



Immigrants' Health Insurance Proposal Form (Immigration Law 4251/2014)

"NOTE
 - This Proposal Form must be completed in the fullest possible form (the information provided is confidential).
 - In compliance with the General Data Protection Regulation Privacy Policy and in accordance with the Privacy Policy posted on our website (www.cromar.gr), CROMAR guarantees the safe storage and processing of your personal data and declares that they will not be transferred to Third Parties for advertising or other purposes and that they will be used solely in negotiations with Insurers for your insurance coverage.

Producer who contacted CROMAR:...

Producer who contacted the Insured:...

Name Signature"

Policyholder's Personal Details

Man: <input type="checkbox"/>	Woman: <input type="checkbox"/>		
Surname / Name of company:		Name:	Father's name:
Correspondence Address - street:		Number:	City / Village:
Postal Code:	Region:	Telephone No:	
Fax:	e-mail:	Mobile No:	
Tax No.:	Tax Office:	Marital Status:	
Main Profession:		Date of Birth:	
Secondary Profession:			
Would you like to receive your insurance policy in electronic form?			Yes <input type="checkbox"/> No <input type="checkbox"/>

Insured's Personal Details

Same as above: <input type="checkbox"/>	Man: <input type="checkbox"/>	Woman: <input type="checkbox"/>		
Surname / Name of company:		Name:	Father's name:	
Correspondence Address - street:		Number:	City / Village:	
Postal Code:	Region:	Telephone No:		
Fax:	e-mail:	Mobile No:		
Tax No.:	Tax Office:	Marital Status:		
Main Profession:		Date of Birth:		
Secondary Profession:				

Period of Insurance (Annual)

Inception Date from :	(12:00 Noon)	Expiry Date to:	(12:00 Noon)
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Payment Terms

Annually	
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Beneficiaries of Insurance in the Event of Death

	Full name	Father's name	Date of Birth	Relationship with the Insured	%
1.					
2.					
3.					



Insurance Benefits	Insured amounts (€)
1. Death due to Accident	1.000,00
2. a) Permanent Total Disability due to Accident (insured's participation 20%)	15.000,00
b) Permanent Partial Disability due to Accident (insured's participation 20%)	15.000,00
3. Medical expenses due to Accident or Illness (insured's participation 20%, public hospitals only)	1.500,00
4. Hospitalization due to Accident or Illness (insured's participation 20%, public hospitals only)	10.000,00

Questionnaire

1. Height: _____ Weight: _____ Note if your weight is stable over the last 3 years. Has it increased and how much? _____	Has it reduced and how much? _____
2. Do you have any physical or other kind of defect or weakness? If the answer is Yes please describe: _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Do you drive or ride a motorcycle, agricultural machine, motorboat?	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Are you currently suffering from something or under treatment for a health problem? (report anything regardless of seriousness)	Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Do you suffer from Hepatitis (A, B, C), tuberculosis, HIV/AIDS or do you come in contact with persons suffering from these diseases?	Yes <input type="checkbox"/> No <input type="checkbox"/>

General Information

If your reply is positive to the above and you want to clarify, please explain below:

Insurers Remarks (to be completed by the company)

1.
2.
3.

*"This Proposal Form is an integral part of the Insurance Policy to be issued, provided that each of the interested parties, i.e. the Insured and the Authorized Coverholder, accept and agree to issue this Insurance Policy.
 Prior to the submission of this Proposal Form a) the Intermediary has determined the insurance needs of the Contracting Party / Insured, b) the characteristics of the insurance product were explained in an understandable and objective manner and the Contracting Party / Insured was adequately informed about the insurance coverage offered, their rights and obligations, c) the information document for the insurance product selected has been delivered (Article 20 of Directive (EU) 2016/97) and d) the reasons why the insurance product selected meets their requirements / needs have been adequately explained to the Insured and they selected it after being informed about the coverage provided by the specific product and its cost.
 It is hereby stated and agreed that the Contracting Party / Insured confirms and declares that they did not omit or conceal anything that could affect the risk proposed hereabove and they accept as true and accurate the data provided hereabove. They also state that they accept this insurance policy under the terms stated therein and agree that the insurance will be valid after the acceptance of this Proposal Form by the Company, provided that they have paid the due premium in a timely manner."*

POLICYHOLDERS' SIGNATURE

INTERMEDIARY'S SIGNATURE

.....

.....

Date /...../.....

Insurance Company's Approval

Note: Sending of the proposal form does not imply that the risk is accepted by the Insurance Company.

Cromar Insurance Brokers

Attica: 17, Ag. Konstantinou & Ag. Anargiron Str., Marousi 15124 - Tel. 210 8028946-7 Fax 210 8029055, E-mail info@cromar.gr

Thessaloniki: 24, Politechniou Str., Thessaloniki 54625 - Tel. 2310 502506 -7 Fax 2310 526028



Declaration of Consent for the Processing of Personal Data

(The signing of this declaration is required for the issuance and operation of the policy)

As a Policy Holder / Insured I declare that:

1. I have read the relevant section "Information on the Processing of Personal Data".
2. I have been notified of the Processing of Personal Data by the CROMAR Group of companies, and of my rights as a data subject (i.e. access, correction, deletion, restriction, portability and objection). I have also been notified of my right to revoke at any time in the future the consent I am hereby granting, and of my rights provided by Articles 12-22 of the General Data Protection Regulation.
3. I give my explicit consent (Article 7 of Regulation EE 2016/679) to the above Company as the Controller for the following:
 - a. For the processing of the Personal Data included in this Proposal Form, as well as any further data that might come to the knowledge of the Company in the future and is related to the insurance policy I am applying for, as well as to its operation.
 - b. To keep records of all the above data in electronic or other form.

I acknowledge that the processing of Personal Data is absolutely necessary for the operation of the insurance policy that I am applying for and that any revocation in the future will give the Company the right to terminate the insurance policy issued on the basis of it, with immediate effect.

Full name

Signature

"CROMAR consists of Cromar Insurance Brokers Sole Proprietorship SA (Reg. No. 68768603000) and Cromar Sole Proprietorship SA (Reg. No. 149475603000). The binding of a contract with Lloyd's Insurance Company SA is carried out through one of the above companies of CROMAR, depending on the capacity / professional license of the insurance intermediary who contacted CROMAR."