declare it.*

Bulgaria Insurance  AXA PPP healthcare Limited

Number: 

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Scheme name: \_\_\_\_\_ Date: \_\_\_\_\_

#### 4. Additional family members to be covered

Title \_\_\_\_\_ First name and other initials \_\_\_\_\_ Surname \_\_\_\_\_ Nationality \_\_\_\_\_

Relationship to you (Spouse, partner, son/daughter) \_\_\_\_\_ Date of birth 

D	D	M	M	Y	Y	Y	Y
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 PIN (Personal Identification Number) \_\_\_\_\_ Residing in: \_\_\_\_\_

Title \_\_\_\_\_ First name and other initials \_\_\_\_\_ Surname \_\_\_\_\_ Nationality \_\_\_\_\_

Relationship to you (Spouse, partner, son/daughter) \_\_\_\_\_ Date of birth 

D	D	M	M	Y	Y	Y	Y
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 PIN (Personal Identification Number) \_\_\_\_\_ Residing in: \_\_\_\_\_

Title \_\_\_\_\_ First name and other initials \_\_\_\_\_ Surname \_\_\_\_\_ Nationality \_\_\_\_\_

Relationship to you (Spouse, partner, son/daughter) \_\_\_\_\_ Date of birth 

D	D	M	M	Y	Y	Y	Y
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 PIN (Personal Identification Number) \_\_\_\_\_ Residing in: \_\_\_\_\_

#### 5. Frequency of payment

Annually  Monthly

If the above details are different for any additional persons please list on a separate sheet.

#### 6. Medical practitioner(s) most frequently used in the last 5 years

Name \_\_\_\_\_

Address \_\_\_\_\_

## 7. Confidential medical history (Declarations must be made in writing on this application. Verbal declarations WILL NOT be accepted)

Please Note: (i) NO LIABILITY WILL BE ACCEPTED FOR ANY MEDICAL CONDITION WHICH ORIGINATED BEFORE THE DATE OF ENROLMENT OR WHICH WAS FORESEEABLE AT THE TIME OF APPLICATION unless such medical condition has been declared to and accepted by Bulgaria Insurance in writing. (ii) Failure to notify Bulgaria Insurance of a medical condition may result in claims for benefit being refused or cover withdrawn. If you are in any doubt you should disclose the medical condition.

Please ensure that you fully disclose any known or suspected conditions and symptoms experienced by anybody included in this application. This applies even if professional advice has not yet been sought. Typical examples are varicose veins, allergies, backache, foot disorders (e.g. bunions), hemorrhoids, gynaecological problems (including any irregularities of menstruation), complications of pregnancy (e.g. caesarian section), digestive irregularities, skin problems, trouble with heart, limbs, eyes, 'nerves', etc any ear, nose or throat problems or any pains, swellings, lumps or fever.

**Section A** You must declare your medical history even if you have been insured with us or anyone else before.

Please consider the following five questions as they apply to each of the people named. Answer each question by clearly ticking one of the corresponding Yes/No boxes.	Applicant		1st family member		2nd family member		3rd family member	
	Name		Name		Name		Name	
1. Has any in-patient stay in a hospital or nursing home taken place within the last five years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Has any specialist/medical practitioner been consulted within the last five years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you experienced any symptoms but not consulted a medical practitioner in the last five years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Has any medical practitioner been consulted and/or provided prescriptions for any drugs or medication within the last two years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Does any chronic/long-term medical or dental condition exist or has there been any other known disability, abnormality or recurrent illness or injury during the last five years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Is there any known or foreseeable need to consult any doctor or other health professional?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Is there any major condition falling outside the 5 year period mentioned above that we should know about? In good faith you must declare it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Section B** (Please continue on a separate sheet if necessary. And if you do so, please identify the applicant by name, sign and date the additional sheet.)

This section applies if you have indicated 'Yes' replies in Section A. Please disclose all medical conditions (or undiagnosed symptoms) to which these replies are intended to apply. Use column 3 to list them separately and give the further detailed information required by columns 4 to 6.

1. Name of patient	2. Question number from Part A	3. Nature of illness/disability and treatment received	4. When was treatment received			5. Need for any further treatment or consultation	6. Present state of health in this respect
			Month	Year	Duration		

## 8. Your Signature and Declaration

**Declaration:** I declare that to the best of my knowledge and belief, the statements on both sides of and any attachments to this application form are full, true and correct. I understand that Bulgaria Insurance will send me an Offer of Insurance including the terms and conditions applicable to my policy in advance of the policy being issued. I will read that Offer of Insurance and either sign to accept those the terms and conditions or indicate that I do not wish to proceed with the insurance. I will confirm my acceptance within the validity period of the Offer for Insurance or Bulgaria Insurance will assume that I do not wish to proceed. I agree that Bulgaria Insurance or AXA Global Healthcare (UK) Limited may contact my/our medical practitioner(s) and/or any previous insurer for further details of my/our medical history and authorise such practitioner(s)/entities to release any information Bulgaria Insurance or AXA Global Healthcare (UK) Limited may require. Full policy terms and conditions can be found on our website [www.bulgariainsurance.bg](http://www.bulgariainsurance.bg).

In pursuance of the General Data Protection Regulation in Section II of the Application form we provide you with the information on your personal data that are being processed in connection with the conclusion and the implementation of an insurance contract. Please read the relevant Privacy Notice and Declaration on Personal Data Processing carefully, and only sign below if you understand and accept them (full information can be found at <https://www.bulgariainsurance.bg/bg/about/zashtita-na-lichnite-danni>).

Signature: ✕ \_\_\_\_\_ Print Name: ✕ \_\_\_\_\_ Date: ✕ \_\_\_\_\_

Please note: You are advised to keep a record of all information supplied in connection with this application, including any letters you send to us in connection with it. If you would like a copy of this application please let us know within 90 days. After completing this application form and signing the Declaration, please return to:

Bulgaria Insurance, 83A Bulgaria Blvd., 1404 Sofia, Bulgaria. Tel: +359 (0) 700 13 555

For Bulgaria Insurance use only

(Underwriting terms pertaining to this application)	Underwriter's signature
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## Part B: Privacy Notice and Declaration on Personal Data Processing

In pursuance of the General Data Protection Regulation in Part B of the Application form we provide you with the information on your personal data that are being processed in connection with the conclusion and the implementation of an insurance contract. Please read the Privacy Notice and Declaration on Personal Data Processing carefully, and only sign below if you understand and accept them.

### Privacy Notice and Declaration on Personal Data Processing

*Bulgaria Insurance AD (Republic of Bulgaria), referred to hereinafter as Bulgaria Insurance recognises its responsibilities in relation to the collection, holding, processing, use and/or transfer of personal data under the Regulations in relation to Personal Data Protection.*

*Personal data will be collected only for lawful and relevant purposes and all practicable steps will be taken to ensure that personal data held by the Company is accurate. Processing is necessary in order for us to provide your insurance policy and services, such as assessing your application and providing a quote, setting you up as a policyholder, administering and managing your insurance policy, providing all related services, handling and paying claims and communicating with you. The information that we collect will depend on our relationship with you. Where other people are named on your policy, we may ask you to provide the information below in relation to those people too, if this is relevant to your insurance. When you join Bulgaria Insurance you will either do so on a personal policy or under a group scheme. We may collect information directly from you, from/via your partner, your parent's or employer. Depending on the type of scheme we may collect health information at the start, as well as personal information such as your date of birth and address. Depending on the type of scheme/policy we may use the personal and sensitive information in order to assess the price and determine any exclusions we need to apply. If you do not consent to us processing sensitive information in this way, we may be unable to assess your application or offer you cover.*

*This Privacy Notice and Declaration on Personal Data Processing is an integral part of all documents related to assessing, concluding, processing, claims handling and paying management under International Healthcare Plans: Health without Borders; tells you how we use your information and confirms that your Data Controller is Bulgaria Insurance AD (Bulgaria Insurance, We). We provide the necessary information about your personal data that can be processed in connection with the conclusion and performance of our obligations under an insurance contract for International Healthcare Plans: Health without Borders.*

### Section I: Privacy Notice

#### What kind of personal data do we process?

The personal data normally processed in connection with the conclusion and performance of insurance contract liabilities are as follows:

- Personal information
  - Name: Name, surname;
  - PIN;
  - Contacts: e-mail, address and phone;
  - Address: permanent or current;
  - Details of any other persons included on the policy where they are named on your policy (family members, business partners, employees) and the relationship to you as policyholder
  - Age/Date of Birth;
  - Bank information: bank account number details;
- Sensitive personal information
  - Details about your health or family members' health (current or former physical or mental health), about your or family members' health status (diagnosis, epicrisis, other health documents);

#### How do we process your personal data?

Processing is necessary in order for us to provide your insurance policy and services, such as assessing your application and setting you up as a policyholder, administering and managing your insurance policy, providing all related services, providing a quote, handling and paying claims and communicating with you. In these circumstances, if you do not provide such information, we will be unable to offer you a policy or process your claim. Bulgaria Insurance may process your health data provided for the purpose of proving an insurance claim, establishing, exercising or protecting legal claims. Bulgaria Insurance may process your health data for the purpose of making a proposal for an insurance contract based on your explicit consent. Bulgaria Insurance may process your personal data where we have a legal or regulatory obligation to use such personal information, for example, when our regulators, the Financial Supervision Commission (FSC) and our data protection regulator, Commission for Personal Data Protection (CPDP) wish us to maintain certain records of any dealings with you.

In some cases we share your data with service providers (experts and subcontractors) on the basis of Bulgaria Insurance's legitimate interest in fulfilling its obligations as an insurer and improving the quality of the services provided.

#### For what purposes will we use your data?

The personal data you provide will be used for the purpose of administering the insurance relationship, including but not limited to:

- To review your insurance application and provide you with a quote;
- To administer, provide and service your insurance policy, assess eligibility for and handling and paying claims;
- For the payment of the insurance premium;
- Prevention of insurance fraud;
- Risk assessment;
- For our own management information purposes including; managing our business operations such as maintaining accounting records, analysis of financial results, internal audit requirements, receiving professional advice (e.g. tax or legal advice);
- Implementation of legislative requirements, including avoidance of conflicts of interest, corrupt practices and obligations under the Measures against Money Laundering Act.
- For sending marketing, advertising and promotional information about other products/services that Bulgaria Insurance Company AD may be offering by way of postal mail and/or electronic transmission to email address(es).

#### Profiling

Please note that when preparing your specific insurance offer, your personal data may be subject to profiling through information processing systems.

Depending on the specifics of the particular type of insurance, Bulgaria Insurance may use information systems to calculate the probability of an insurance event occurring. Information systems work on the basis of defined criteria developed by expert actuaries.

Your personal data is profiled on the basis of Bulgaria Insurance's legitimate interest in risk assessment and contractual obligations based on risk assessment. You can object to the profiling of your personal data. More information about the terms and conditions you can object to can be found in Bulgaria Insurance's Privacy Policy on our website ([www.bulgariainsurance.bg](http://www.bulgariainsurance.bg)) as well as in our offices.

## With whom can we share your personal information?

Bulgaria Insurance respects and protects the confidentiality of your personal data. Subject to legal requirements, Bulgaria Insurance may disclose your personal data to the following persons:

- Service Providers (Consultants, Experts, Appraisers, Attorneys, Healthcare provider networks, etc.) when we use services related to the conclusion of the insurance contract and the payment of the insurance indemnity, technical support of the information systems and operational support of our activity, Bulgaria Insurance to disclose personal data. Such disclosure only occurs when there is good reason to do so and, on the basis of a written agreement, the recipients provide an adequate level of protection;
- When performing its obligations under certain insurances, Bulgaria Insurance may disclose your data to subcontractors who provide services on behalf of Bulgaria Insurance (such as Bulgaria insurance's or AXA Global Healthcare's network) on or outside the territory of the Republic of Bulgaria;
- Reinsurers: In fulfillment of its legal obligation to provide cover for its insurance portfolio, Bulgaria Insurance may disclose your personal data to reinsurers, reinsurance brokers and their representatives;
- Your healthcare practitioner, relatives or, guardians (on your behalf where you are incapacitated or unable) or other people or organisations associated with you such as your insurance broker or your lawyer;
- Our insurance partners such as insurance brokers, other insurers, reinsurers or other companies who act as insurance distributors. Other third parties who assist in the administration of insurance policies such as another Insurance Company if there has been an accident which requires a claim to or from that Insurance Company;
- Insurance Agents and Brokers: Bulgaria Insurance works with a wide network of agents and brokers to provide you with services close to you. For this purpose, your personal data may be shared (usually directly by you) with licensed agents and brokers;
- Emergency Assistance Companies.

## For what period do we store your personal data?

In most cases, we only keep your information for as long as the regulations say we have to. This is usually between three and ten years after our relationship with you ends but it will vary depending on what data we hold, why we hold it and what we're obliged to do by the regulator or the law. Bulgaria Insurance keeps the individual documents it administers for the purpose of fulfilling obligations under insurance contracts and claim forms as follows:

- The insurance contracts and documents, which are an essential part of it (proposal for conclusion of an insurance contract, policy, annexes, etc.) - a maximum period of 10 years from the date of conclusion of the insurance contract, the term depending on the type of insurance;
- Documents relating to insurance claims - a maximum of 10 years from the date of claim, depending on the type of insurance.

For more detailed information on the storage times of all documents Bulgaria Insurance handles, you can contact Bulgaria Insurance and request a copy of the Rules for the organization and order of the Company's archival activities.

## Your rights with respect to your personal data

Subject to Bulgarian law, you have the following rights with respect to your personal data processed by Bulgaria Insurance:

1. Access your personal data that Bulgaria Insurance processes and obtain a copy thereof;
2. In case of incompleteness or inaccuracy of the data that Bulgaria Insurance processes, you may ask your personal data to be corrected;
3. Request that your personal data be erased when the prerequisites are in place. Such cases are if: the target for which the data is collected is achieved; you have withdrawn your consent when the processing is based on consent and there is no other legal basis for processing; your data is being processed unlawfully, and others;
4. In the cases specified by the law, request the processing of your personal data to be restricted;
5. In the cases where your data is processed based on a legitimate interest (listed above in this notice), you may object to the processing of your personal data on this basis;
6. Exercise your data portability rights and request that your data be provided in a structured and a machine-readable format;
7. Withdraw your consent when processing your personal data is based on consent.

Detailed information on the terms and conditions under which you can exercise your rights can be found in Bulgaria Insurance's Policy for exercising the rights of data subjects on our website ([www.bulgariainsurance.bg](http://www.bulgariainsurance.bg)), as well as in our offices.

You also have the right to file a complaint with the Commission for Personal Data Protection (CPDP) when the relevant prerequisites are in place.

## How to contact us?

You can contact us at the following address: Bulgaria, 1404 Sofia, 83 A, Bulgaria Boulevard, e-mail: [dpo@bulgariainsurance.bg](mailto:dpo@bulgariainsurance.bg)

You can contact our Data Protection Officer via e-mail: [dpo@bulgariainsurance.bg](mailto:dpo@bulgariainsurance.bg)

More information can be found in the Policy for exercising the rights of data subjects on our website ([www.bulgariainsurance.bg](http://www.bulgariainsurance.bg)), and in our offices.

## Section II: Declaration on Personal Data Processing

1. I/We hereby agree that Bulgaria Insurance AD may collect, use, disclose and process my/our personal information set out in this form and/or otherwise provided by me/us or possessed by Bulgaria Insurance for one or more of the purposes as stated in Bulgaria Insurance' Personal Data Protection Privacy Policy and which in summary includes but is not limited to the following:

- (a) assessing my/our application form and providing me/us with a quote, collecting my/our contact details, my age and the age of other person(s) included on the policy (family members, business partners, employees), my/our sensitive personal information about my health or my family members' health by Bulgaria Insurance AD.
- (b) administering and managing my/our insurance policy, providing all related services by Bulgaria Insurance AD
- (c) processing my/our claim forms for claims handling and paying by Bulgaria Insurance AD;
- (d) administering and/or managing my/our relationship and/or account(s) with Bulgaria Insurance AD; and

2. I/We understand and give explicit consent that the sensitive health and other information I/We provide about myself/ourselves will be used by Bulgaria Insurance, the conclusion and the implementation of the insurance contract.

3. I/We consent to Bulgaria Insurance reviewing, seeking and processing medical and health information, including medical reports and health records, if needed, from the patient's medical practitioner and specialist(s) as is necessary.

4. I/We acknowledge that my/our personal data may/will be disclosed by Bulgaria Insurance AD to my/our healthcare practitioner, relatives or, guardians (on my/our behalf where I/ we are incapacitated or unable), to subcontractors who provide services on behalf of Bulgaria Insurance (such as Bulgaria insurance's or AXA Global Healthcare's network) on or outside the territory of the Republic of Bulgaria; its third party service providers or agents (including its lawyers/law firms) and reinsurers, reinsurance brokers and their representatives;

5. By signing below, I/We represent and warrant that I/We (as well as the other persons insured) have read and understood all of the above provisions, including the Bulgaria insurance's Personal Data Protection Privacy Policy.

I/We confirm I/We have read and agree to the above.

This consent was signed by: \_\_\_\_\_

(Name, Middle name and Surname of the data subject)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_