

New	Insurance

Alteration

Pol	icy	No

Branch:

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Proposal:

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Millennium

Employee:

Insurance Broker ME34000008 Banco Comercial Português SA

**Insurance Proposal** 

# Insurance

\*The contract commences on the 1st or 15th calendar Médis Light and Médis Dental day of the month following acceptance of the risk by the

<b>Policy Holder</b> (The person in the premium)	lentified below who sign	s the Insurance Proposal a	nd is liable for the payment of
Name:Address:			
Post Code:	City/Town:	E-mail	:
Marital status:	Profession:		
Date of birth:	Sex: ☐ F ☐ M	Identity Card: □□□□□□□□□□	Taxpayer No:
Mobile telephone:	Telephone (wor		phone (home):
Identification of the Insure Proposal just with this data		more Insured Persons pl	ease complete another
Is the Policyholder the Ins Name to be printed on the characters)			(max. 25
Holder (Does not need comp			older is the Insured Person):
Date of Birth: / /	Sex: □M □F Ider	ntity Card:	Taxpayer No.:
Name to be printed on the characters)	Médis Card		(max. 25
Spouse:			-
Date of Birth: / /	Sex: □M □F Ider	ntity Card:	Taxpayer No.:
Name to be printed on the characters) Child:	Médis Card		(max. 25
Date of Birth: / /	Sex: □M □F Ider	ntity Card:	Taxpayer No.:
Name to be printed on the 25 characters) Child:	Médis Dental Card		(max.
Date of Birth: / /	Sex: □M □F Ider	ntity Card:	Taxpayer No.:
Name to be printed on the characters)	Médis Card		(max. 25





# Médis Light and Médis Dental Insurance





Insurance Proposal			
Insured Capital			
Coverages	LIGHT	DENTAL	LIGHT + DENTAL
Choose the desired option by placing an X. This does not preclude consulting the legally required pre-contractual and contractual information.			
Daily Hospitalisation Allowance	€50 day/60 days per annuity	-	€50 day/60 days per annuity
Outpatient Care			
Medical Consultations (see details)	Unlimited	-	Unlimited
Médis Attending Physician	Unlimited	-	Unlimited
Clinical Tests (see details)	Unlimited	-	Unlimited
X-ray	Unlimited	-	Unlimited
Ultrasounds (see details)	Unlimited	-	Unlimited
CAT Scan (see details)	Unlimited	ı	Unlimited
MRI Scan	Unlimited	-	Unlimited
Physical Therapy (see details)	Unlimited	- Unlimite	
Other CMDT's (see details)	Unlimited	-	Unlimited
Online Doctor			
GP Medicine	Unlimited	2 per annuity	Unlimited
Pediatrics	Unlimited	2 per annuity	Unlimited
Psychology	agreed prices	agreed prices	agreed prices
Psychiatry	agreed prices	agreed prices	agreed prices
Other specialties	agreed prices	agreed prices	agreed prices
Care Service			
Home Doctor	Unlimited	-	Unlimited
Home Nursing	5 sessions per annuity	-	5 sessions per annuity
Home Catering	5 days per annuity	-	5 days per annuity
Physical Therapy at Home	5 sessions per annuity	-	5 sessions per annuity
Clinical Tests at Home	5 collections per annuity	-	5 collections per annuity
Non-Urgent Transport	5 transport services per annuity	rt services per _ 5 transport se	
2 <sup>nd</sup> Opinion	Unlimited	-	Unlimited
Dental			
Composites to seal cracks	-	1 every 2 years	1 every 2 years
Topical application of fluorides	-	1 every 6 months	1 every 6 months
Bimaxillary scaling	-	1 every 6 months	1 every 6 months
Coverages	LIGHT	DENTAL	LIGHT + DENTAL





# Médis Light and Médis Dental Insurance

Dental pigment removal with jet	-	1 every 6 months	1 every 6 months
Study for orthodontics	-	1 per annuity	1 per annuity
Study for implantology treatment	-	1 per annuity	1 per annuity
Orthopantomography	-	1 per annuity	1 per annuity
First session of endodontics	-	1 per annuity	1 per annuity
Subsequent sessions of endodontics	-	2 per annuity	2 per annuity
Braces control	-	3 per year, 6 throughout contract	3 per year, 6 throughout contract
Pulp protection	-	3 per annuity	3 per annuity
Restoration	-	3 per annuity	3 per annuity
Dental medicine appointments	-	Unlimited	Unlimited
Deciduous tooth extraction	-	Unlimited	Unlimited
Multiradicular tooth extraction	-	Unlimited	Unlimited
Monoradicular tooth extraction	-	Unlimited	Unlimited
Tooth extraction with odontosection and osteotomy	-	Unlimited	Unlimited

Deductibles	LIGHT	<b></b> 11175	
Daily Hospitalisation Allowance	3 days per hospitalisation	-	3 days per hospitalisation

Coinsurance (Inside/Outside the Network)				
Coverages	LIGHT	DENTAL	LIGHT + DENTAL	
Outpatient Care	100% / 0%	-	100% / 0%	
Care Services	100% / 0%	-	100% / 0%	
2 <sup>nd</sup> Opinion	100% / 0%	-	100% / 0%	
Online Doctor	100% / 0%	100% / 0%	100% / 0%	
Dental	-	100% / 0%	100% / 0%	





### Médis Light and Médis Dental Insurance

Copayments			
Coverages	LIGHT	DENTAL	LIGHT + DENTAL
Outpatient Care	-	-	-
Medical Consultations (see details)	Up to €30	-	Up to €30
Médis Attending Physician	€20	-	€20
Clinical Tests (see details)	Up to €4.70	-	Up to €4.70
X-ray	Up to €12.50	-	Up to €12.50
Ultrasounds (see details)	Up to €45	-	Up to €45
CT Scan (see details)	Up to €75	-	Up to €75
MRI Scan	Access to network	-	Access to network
Physical Therapy (see details)	Up to €25	-	Up to €25
Other CMDT's (see details)	Up to €170	-	Up to €170
Online Doctor	-	-	-
GP Medicine	€0	€3	€0
Pediatrics	€0	€3	€0
Psychology	agreed prices	agreed prices	agreed prices
Psychiatry	agreed prices	agreed prices	agreed prices
Other specialties	agreed prices	agreed prices	agreed prices
Dental	-	€3 per Visit	-

#### **Description of the acts**

#### **Outpatient Care**

**Medical Consultations** - Primary and speciality care consultations (except psychiatry and emergency consultations which are at contracted prices)

**Ultrasounds** - Breast ultrasound, gynaecological ultrasound, obstetric ultrasound, soft tissue ultrasound and renal ultrasound;

Clinical Tests - Glucose, creatinine, urea, total cholesterol, triglycerides, urine II (urine summary analysis), sedimentation rate:

CT Scan - Does not include complex CT scans such as Angiography, Arthro, Enterography and Urogram .

**Physical Therapy** - Amount per session or per procedure billed separately, for direct current, high frequency current, ultrasound, moist heat, respiratory kinesiotherapy, manual massage of a region, hydromassage, heliumneon laser therapy, cryotherapy, special kinesiotherapy techniques.

Other CMDT's (Complementary Means of Diagnosis) - Electrocardiogram, audiogram, tympanogram, colposcopy, spirometry, colour doppler echocardiography 'Triplex Scan', orthopantomography and mammography;

**Note** - Values indicated represent the maximum amount payable per physical therapy act, analysis or session. The provision of acts and services not indicated in this table will be carried out with access to the network at agreed prices agreed with the Providers that are part of the Médis Light Network.

#### **Dental**

Application of dental sealants (by quadrant) - Application of liquid resin on the masticatory surface of teeth to





### Médis Light and Médis Dental Insurance

#### **Description of the acts (cont.)**

prevent tooth decay: one unit every 2 years is funded up to 18 years old;

**Topical application of fluorides** - Application of fluorides to prevent tooth decay: pursuant to good clinical practice, one unit every 6 months is funded;

**Bimaxillary removal of calculus** - Dental cleaning: pursuant to good clinical practice, one unit every 6 months is funded;

**Sodium bicarbonate jet cleaning** – jet spraying of high-pressure water combined with air and sodium bicarbonate onto the surface of teeth to remove tartar and plaque;

**Orthopantomography** - X-ay enabling an overview of the jaws and teeth: the Insurer pays one orthopantomography per annuity;

**Restorations** - Treatment of damaged teeth, restoring their form and function: the Insurer paying two restorations per annuity;

**Pulpal protection –** application of a medicinal product of cavity liner to preserve tooth vitality;

**First Session of Endodontics** - Devitalisation or root canal treatment, which consists of full removal of the pulp and dental nerve: the Insurer paying one devitalisation per annuity;

**Follow-up endodontics** – total removal of the dental pulp and root canal treatment;

Extraction of deciduous tooth - Extraction of milk teeth: unlimited;

**Tooth extraction with odontosection and osteotomy** – surgical tooth extraction (minor surgery);

**Extraction of multiradicular teeth** – extraction of teeth with more than one root;

**Extraction of monoradicular teeth** - extraction of teeth with a single root;

**Implantology study pack** – Study made before the customer places a dental implant. This study includes a dental medicine appointment, study of rehabilitation with implants and study models;

**Orthodontics study pack** – Study made before the customer places the dental brace. This study includes a dental medicine appointment, orthodontic study models, cephalometric analysis, teleradiography and photographic study.

**Control of fixed brace** - 6 controls of fixed brace are funded during 2 years (maximum of 3 controls per year). The funding begins when the 1st control of this brace is done in the Médis Dental network;

#### Other Conditions

- No age limit for subscription
- No pre-existing aspects (except for Daily Hospitalisation Allowance)
- No grace periods
- No need for prior authorisation
- No completion of medical questionnaire

Payment, duration and periodicity of the payment of the premium				
Payment:				
By Account Debit (Complete Accoun Duration: Year and following Premium Payment Periodicity	t Debit Authorisat  Annual	ion)   Six-monthly	Quarterly [	Monthly
The 1st premium receipt is increased 5.38	by the cost of the	e policy and respective	e legal costs, to	the total value of €





# Médis Light and Médis Dental Insurance

Payment Option, Duration and Frequency of Premium Payment
Account Holder:
I authorise the Bank to pay to Ageas Portugal – Companhia de Seguros S.A. (brand Ocidental), the premiurelating to the Insurance subscribed through this Proposal and at the agreed intervals, by direct debit pursuant the authorization or, if the payment of the initial premium or the first instalment thereof is not compatible with the payment service on the date of commencement of the insurance and the bank indicated below is, at the same time, this Insurance Intermediary, by credit transfer to the account of Ageas Portugal – Companhia de Seguro S.A. (brand Ocidental), with IBAN PT50003300000000070606405, by debit to my account indicated below.
Account number:
IBAN OOO OOO OOOOOOOOOOOOOOOOOOOOOOOOOOOO
<b>Type of payment:</b> Recurring payment $\square$ One-off payment $\square$
By signing this authorisation, you authorise (i) Ageas Portugal – Companhia de Seguros, S.A. (brand Ocidental to send instructions to your bank to debit your account and (ii) your Bank to debit your account in accordance with the instructions of Ageas Portugal – Companhia de Seguros, S.A. (brand Ocidental). Your rights, with reference to the abovementioned authorisation, are explained in a statement that you can obtain from your bank and you are entitled to claim a refund of the amount debited from your Bank, under the terms and conditions agreed with your Bank. The refund must be claimed within 8 weeks from the date on which you account was debited. We would, however, draw your attention to the fact that the refund by the Bank does no extinguish the obligation of the payment of the premium in question, or any liability arising from breach of the Insurance contract. The payment of any amounts under this insurance contract, must be credited in the same account, unless otherwise specified.  In the case of subscription in tenants-in-common or mixed accounts, the express agreement of the co-Account Holders is required, and this payment instruction form must be signed in accordance with the conditions of operation of the current account.
Payment Option, Duration and Frequency of Premium Payment
Location and date: of of
Signature of the Account Holders:
(In conformity with the Signature Form or Identification Document and pursuant to the conditions for movement of the current account)





### Médis Light and Médis Dental Insurance

#### **Declarations, Consents, Date and Signatures (cont.)**

I authorise the Insurance Company to collect personal data relative to my state of health from medical doctors or other health professionals and from public or private entities such as hospitals, clinics, health centers and forensic medicine institutes, including after my death, with a view to confirming or to complement the information provided on or after subscription of the insurance contract, for the purposes of assessing the insurance subscription risk or management of the subsequent contractual relationship, namely for the purpose of determining the origin, cause and evolution of any disease and I understand that this authorisation is essential for the conclusion and operation of this insurance contract.

The Insured Person	The Insured Person
The Insured Person	The Insured Person

#### **Declarations, Consents, Date and Signatures**

For purposes of conclusion of this insurance contract, the Proponent/Insurance Policyholder/Insured Person Statement state 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.**The risk I seek to insure has not been covered, totally or partially, by any other contract whose premium, instalment or any other amount, is owed.
- 3.I authorise the treatment, automated or not, of the personal data supplied, and the recording of accesses, appointments, instructions and other information related to this contract, as well as the treatment of information that concerns me, obtained indirectly from other sources. I agree that the gathered data be processed and informatically stored and destined to be used in the contractual relations with the Insurance Company and its subcontractors, being that they are responsible for its treatment. Without prejudice to the duties and limits provided for in the laws of data protection and competition, can the insurer provide access or transmit such information or data to natural or collective, governed by public or private law, which outsource for the purpose of collaboration in accomplishment and statistical studies, market surveys and feasibility of execution of contracts, these including the Associação Portuguesa de Seguradores. (as well as reinsurers or entities which conferred or perform, lawfully, cooperation actions, data compilation, of prevention and combating fraud, or statistical or actuarial technical Studios). The omissions, inaccuracies or forgery, whether regarding the compulsory data or the optional data, are of the Member/Policyholder's responsibility and that of the Insured Person(s).
- **4.**I also authorise the doctors and other healthcare providers sought, to supply within the scope of this contract the Insurance Company's medical services without compromising its confidentiality with any information related to the services provided and protected by professional secrecy, as well as the automated





### Médis Light and Médis Dental Insurance

#### **Declarations, Consents, Date and Signatures (cont.)**

treatment of such data and that which is included in the Individual Health Questionnaire, with the sole purpose of statistics, analysis and risk tariffing, without prejudice to being allowed to consult and correct it at any time.

5.I authorise the information relative to the statement of benefits, containing information on the provider, date of performance of the medical act and value of the expenditure incurred, to be provided directly to the Insurance Policyholder.

- **6.**I also authorise the Bank/Insurance Broker to keep a record, through electronic, digital or other means, of the conversations held through specialized telephone channels, including the codified identification of the Client and instructions transmitted by him/her, destined whether to clarify doubts or to be presented in court in case of litigation.
- **7.1** am aware that the entity responsible for the treatment of data is the Bank/Insurance Broker, integrated with the complementary groupings of companies composed by it, or the companies held by it, in the national territory or aboard, and hereby authorise such entities to circulate this data in terms of internal information and for updating the respective records, with the exclusive purpose of managing the contractual relation, for the pursuit of the insurance brokerage activity, for the management of contracts and for promotional activities.
- **8.**I am aware that under the legal terms I am entitled to the rights of: being informed, having access, rectifying, amending or suppressing such personal data, through a personal contact with my account manager, telephone or internet contact, or at any branch of the Bank/Insurance Broker, or even through written communication directed to depending on the case this same institution, or the Insurance Company.
- **9.**In the Insurance contracts with a term equal or longer than six months, the singular Policyholder has the right to terminate the contract, without the need to invoke a just cause, within thirty days after the reception of the policy.
- **10.** The previous paragraph does not apply to group insurance.

### The Proponent/Insurance Policyholder/Insured Persons are also aware that:

- 11.In case of any change of the policy's conditions, grace periods will be applied to the new coverages and to the difference of capital in excess of the previous option. Pre- existing conditions and particular exclusions will be considered based on the existing clinical information (medical questionnaire, Specific Conditions/Individual Certificate and additional information arising from the insurance utilization) for the new coverages or for the difference of capital in excess of the previous option.
- **12.**Under the legal terms, after acceptance of this application form the risk cover is only effective once the owed premium or instalments of it is paid.
- **13.** The guaranteed instalments that are stated in this Application Form exclusively refer to each year of the contract's lifetime.
- **14.**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.





### Médis Light and Médis Dental Insurance

### **Declarations, Consents, Date and Signatures (cont.)**

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 distributers 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.

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: centroatencaoaocliente@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 personalised service. The cost of communications depends on the tariff agreed with your operator. You may also contact the Provedoria do Cliente, at Praça Dom João I, nº 28 - Piso 4, 4000-295 Porto through the email provedoria.cliente@millenniumbcp.pt.. The Millennium bcp Complaints Management Policy and other related information are available at www.millenniumbcp.pt.

Complaints arising from the contract can be submitted in writing to the complaints management department the Insurer. Non-Life Customer Support (namely through email: apoioaocliente@ocidental.pt), in the Complaints Book, to the Customer Ombudsman through the 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

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	ities of the Ageas Portugal Group (ide e relationship established with the er		
purposes of sendi physical or digital,	ocessing of my personal data by the or marketing communications thro namely electronic notifications, letter and described in more detail in the variance.	ugh the different communication s, SMS or email, suited to my profi	channels, whether le, under the terms
being duly authoris	legal representative and holder of the sed by the legal representative and I have been informed of the terms	holder of the parental responsibiliti	ies of the identified
			B 40 644





# **Médis Light and Médis Dental Insurance**

described purposes and pursuant to the terms established above.

The Policy holder		The Branch
The Insured Person		The Insured Person
The Insured Person		The Insured Person
ation and date:	of	of





### Médis Light and Médis Dental Insurance

### www.medis.pt

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 – Single registration and TIN 501525882. Insurance agent, registered under nr. 419527602, with the Insurance and Pension Funds Supervision Authority - Registration Date: 21/01/2019. Authorisation for the brokerage distribution of the life and non-life insurance - 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. and Ageas – Sociedade Gestora de Fundos de Pensões S.A.. For information and further registration details, please consult: www.asf.com.pt. The Insurance Intermediary is not authorised 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.

Insurer: Ageas Portugal, Companhia de Seguros, S.A. Head office: Praça Príncipe Perfeito 2, 1990-278 Lisboa. Tax number 503 454 109. Comercial Registry Office of Porto. Share Capital of € 7.500.000. ASF Register 1129, www.asf.com.pt

**Médis:** exclusive and registered brand of the products managed by – Companhia Portuguesa de Seguros de Saúde, SA, insurer, reinsurer and manager of the integrated healthcare system underlying the insurance certified by Policies issued by Médis or other Insurers under its authorisation that are legally authorised to perform insurance activity in the Non-Life Branches.