

OCIDENTAL
grupo ageas
☐ New Insurance ☐ Alteration Policy

Branch

Employee

Intermediary 207074605 Banco Comercial Português S.A.

Millennium
bcp

POLICYHOLDER

Name:

Address:

Postcode: -

Town/City:

Date of Birth:

Sex: ☐ M ☐ F

Marital Status:

ID / CC:

Taxpayer N^o:

Occupation:

Phone:

Mobile:

E-mail:

Country of Repatriation:

IDENTIFICATION OF INSURED PERSONS (Mandatory)
1

Name:

Address:

Date of Birth:

Sex: ☐ M ☐ F

Phone:

ID / CC:

Taxpayer N^o:

Occupation:

Country of Repatriation:

2

Name:

Address:

Date of Birth:

Sex: ☐ M ☐ F

Phone:

ID / CC:

Taxpayer N^o:

Occupation:

Country of Repatriation:

Policyholder: _____

3	Name:		
	Address:		
	Date of Birth:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Phone:
	ID / CC:	Taxpayer N°:	Occupation:
	Country of Repatriation:		
4	Name:		
	Address:		
	Date of Birth:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Phone:
	ID / CC:	Taxpayer N°:	Occupation:
	Country of Repatriation:		

INSURANCE OPTIONS, COVERAGE AND CAPITAL

	Coverage	Capital	Deductible
Basic	Transport or repatriation of the Insured Person in the event of an accident or serious illness	€30,000.00	No deductible
	Transport or repatriation of the deceased Insured Person		

- (1) Assistance Line - In the event of an accident, call 21034793 5 - every day from 00.00 to 24.00 (call costs equivalent to national landline costs)
- (2) This contract is effective for accidents or events occurring in Portugal, and any repatriation will only take place from Portugal.
- (3) The contracted warranties cease under the following conditions:
- on the date on which the application for a residence permit is rejected by the competent national authorities;
 - on the date the Insured Person's residence permit in Portugal ceases;
 - on the date the Insured Person reaches the age of 85 (eighty-five).

START DATE, TYPE OF CONTRACT AND PAYMENT OF PREMIUMS

Start Date: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Pursuant to the law, if this proposal is accepted, the risks will only be covered once the premium or instalment due has been paid.	
Duration: Yearly and beyond	
Frequency of Premium Payment:	<input type="checkbox"/> Annual
The first payment of the premium or fraction indicated is increased by the cost of the Policy or Additional Minute in the amount of EUR 5,45 (this amount already includes legal charges).	

Policyholder: _____

AUTHORISATION TO PAY THE PREMIUM (DIRECT DEBIT/TRANSFER)

Account Holder:

I authorise the bank to pay Ageas Portugal - Companhia de Seguros S.A, the premium for the insurance taken out through this application and at the agreed intervals, by direct debit in accordance with the terms of the authorisation. Otherwise, if the payment of the first premium or the first instalment thereof is not compatible with such a payment service, given the start date of the insurance and the bank indicated below is also the intermediary for this insurance, by transfer to the account of Ageas Portugal - Companhia de Seguros, S.A. with IBAN PT50003300000000070606405, by debiting my account indicated below.

Bank _____

Account Number – IBAN

BIC SWIFT

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Payment type: Recurring payment ☒ or Sporadic payment ☐

By signing this authorisation, you authorise (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 in accordance with the instructions of Ageas Portugal - Companhia de Seguros, S.A. Your rights in relation to the above authorisation are explained in a statement that you can obtain from your bank and include the right to request a refund from your bank of the amount debited, in accordance with the terms and conditions agreed with your bank. Refunds must be requested within eight weeks of the date on which your account was debited. Please note, however, that the fact that your bank agrees to your request for a refund does not extinguish your obligation to pay the relevant premium or any liability arising from your breach of the insurance contract.

In the event of payment of sums arising from this insurance contract, they must be credited to the same account, unless expressly instructed otherwise.

In the case of joint or mixed accounts, the express agreement of the account holders to the terms of the subscription is required and this payment instruction must be signed in accordance with the current account management conditions.

Place and Date: _____, _____ (day) _____ (month)
(year)

Signature(s) of the Account Holder(s): _____

(According to the Signature Sheet or Identification Document, and in accordance with the conditions for operating the current account)

Policyholder: _____

STATEMENTS, CONSENTS, DATE AND SIGNATURES

For the purpose of taking out this (these) insurance policy(s), the applicant/policyholder and the insured person(s) declare that:

1. They have read the terms and conditions of the insurance contract and have received all the necessary and legally required clarifications, and declare that for this purpose they have received the annexes to this application: the insurance product information document and the General and Special Conditions.
2. Where applicable, this contract may be signed using a digital signature in accordance with the terms of the digital signature agreement previously signed.
3. The risk you wish to insure is not covered, in whole or in part, by a contract for which there is an outstanding premium, instalment of a premium or other amount.
4. Omissions, inaccuracies or misrepresentations, whether mandatory or optional, are the responsibility of the policyholder and/or the insured persons.
5. The Insurer also authorises the collection of personal data relating to their health from doctors or other health professionals and from public or private organisations such as hospitals, clinics, surgeries, health centres and forensic medicine institutes, even after their death, in order to confirm or supplement the information provided at the time of or following the issuance of this insurance policy. This is for the purpose of assessing the risk of taking out the insurance or managing the subsequent contractual relationship, in particular in order to determine the origin, cause and course of an illness or accident that could lead to death or invalidity, and who understands that this authorisation is necessary for the possibility of taking out this insurance contract.

The applicant/policyholder and the insured person(s) further acknowledge that:

6. By law, if this application is accepted, the risks will only be covered if the premium or instalment due is paid.
7. Banco Comercial Português, S.A. (Millennium bcp) acts in the name and on behalf of the Insurer and its participation involves the provision of assistance throughout the term of the insurance contract. In the insurance contract there is no intervention from other insurance intermediaries. Millennium bcp holds an indirect interest of more than 10 % in the share capital of Ocidental – Companhia Portuguesa de Seguros de Vida, S.A. and Ageas – Sociedade Gestora de Fundos de Pensões, S.A. companies. On the other hand, Fosun International Holdings Limited, that holds an indirect interest of more than 10 % in the share capital of Millennium bcp, indirectly holds qualified interest in several insurance companies belonging to Fidelidade Group, including Fidelidade – Companhia de Seguros, S.A., a Companhia Portuguesa de Resseguros, S.A. and Multicare - Seguros de Saúde, S.A. However, Millennium bcp does not sell insurance products from insurance companies belonging to Fidelidade Group. Millennium bcp provides advice. The information provided by the Policyholder regarding their requirements and needs is specified in the insurance proposal and/or in the application proposal, as well as in any additional simulations and questionnaires, and such requirements and needs have guided the advice provided, which is based solely on the analysis of the insurance contracts between distributors with whom the agent has close relationships. Millennium bcp, as insurance intermediary, has a contractual obligation to exclusively perform insurance distribution activities for the following insurers: Ocidental - Companhia Portuguesa de Seguros de Vida, S.A., AGEAS Portugal - Companhia de Seguros S.A. (Ocidental brand) and Médis - Companhia Portuguesa de Seguros de Saúde, S.A. as well as Ageas – Sociedade Gestora de Fundos de Pensões, S.A. However, in certain cases, pursuant to the contractually foreseen terms and conditions, Millennium bcp may carry out the insurance distribution activity for other Insurers. The Intermediary is not directly remunerated by the Policyholder for distribution activities.

Policyholder: _____

STATEMENTS, CONSENTS, DATE AND SIGNATURES

The Intermediary shall receive part of the management fee from the Insurer, as a remuneration fee regarding the insurance contract, notwithstanding the Insurer being able to grant benefits, which may or may not be of an economic nature, to individuals directly involved in the insurance distribution activity, benefits that are not granted based on a specific insurance contract. The Policyholder has the right to request information on the Intermediary's remuneration for the distribution service provision, and so, whenever requested, such information shall be provided to the Policyholder.

8. Complaints arising from the contract may be submitted in writing to the Insurer's complaint-management department (namely via e-mail: reclamacoes@ocidental.pt), in the Complaints Log, to the Customer Ombudsman (namely via e-mail: provedor.ocidental@mm-advogados.com) and to the Insurance and Pension Funds Supervisory Authority, at www.asf.com.pt. In the event of a dispute, in addition to resorting to the other Alternative Dispute Resolution Entities, under the terms of applicable legislation, the parties may resort to CIMPAS - the Insurance Information, Mediation and Arbitration Centre, of which the insurer is a member - www.cimpas.pt - or to the courts. The Insurer's Customer Handling Policy and other information on Complaints and Dispute Management is available at www.ocidental.pt.
9. In the event of a complaint relating to the conduct of Millennium bcp, you can contact your Branch or the Customer Service Centre via email at centroatencaoaocliente@millenniumbcp.pt, or the Contact Centre via telephone: (+351) 21 005 24 24 (call to the domestic mobile network) and (+351) 91 827 24 24 / (+351) 93 522 24 24 / (+351) 96 599 24 24 (call to the domestic landline network). 24-hour personalised service. You can also contact the Customer Ombudsman, located at Rua Augusta, nº 84 - Piso 2, 1100-053 Lisboa at the email provedoria.cliente@millenniumbcp.pt. In the event of a dispute, in addition to having recourse to other Alternative Dispute Resolution Entities, the parties may also resort to CIMPAS – Centro de Informação, Mediação e Arbitragem de Seguros [Insurance Information, Mediation and Arbitration Centre] - www.cimpas.pt - or to the courts. 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 responsible for processing the personal data of the Policyholder (in the case of an individual) or the Policyholder's representative(s) (in the case of a legal entity), other insureds and/or beneficiaries (hereinafter referred to as "Data Owners"), in connection with the subscription of insurance products, which are collected through this document, as well as any data that may be provided subsequently, particularly in connection with the communication of a claim, even if they have been collected from third parties. The personal data provided is necessary for the subscription and management of the insurance policy, including the issuance of the policy, the management of the insurance, the management of claims and the cancellation of the policy, and will be processed only for these purposes. In this context, Ocidental processes the following data categories: identification and contact data, health data, financial data and other data necessary for the subscription of the insurance contract. In order to achieve the purpose(s) described herein, Ocidental may share personal data collected with subcontractors, business partners and entities in the insurance sector, such as the Portuguese Association of Insurers, insurance distributors and reinsurers. Ocidental may also disclose personal data if it believes that such disclosure is necessary or appropriate (i) to comply with applicable law, (ii) to comply with legal obligations/court orders, or (iii) to respond to requests by public or governmental authorities. The provision of products and services by Ocidental may involve the transfer of personal data to third countries (outside the European Union and the European Economic Area). In such cases, Ocidental will take the necessary and appropriate steps under applicable law to ensure the protection of personal data subject to such transfer.

Ocidental will retain data for the duration of the established contractual relationship, unless a longer retention period is required by law. Data owners may request access to their personal data at any time, as well as rectification, erasure or restriction of its processing, portability of their data or oppose its processing (with the exception of data strictly necessary for the provision of the service), by sending a written request to Ocidental at the following e-mail address: apoioaocliente@ocidental.pt or at the following address:

Policyholder: _____

STATEMENTS, CONSENTS, DATE AND SIGNATURES

Praça Príncipe Perfeito 2, 1990-278 Lisbon. If you wish to contact the Data Protection Officer, you may do so at dpo@ocidental.pt. Without prejudice to any other administrative or judicial remedy, data owners have the right to lodge a complaint with the CNPD or any other supervisory authority competent by law if they consider that their data are not being processed lawfully by Ocidental. Ocidental may process personal data in order to assess the level of risk associated with the purchase of insurance on the basis of automated processing (i.e. without human intervention) of personal data, which constitutes a decision likely to produce effects in the legal sphere of the data owner, namely with regard to the insurance offer. In this sense, Ocidental undertakes to take appropriate measures to safeguard the rights, freedoms and legitimate interests of the data owner, namely the right to obtain human intervention from Ocidental, to express their point of view and to challenge the decision in question.

The Policyholder (individual or legal person), when providing data on third parties, namely the Insured(s) and/or Beneficiary(ies), undertakes to provide the information on the processing of personal data described above, as well as to obtain the necessary consent(s).

With your consent (if you are an individual), Ocidental will use the data collected to send you promotional communications, publicity campaigns relating to Ocidental's products and services, tailored to the data owner's profile. With your consent, the companies of the Ageas Portugal Group (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.) will have access to your personal data in order to send promotional communications and publicity campaigns relating to their own products and services tailored to your profile, these entities acting as independent data processors. You may at any time request access to your personal data, as well as rectification, cancellation or restriction of its processing, portability of your data, or object to its processing, by sending a written request to the entities responsible for its processing, at the contacts indicated above. You may also contact the DPO of the Ageas Portugal Group at the following address: dpo@ageas.pt. You can also manage the consents you have given through your reserved area. If you wish to know more about how the companies of the Ageas Portugal Group process your personal data, you can consult their respective privacy policies on their websites.

The profile will be created based on, among other things, demographic variables such as age and gender, area of residence, personal preferences expressed, as well as the products subscribed to, and will be updated throughout the relationship established with any of the entities of the Ageas Portugal Group. Personal data will be kept for marketing purposes until the person concerned withdraws their consent. All our communications contain a link that allows the data owner to withdraw their consent at any time, without invalidating the processing carried out up to that point on the basis of the consent previously given.

Policyholder: _____

☐ I authorise the companies of the Ageas Portugal Group (as indicated above) to have access to my personal data stored in the context of the relationship established with the companies of the Ageas Portugal Group, under the conditions indicated above.

☐ I give my consent to the processing of my personal data by the companies of the Ageas Portugal Group (as indicated above) for the purposes of sending marketing communications through the various communication channels, both physical and online, namely electronic notifications, letters, SMS or e-mail, adapted to my profile, in accordance with the conditions indicated above and more fully described in the various privacy policies available on their websites.

☐ I declare that I am the legal representative and holder of parental responsibility of the identified minor(s), or that I am duly authorised by the legal representative and holder of parental responsibility of the identified minor(s), and that I have been informed of the terms and conditions of the processing of personal data by Ocidental Seguros for the purposes and in the manner described above.

Place and Date: _____

Policyholder / Insured Person: _____

1st Insured Person: _____

2nd Insured Person: _____

3rd Insured Person: _____

4th 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 at BdP with No.33, with head-office at Praça D. João I, 28, in Porto, with share capital of 3.000.000.000,00 Euros, registered at the Board of Trade of Porto, under taxpayer number 501525882. Insurance Agent registered under no. 419527602, with the Insurance and Pension Funds Supervisory Authority - Registration Date: 21/01/2019. Authorization for life and non-life insurance brokerage. Information and other details of the registration can be verified at www.asf.com.pt. The Broker is not authorized to sign insurance contracts on behalf of the Insurer nor to receive insurance premiums that should be delivered to the Insurer. The Broker does not assume the coverage of the risks related to the insurance contract, which are fully undertaken by the Insurer.

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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