



<input type="checkbox"/> New Insurance <input type="checkbox"/> Alteration Policy		
Branch		
Employee		
Intermediary	207074605	Banco Comercial Português S.A.

INSURANCE POLICYHOLDER

Name:		
Address:		Post Code:
		City/Town:
Date of Birth:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Marital Status:
Constitution Date:	CAE:	Occupation:
Identity Card:	Taxpayer Number:	Profession:
Telephone:	Cellphone:	E-mail:

AUTHORISATION FOR SENDING DOCUMENTATION/INFORMATION BY E-MAIL AND/OR TELEPHONE

Can we send documentation for contract management by e-mail?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Can we send advertising material by e-mail?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can we send documentation for contract management by mobile telephone?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Can we send advertising material by mobile telephone?	<input type="checkbox"/> Yes <input type="checkbox"/> No

DURATION OF THE CONTRACT

<input type="checkbox"/> 1 Year and Successive <input type="checkbox"/> Temporary → No. of Days	
Start/Alteration Date	End at 24.00 hours on (only for Temporary)

FREQUENCY AND FORM OF PAYMENT

Frequency: <input type="checkbox"/> Single <input type="checkbox"/> Annual <input type="checkbox"/> Six-monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly (subject to payment of the initial premium) (the insurance premium is subject to the existence of a minimum instalment/premium)
Form of Payment: <input type="checkbox"/> Direct <input type="checkbox"/> Automatic debit from bank account <input type="checkbox"/> Agent or Broker

WORK/ACTIVITY

Workplace:	
Principal Activity:	CAE:
Nature of Work:	

Insurance Policyholder/Insured Person: _____

TYPE

FIXED PREMIUM – Cover for a certain number of employees, with remunerations known in advance
 Indexing: in a Fixed Premium policy, the assured salaries will be updated on the entry into force of new Minimum Salaries, up to the limits and under the terms established in the Policy General Conditions.

Names of Workers to be insured:	Intern	Professional Category	Hours per week (part time employees)	Monthly wage Daily wage Hourly wage	M D H	Board (monthly value)	Other Remunerations (monthly value)
	<input type="checkbox"/>			€		€	€
	<input type="checkbox"/>			€		€	€
	<input type="checkbox"/>			€		€	€
	<input type="checkbox"/>			€		€	€
	<input type="checkbox"/>			€		€	€
	<input type="checkbox"/>			€		€	€

In cases marked X, indicate the Equivalent Salary

VARIABLE PREMIUM – Cover of a variable number of persons with variable salaries, based on the salary/holiday sheets
 The Policyholder must send to the Insurer monthly, before the 15th of the month, the Remunerations Sheet for payments to all employees in the previous month

Total Number of Employees	Total Number of Workers in Practice, Apprentices, Employees on Work Experience and other forms of practical Training	Total Anticipated Annual Remunerations (Attach copy of the last Holiday Sheet submitted to Social Security)
		€

SPECIAL COVER (Subject to acceptance by the Insurer)

- NET SALARY
 - Temporary Disability (TD) Permanent total disability (PD) and Death (D) Temporary Disability (TD) + Permanent total disability (PD) + Death (D)
- EXPENSES FOR ATTENTION ABROAD AND REPATRIATION RELATING TO ACCIDENTS OCCURRING OUTSIDE PORTUGUESE TERRITORY

Insurance Policyholder/Insured Person: _____

QUESTIONNAIRE:**The Applicant/Insurance Policyholder and Insured Persons(s) is(are) also aware that:**

Are all hygiene, safety and health regulations followed in the workplaces?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are explosives or explosive materials used?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Which?		
Was the risk covered previously?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
By which Insurer?		
Is the company already insured by Ocidental?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the company have employees with Permanent total disability for work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Remarks:

AUTHORISATION TO THE PREMIUM PAYMENT (DIRECT DEBIT/TRANSFER)

Account Holder:

I authorise the Bank to pay Ageas Portugal – Companhia de Seguros S.A. the premium of the Insurance contracted through the current Proposal and at the agreed periodicity, by direct debit under the terms of the authorization or, if the payment of the initial premium or the first instalment is not compatible with this payment service due to the insurance start date and the Bank mentioned below is simultaneously the intermediary of the current insurance, by credit transfer to the account of Ageas Portugal – Companhia de Seguros S.A. with IBAN PT5000330000000070606405, by debiting my account below mentioned.

Bank _____

Account Number – IBAN

BIC SWIFT

Type of payment: Recurrent payment or One-off payment

By signing this authorisation you are authorising (i) Ageas Portugal – Companhia de Seguros S.A. to send instructions to your Bank to debit your account, and (ii) your Bank to debit your account, pursuant to the instructions of Ageas Portugal – Companhia de Seguros S.A.

Your rights with respect to the above authorisation are explained in a statement that can be obtained from your Bank and include the possibility of requesting your Bank to reimburse the debited amounts, under the terms and conditions agreed with your Bank. The reimbursement should be requested within a period of eight weeks, counted from the debit date in your account. However, please note that the fact that your Bank complies with your request for reimbursement does not extinguish the obligation to pay the premium in question, nor any liabilities derived from the consequent breach of the Insurance contract.

The payment of any amounts derived from the present insurance contract should be credited to the same account, unless you are explicitly instructed otherwise.

Subscription in joint or mixed accounts requires the explicit agreement of the joint-holders to the terms of the subscription, hence the present payment instruction must be signed in accordance with the conditions for current account movements.

Place and Date: _____, _____ of _____, _____

Signature of the Account Holder(s): _____

(In conformance with the Signature Form or Identification Document and pursuant to the conditions for current account movements)

Insurance Policyholder/Insured Person: _____

STATEMENTS, CONSENTS, DATE AND SIGNATURES

For the purposes of the conclusion of the present insurance contract(s), the Proposer/Insurance Policyholder and the Insured Person(s) declare that:

1. We have been informed of the conditions of the insurance contract and all the necessary and legally required clarifications have been provided and declare having received for this effect the annex to this proposal: Document of information about the insurance product and the General and Special Conditions.
2. If applicable, the current contract can be granted with the electronic signature, under the terms of the accession convention for the electronic signature that is previously registered.
3. The insured risk of this proposal is not covered, totally or partially, by any contract relative to which a premium, instalment of a premium or other amount is owing.
4. Any omissions, inaccuracies or falsehoods in the data provided on either a compulsory or an optional basis are the responsibility of the Insurance Policyholder and/or Insured Persons.
5. I(we) also authorise the Insurer to collect personal data relative to health from medical advisory boards or other health professionals and public or private bodies such as hospitals, clinics, offices, health centres, institutes of legal medicine, even after death, with a view to confirming or supplementing the information provided herein or after subscription of the present insurance, for the purposes of assessment of the risk of subscription of the insurance or management of the subsequent contractual relationship, namely for the effect of determining the origin, cause and evolution of any illness or accident that may give rise to death or disability, and which are essential for this authorisation to enable conclusion of the present insurance contract.

The Proposer/Insurance Policyholder is also aware that:

6. Under legal terms, accepting the current proposal, the risk coverage shall be confirmed only with the respective premium payment or instalment.
7. Banco Comercial Português, S.A. (Millennium bcp) acts on behalf and on account of the Insurer and its intervention involves the provision of assistance throughout the duration of the insurance contract. There will not be any involvement of other insurance intermediaries in the insurance contract. Millennium bcp holds an indirect stake of more than 10% in the share capital of the entities Ocidental – Companhia Portuguesa de Seguros de Vida, S.A. and Ageas – Sociedade Gestora de Fundos de Pensões, S.A. In turn, Fosun International Holdings Limited, which holds an indirect stake in the share capital of Millennium bcp of more than 10%, indirectly holds qualifying stakes in various insurance companies of the Fidelidade Group, including Fidelidade – Companhia de Seguros, S.A., Companhia Portuguesa de Resseguros, S.A. and Multicare – Seguros de Saúde, S.A. Nevertheless, Millennium bcp does not sell insurance products of the Fidelidade Group's insurance companies. Millennium bcp provides advice. The information provided by Insurance Policyholders relative to their requirements and needs are specified in the insurance proposal and/or in the application proposal, as well as any additional simulations and questionnaires, and guide the advice provided, which is only based on the analysis of the insurance contracts of distributors with which the intermediary has close relations. Millennium bcp, as an insurance intermediary, is contractually bound to conduct its insurance distribution activity exclusively for the following insurers: Ocidental - Companhia Portuguesa de Seguros de Vida, S.A., Ageas Portugal - Companhia de Seguros S.A. and Médis - Companhia Portuguesa de Seguros de Saúde, S.A. As well as for Ageas – Sociedade Gestora de Fundos de Pensões S.A. Notwithstanding this, in certain cases, under the contractually established terms, Millennium bcp can carry out insurance distribution activity for other Insurers. The Intermediary is not remunerated directly by the Insurance Policyholder for the distribution activity. The Intermediary will receive a management fee from the Insurer, as remuneration in relation to the insurance contract, without prejudice to the Insurer being able to attribute benefits, that may or may not be of economic nature, to the persons directly involved in the insurance distribution activity, which shall not be granted according to a given insurance contract. The Insurance Policyholder has the right to request information about the Intermediary's remuneration for providing the distribution service; therefore, whenever requested, you will be given this information.

STATEMENTS, CONSENTS, DATE AND SIGNATURES

8. Complaints arising from the contract can be submitted in writing to the complaint's management department of the Non-Life Claims Insurer (namely through the email: reclamacoes@ocidental.pt), in the Complaints Book, to the Customer Ombudsman by email - provedor.ocidental@mm-advogados.com - and to the Insurance and Pension Fund Supervisory Authority at www.asf.com.pt. In the events of disputes, the parties can also appeal to the Alternative Dispute Settlement Entity: CIMPAS – Insurance Information, Mediation and Arbitration of Insurance Centre - www.cimpas.pt - or to the judicial courts. The Insurer's Policy on Handling Customers and all other information on the Management of Complaints is available at www.ocidental.pt.
9. In the event of a complaint regarding the conduct of Millennium bcp you may contact your bank branch or Customer Service Department through the email: centroatencaocliente@millenniumbcp.pt or through the Contact Center by phones 91 827 24 24 / 93 522 24 24 / 96 599 24 24 (cost of a call to the national mobile network) and (+ 351) 21 005 24 24 (cost of a call to the national fixed network). 24-hour personalized service. The cost of communications depends on the tariff agreed with your operator. You can also contact the Customer's Ombudsman, located at Praça Dom João I, nº 28 - Piso 4, 4000-295 Porto via e-mail provedoria.cliente@millenniumbcp.pt. Millennium bcp's Complaints Management Policy and other related information are available at www.millenniumbcp.pt.

Ageas Portugal - Companhia de Seguros, S.A. (Ocidental brand, hereinafter referred to as 'Ocidental') is the personal data controller of the Policyholder (if a natural person) or other Policyholder's representatives (if a legal person), other insured persons and/or beneficiaries ('Data Subjects'), within the scope of underwriting insurance products, collected by means of this document, as well as the ones to be provided in the future, namely within the scope of claiming an incident, even though this personal data has been collected from third parties. The provided personal data are required for underwriting and managing the insurance policy, namely to issue the policy, manage claims, and cancel the policy, and are processed solely for this(these) purpose(s). In this context, Ocidental handles the following categories of data: identification and contact data, health data, financial data and other data required to underwrite the insurance contract. In order to pursue the described purposes, Ocidental may communicate the personal data collected to subcontracting entities, business partners and entities in the insurance field, such as Associação Portuguesa de Seguradores [Portuguese Association of Insurers], insurance distributors and reinsurers. Ocidental may also communicate personal data when they deem such data communications as necessary or appropriate (i) in light of applicable law, (ii) in compliance with legal obligations/court orders, or (iii) to satisfy requests made by public or government authorities. The provision of products and services by Ocidental may entail the transfer of personal data to third party countries (outside the European Union or the European Economic Area). In such cases, Ocidental shall implement the necessary and appropriate measures to ensure the protection of any transferred personal data. Ocidental shall keep the data for the duration of the established contractual relationship, except if required by law to keep the data for a longer period. Data Subjects may, at any time, request access to their personal data, as well as their rectification, erasure or limitation of processing, their data portability or oppose to their processing (except for data strictly necessary for providing the service) upon written request to Ocidental to the email address apoiocliente@ocidental.pt or to the postal address Praça Príncipe Perfeito 2, 1990-278 Lisboa. If you wish to contact the Data Protection Officer, you can do so via the email address dpo@ocidental.pt. Without prejudice to any other administrative or judicial remedy, Data Subjects are entitled to submit a complaint to the CNPD (Portuguese Data Protection Authority) or to another competent supervisory authority pursuant to law, if they consider that their data is not being subject to a lawful processing by Ocidental. Ocidental may process personal data to assess the level of risk associated with insurance underwriting based on automated (i.e. without human intervention) personal data processing, substantiating decisions that may have legal implications for the policyholder, in particular regarding the price of the insurance. To this end, Ocidental undertakes to take appropriate measures to safeguard the rights, freedoms and legitimate interests of data subjects, in particular the right to human intervention provided by Ocidental, to express their point of view, and challenge the decision in question.

By providing third party data, namely that of the insured person(s) and or beneficiary(ies), the Policyholder (either a natural or legal person) undertakes to provide information regarding the above described personal data processing, and for ensuring any applicable consent is provided.

STATEMENTS, CONSENTS, DATE AND SIGNATURES

With your consent (in case of being a natural person), Ocidental shall use the data collected for sending promotional communications, disclose campaigns regarding products and services provided by Ocidental suitable to the data subject's profile.

With your consent, Ageas Portugal Group companies (namely: AGEAS Portugal – Companhia de Seguros, S.A. (Ocidental brand), Ocidental - Companhia Portuguesa de Seguros de Vida, S.A., Médis - Companhia Portuguesa de Seguros de Saúde, S.A., Ageas - Sociedade Gestora de Fundos de Pensões, S.A.) shall have access to your personal data, for the purpose of sending promotional communications, advertising promotional campaigns regarding your own products and services tailored to your profile. Also, the companies above are individually responsible for the data processing they perform. You may, at any time, request access to your personal data, as well as the rectification, erasure or limitation of processing, your data portability or oppose processing upon written request to the companies responsible for the processing sent to the contact details above. You may also contact Ageas Portugal Group's DPO at dpo@ageas.pt. You can also manage any consents you have provided on your Reserved Area. If you would like to know more about how Ageas Portugal Group companies treat your personal data, please access the corresponding Privacy Policies on their respective websites.

The profile shall be created based on demographic data, such as age, gender, area of residence, indicated personal preferences and your products. The profile shall be adjusted over the course of the relationship you establish with any Ageas Portugal Group companies. Personal data shall be retained for marketing purposes until such time as the data subject withdraws their consent. All our communications contain a link for the data subject to withdraw their consent, at any time, without invalidating processing performed until the withdrawal date, based on previously granted consent.

Policyholder/Insured Person

I consent that the companies belonging to Ageas Portugal Group (identified above) have access to my retained personal data within the scope of the relationship established with company(ies) belonging to Ageas Group, pursuant to the aforementioned provisions.

I consent to the processing of my personal data by the companies belonging to Ageas Portugal Group (identified above), for the purpose of receiving marketing communications through different communication channels, whether physical or digital, namely electronic notifications, letters, text messages (SMS) or emails pursuant to the aforementioned terms, described in detail in the multiple Privacy Policies available on their websites.

Place and Date: _____

Policyholder/Insured Person: _____

The 1st Insured Person: _____

The 2nd Insured Person: _____

The Branch: _____

The present document is a translation of the Portuguese version. In case of discrepancy between the versions, the Portuguese version shall prevail. Does not exempt consultation of the legally required pre-contractual and contractual information.

Insurance Intermediary: Banco Comercial Português, S.A., Registered Office: Praça D. João I, nº 28, 4000-295 Porto – Share Capital 3.000.000.000,00 Euros – Single registration and TIN 501525882. Insurance agent registered under nr. 419527602, with the Insurance and Pension Funds Supervision Authority - Registration Date: 21/01/2019. Authorization for the brokerage distribution of the life and non-life insurance. For information and further registration details, please consult: www.asf.com.pt. The Insurance Intermediary is not authorized to sign insurance contracts on behalf of the Insurer or receive any insurance premiums payable to the Insurer. The Insurance Intermediary does not assume liability regarding any risks covered by the insurance contract, which shall be fully assumed by the Insurer.

OCIDENTAL
grupo ageas

Insurer: Ageas Portugal - Companhia de Seguros, Public limited company, with head office at Praça Príncipe Perfeito n.º 2, 1990-278 Lisboa. Legal Person No. 503454109. Porto Trade Register. Share Capital of 7.500.000 Euros. Registration ASF 1129, www.asf.com.pt